PRINTED: 09/18/2019 (): / FORM APPROVED OMB NO. 0938-0391

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OVIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, ZII 2420 PEMBERTON RD RICHMOND, VA 23233	CODE	
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
Initial Comments		E000)		
survey was cond 08/02/19 and 08/ Corrections are n CFR Part 483.73 Care Facilities.	ucted 07/30/19 through 05/19 through 08/07/19. equired for compliance with 42 , Requirement for Long-Term				
(b) Policies and develop and imple preparedness poon the emergence of this section, ris (a)(1) of this section plan at paragraph and procedures not least annually, and procedures when place, include, but following: (i) Food, water, multiples (ii) Alternate sour following: (A) Temperature and safety and foof provisions. (B) Emergency (C) Fire detections systems. (D) Sewage and services and safety and foof provisions.	procedures. [Facilities] must ement emergency licies and procedures, based y plan set forth in paragraph (a) ok assessment at paragraph ion, and the communication (c) of this section. The policies nust be reviewed and updated At a minimum, the policies nust address the following: of subsistence needs for staff ther they evacuate or shelter in at are not limited to the nedical and pharmaceutical ces of energy to maintain the res to protect patient health or the safe and sanitary storage lighting. on, extinguishing, and alarm division waste disposal.	E015	have this submitted plan of stand as its allegation of condition of conditions and as its allegation of condition of conditions are considered. Preparation and/or execution correction does not constitute to, nor agreement with, eithor of or the scope and severificited deficiencies, or conclimate the statement of deficient is prepared and/or execution continuing compliance with requirements. E015 No negative outcomes occurrently at the specific currently at the potential to be affected.	f correction ompliance. Our is September on of this plan of ute admission her the existence by of any of the usions set forth incies. This plan is to ensure in regulatory of the policy has corated into the plan.	9/20/19
*[For Inpatient Ho	spice at 418.113(b)(6)(iii):]		NHA or designee will educ	ate department	
	CORRECTION DVIDER OR SUPPLIER RELS OF UNIVERSIT SUMMARY S (EACH DEFICIEN REGULATORY OF REGULATORY	DOVIDER OR SUPPLIER RELS OF UNIVERSITY PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An unannounced Emergency Preparedness survey was conducted 07/30/19 through 08/02/19 and 08/05/19 through 08/07/19. Corrections are required for compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. Subsistence Needs for Staff and Patients CFR(s): 483.73(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (1) Tood, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm	DOUBLE OF CONTROLLING SUPPLIER RELS OF UNIVERSITY PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments An unannounced Emergency Preparedness survey was conducted 07/30/19 through 08/02/19 and 08/05/19 through 08/07/19. Corrections are required for compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. Subsistence Needs for Staff and Patients CFR(s): 483.73(b)(1) [(b) Policies and procedures. [Facilities] must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually.] At a minimum, the policies and procedures must address the following: (1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, include, but are not limited to the following: (1) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (i) Food, water, medical and pharmaceutical supplies (ii) Alternate sources of energy to maintain the following: (A) Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions. (B) Emergency lighting. (C) Fire detection, extinguishing, and alarm systems. (D) Sewage and waste disposal.	Dentification Number: 495109 A BUILDING	A BUILDING B. WING COMPETED CO

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

TITLE

(X6) DATE

Electronically Signed

09/12/2019

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 cient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of the survey whether or not a push 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.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
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E015	hospice-operated The policies and following: (iii) The provision hospice employe evacuate or shell limited to the following: (A) Food, water supplies. (B) Alternate sthe following: (1) Tempera and safety and for for provisions. (2) Emergen (3) Fire determines systems. (C) Sewage and This REQUIREM by: Based on staff in review it was determined to have a comprehension provide document included policies disposal. The findings included policies disposal. The findings included policies disposal.	cedures. are additional requirements for d inpatient care facilities only. procedures must address the not subsistence needs for sees and patients, whether they ter in place, include, but are not owing: er, medical, and pharmaceutical sources of energy to maintain atures to protect patient health or the safe and sanitary storage ncy lighting. ection, extinguishing, and alarm and waste disposal. MENT is not met as evidenced atterview and facility document termined that the facility staff complete emergency an. The facility staff failed to not and procedures for waste	E015		managers on the updated sewa and the location in the emerger preparedness books. Staff will on the location of emergency preparedness books. NHA or designee will audit emergenedness books for the upsewage policy. The policy has been updated a with the QA committee. It will be on an annual basis and change made as needed. Any variance corrected and additional education concerns will be reported to the assurance committee monthly resolved. Continued compliance will be rethrough the facilitys quality ass program. Additional education monitoring will be initiated for a concerns. Completion Date: September 20, 2019	ergency dated nd reviewed e reviewed es will be es will be tion or needed Any e quality until nonitored urance and	

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E015	policies and proc ASM # 1 stated, ' VHASS(Virginia I System) but did r	at the emergency plan included edures for waste disposal. "We discussed it at dospital Alerting and Status not develop a policy." ation was provided prior to exit.	E015			
E026 SS=C	Roles Under a W CFR(s): 483.73(b	aiver Declared by Secretary)(8)	E026	E026		9/20/19
	develop and implementation on the emergency of this section, ris (a)(1) of this section at paragraph and procedures mat least annually.	procedures. The [facilities] must ement emergency licies and procedures, based y plan set forth in paragraph (a) k assessment at paragraph on, and the communication (c) of this section. The policies nust be reviewed and updated At a minimum, the policies and address the following:]		The 1135 policy has been updated reflect the facilitys role in provious and treatment at altered care in segative outcome occurred as this process. Residents currently in the facility potential to be affected	ding care ites. No a result of ty have the	
	[facility] under a v Secretary, in acco the Act, in the pro	(7), or (9)] The role of the valver declared by the ordance with section 1135 of vision of care and treatment at		NHA or designee will educate of managers on the updated 1135 policy.	waiver	
	management offic	site identified by emergency cials. 103.748(b):] Policies and		NHA or designee will audit eme preparedness books to ensure updated 1135 policy is in place	that the	
	procedures. (8) To waiver declared be with section 1135 at an alternative of emergency mana. This REQUIREMIT by: Based on staff intereview it was determined to the waiver of the waiv	he role of the RNHCI under a y the Secretary, in accordance of Act, in the provision of care are site identified by		The policy has been updated a reviewed with the QA committe reviewed on an annual basis ar will be made as needed. Any will be made and additional educounseling will be provided as a concerns will be reported to the assurance committee monthly a resolved.	e. It will be and changes ariances will acation or needed Any quality	

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(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 08/07/2019 495109 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD THE LAURELS OF UNIVERSITY PARK **RICHMOND, VA 23233** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) E026 Continued From page 3 E026 failed to have a complete emergency Continued compliance will be monitored preparedness plan. The Facility staff failed to through the facilitys quality assurance develop policies and procedures in the program. Additional education and emergency plan that describe the facility's role in monitoring will be initiated for any identified providing care and treatment at altered care concerns. sites under an 1135 waiver. Completion Date: The findings include: September 20, 2019 On 08/07/19 at approximately 9:15 a.m., a review of the facility's emergency preparedness plan and interview was conducted with ASM (administrative staff member) # 1, administrator and OSM (other staff member) #6, director of maintenance. Review of the facility's emergency preparedness plan failed to evidence policies and procedures in the emergency plan that describe the facility's role in providing care and treatment at altered care sites under an 1135 waiver. ASM # 1 stated that the facility did not have it. No further information was provided prior to exit. **INITIAL COMMENTS** F000 F000 An unannounced Medicare/Medicaid standard survey was conducted 7/30/19 through 8/2/19 and continued 8/5/19 through 8/7/19. Complaints were investigated during the survey. Significant corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 145 certified bed facility was 132 at the time of survey. The survey sample consisted of 60 current Resident reviews and 12 closed record reviews. The expanded survey sample consisted of eight current Resident

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION JILDING		3) DATE SURVEY COMPLETED	
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F578 SS=D	Immediate Jeopa Pharmacy Service Level four-pattern Substandard Qui 3:45 PM, the faci informed. On 08/ Immediate Jeopa lowered to a lever Code survey/report Request/Refuse/ Dir CFR(s): 483.10(c) (6) The discontinue treatment to participate in efformulate an advice the provision of n services deemed inappropriate. 483.10(g)(12) The requirements special subpart I (Advance (i) These requirements concern refuse medical or resident's option, directive. (ii) This includes a facility's policies the directives and appropriate and provident in the provision of the provident of the prov	t approximately 3:15 PM, ardy was identified in the area of ses at a Scope and Severity n, which constituted ality of Care. On 08/01/2019 at lity administration was 05/2019 at 2:26 PM, the ardy was abated and was I III isolated. The Life Safety ort will follow. Describe Trimit; Formite Adv e)(6)(8)(g)(12)(i)-(v) right to request, refuse, and/orment, to participate in or refuse experimental research, and to ance directive. Ining in this paragraph should be right of the resident to receive nedical treatment or medical medically unnecessary or e facility must comply with the perified in 42 CFR part 489,	F578	F Tag 578: Resident #51: No negative out occurred as a result of this pract Additional information regarding directives has been given. Resident # 54: No negative out occurred as a result of this pract Additional information regarding directives has been given. Advaling directive information has been from the resident. Resident # 44 No negative outcome occurred of this practice. A copy of the addirective was requested and obthe residents family and has been the clinical record. Residents currently in the facility potential to be affected.	ctice. g advance come ctice. g advance ance obtained as a result dvance tained from en place in	9/20/19	
LABORATOR	requirements spe subpart I (Advance (i) These requirer inform and provided residents concernated residents concernated resident's option, directive. (ii) This includes a facility's policies to directives and appending facility's pare provided residents.	cified in 42 CFR part 489, be Directives). ments include provisions to e written information to all adult along the right to accept or surgical treatment and, at the formulate an advance a written description of the o implement advance olicable State law.		No negative outcome occurred of this practice. A copy of the a directive was requested and obthe residents family and has be the clinical record. Residents currently in the facilit potential to be affected.	dvance stained from en place in by have the		

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F578	legally responsiberequirements of (iv) If an adult incomment of admission information or are has executed an may give advance individual's resided accordance with (v) The facility is provide this information or she is able to Follow-up proceup rovide the information at the appropriate This REQUIRENT by: Based on reside facility document review, it was deto implement the requirements for 72 residents in the sequirements for 72 residents in the Resident #51, #54, and #4 Resident #54 and requested by the Advanced Direct Notification/Ackrand staff failed to Resident # 44's clinical record. The findings incomments of the findings in the	In this information but are still ble for ensuring that the this section are met. dividual is incapacitated at the in and is unable to receive ticulate whether or not he or she advance directive, the facility be directive information to the ent representative in State Law. In the individual once he receive such information. In the individual once he receive such information. In the individual directly etime. IN The information are entirely etime. IN The information are evidenced in the interview, staff interview, at review, and clinical record etermined the facility staff failed effacility policies to meet the advanced directives for three of the survey sample, Residents information about even as requested by the dimission, staff failed to provided even and failed to obtain an even obtain and place a copy of advance directives on the	F578	admissions department on revicompletion of advance directive documentation upon admission providing additional information requested upon admission. The NHA or designee will proveducation to the social services department on reviewing advardirectives and documenting in record with the residents upon quarterly, and as requested the addition to this, social services maintain resources about advardirectives that can be available request. The Director of Social Services designee will audit advance directives that can be available request. The Social Services department designee will monitor new admissions and assessment. The admission or designee will initiate a track monitoring of new admissions Advance Directive information requested. Advance directive documentation and additional and/or counseling will be provious obtained as indicated. Monitor 5 times a week for 1 week, we weeks, and monthly for 3 mon be reviewed in the clinical opermeeting. Any variances will be and additional education or counseling. Any variances will be and additional education or counseling. Any variances will be and additional education or counseling. Any variances will be and additional education or counseling. Any variances will be and additional education or counseling. Any variances will be and additional education or counseling.	ide is and ide is nce the medical admission, ereafter. In will ance upon s or rective dents in the or ing log for and given and/or education ided or ing will occur ekly for 4 ths and will rations c corrected unseling will	

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F578	Resident #51's a requested by the Resident #51 wa 2/9/19 with diagn limited to: demen fractures of the ri The most recent assessment, a quassessment refer the resident as so interview for men resident was moc cognitive decision. The "Advanced E Notification/Acknowledge" Notification/Acknowledge	ding advance directives upon dmission to the facility as resident. s admitted to the facility on oses that included but were not tia, high blood pressure, and bs. MDS (minimum data set) uarterly assessment, with an rence date of 5/26/19, coded coring a "12" on the BIMS (brief tal status) score, indicating the derately impaired to make daily ins. Directive owledgement" form dated, ted, a check mark next to, "2. I uted Advanced Medical econd check mark was it to, "I DO WANT MORE regarding advance directives." In part of the resident on 2/9/19 ins representative. Inical record failed reveal any tion by the social worker and directives for the resident. In ocumented the resident was a representative that signed the er employed at the facility and	F578	reported by the DSS or designed quality assurance committee. Continued compliance will be inthrough the facility a quality assurance program. Additional education amonitoring will be initiated for a concerns. Completion date: September 20, 2019	nonitored urance and	

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING C 08/07/201		D				
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F578	OSM #10 stated 'Advanced Direct Notification/Acknowith the resident When asked if the MORE INFORM directives' is che providing the reso OSM #10 stated services know the regarding the advanced directives advanced directives ocial worker has about this yester plan meeting countine." When ask been done, OSM The facility's pol documented, "P facility to inform representatives Advance Directives Advance Directives admission, Social representative was attorney in the executed an advanced an advanced an advanced an advanced directive, and presented an advanced and a	ed to the advanced directive, , "Upon admission the	F578	And an electrical state of the			

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		JLTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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include infor facility not conditioned directive. 3 representating policy regards services will information guest/family service programmer of the programme	with matinontin upor The well acknowledge of the state of	state law. Notification will on that neither admission to the ued residence in the facility is a the existence of an advanced guest/family/legal ill receive a copy of the facility advance directives. 4. Social nowledge that advance directive given to and discussed with the il representative in the social notes. 5. All executed advance requested by Social Service, so be made of the original and est's current medical record. 6. TAFF, INCLUDING SOCIAL BE INVOLVED IN ASSISTING EXECUTING AN ADVANCE aff member (ASM) #1, the SM #2, the regional clinical ASM #3, the director of nursing, as of the above concern on m. ation was provided prior to exit. If failed to evidence Resident dinformation regarding was and failed to obtain an	F578				

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	assessment referresident as scorii interview for men was capable of men was	page 9 uarterly assessment, with an rence date of 6/3/19, coded the ng a "15" on the BIMS (brief stal status) score, indicating we naking daily cognitive decisions. Inical record failed to evidence elated to the "Advanced tion/Acknowledgement" form. Inical record failed reveal any tion by the social worker ced directives for the resident. ocumented the resident was a ade on 7/31/19 at 12:55 p.m. to aff member (ASM) #1, the revidence that Resident #54 on of the "Advanced Directive owledgement" form sign upon ocumentation was presented for the "Advanced directive, on m. When asked if the facility ith the resident upon admission ding an advanced directive, "Admissions would have lew it with him at his care plan to conducted on 8/1/19 at 5:35 to 10, the admissions coordinator. Resident #54's the paperwork hission regarding the advanced to stated, "We have no work signed for him. He's a isn't able to sign." When asked tation that his admission	F578			

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F578	admission, OSM quadriplegic." An interview was on 8/1/19 at apprasked if the facilit upon admission would have remewould have probaif he can sign or a #54 demonstrated drawn with a pena computer in his during the survey ASM #1, ASM #2 consultant, and A were made aware 8/6/19 at 5:19 p.m. No further information. We facility stand Chapman, part of the facility stand place a copy directives on the computer in the facility stand place a copy directives on the computer in the facility stand place a copy directives on the computer in the facility stand place a copy directives on the computer in the facility stand place a copy directives on the computer in the facility stand place a copy directives on the computer in the facility stand place a copy directives on the computer in the facility stand place a copy directives on the computer in the facility stand place a copy directives on the computer in the facility stand place a copy directives on the computer in the facility stand place a copy directives on the computer in the facility stand place a copy directives on the computer in the facility standard place a copy directives on the computer in the facility standard place a copy directives on the computer in the facility standard place a copy directive on the computer in the facility standard place a copy directive on the computer in the facility standard place a copy directive on the computer in the facility standard place a copy directive on the computer in the facility standard place a copy directive on the computer in the facility standard place a copy directive on the computer in the facility standard place a copy directive on the computer in the co	conducted with Resident #54 oximately 5:45 p.m. When by went over a stack of papers with him, Resident #54 stated, "I mbered a stack of papers as I ably gotten bored." When asked document his name, Resident d on the surveyor's paper a "D" in his mouth. The resident has room, that he was observed to use. I, the regional clinical ISM #3, the director of nursing, e of the above concern on n. ation was provided prior to exit. In the control of the der, 5th edition, Rothenberg age 489. Iff failed to ensure the obtain of Resident # 44's advance	F578			
	(assessment refe	rence date) of 05/21/19, coded scoring an 11 on the brief				

F578 Continued From page 11 interview for mental status (BIMS) of a score of 0 - 15, 11 - being moderately impaired of cognition for making daily decisions. Review of the EHR (electronic health record) for Resident # 44 revealed an "Advance Directive Notification/Acknowledgment" signed by (Name of Responsible Party) on "1/10/19 and by the facility's admissions representative on 1/10/19. Under "Advance Directive Acknowledgment" it documented, "1. I HAVE executed Advance Directive(s); I HAVE provided the Healthcare Center with a copy verified by the Healthcare Center." Further review of the EHR for Resident # 44 failed to evidence a copy of the advance directive. On 08/01/19 at 5:15 p.m., an interview was conducted with OSM (other staff member) # 11, social worker. When asked to locate Resident #	STATEMENT OF DEFI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK X(4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F578 Continued From page 11 interview for mental status (BIMS) of a score of 0 - 15, 11 - being moderately impaired of cognition for making daily decisions. Review of the EHR (electronic health record) for Resident # 44 revealed an "Advance Directive Notification/Acknowledgment" signed by (Name of Responsible Party) on "1/10/19 and by the facility's admissions representative on 1/10/19. Under "Advance Directive Acknowledgment" it documented, "1. I HAVE executed Advance Directive(S): I HAVE provided the Healthcare Center with a copy verified by the Healthcare Center." Further review of the EHR for Resident # 44 failed to evidence a copy of the advance directive. On 08/01/19 at 5:15 p.m., an interview was conducted with OSM (other staff member) # 11, social worker. When asked to locate Resident #			495109	ı			2019
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) F578 Continued From page 11 interview for mental status (BIMS) of a score of 0 - 15, 11 - being moderately impaired of cognition for making daily decisions. Review of the EHR (electronic health record) for Resident # 44 revealed an "Advance Directive Notification/Acknowledgment" signed by (Name of Responsible Party) on "1/10/19 and by the facility's admissions representative on 1/10/19. Under "Advance Directive Acknowledgment" it documented, "1. I HAVE executed Advance Directive(s); I HAVE provided the Healthcare Center with a copy verified by the Healthcare Center." Further review of the EHR for Resident # 44 failed to evidence a copy of the advance directive. On 08/01/19 at 5:15 p.m., an interview was conducted with OSM (other staff member) # 11, social worker. When asked to locate Resident #					2420 PEMBERTON RD		
interview for mental status (BIMS) of a score of 0 - 15, 11 - being moderately impaired of cognition for making daily decisions. Review of the EHR (electronic health record) for Resident # 44 revealed an "Advance Directive Notification/Acknowledgment" signed by (Name of Responsible Party) on "1/10/19 and by the facility's admissions representative on 1/10/19. Under "Advance Directive Acknowledgment" it documented, "1. I HAVE executed Advance Directive(s); I HAVE provided the Healthcare Center with a copy verified by the Healthcare Center." Further review of the EHR for Resident # 44 failed to evidence a copy of the advance directive. On 08/01/19 at 5:15 p.m., an interview was conducted with OSM (other staff member) # 11, social worker. When asked to locate Resident #	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFI)	X (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	JLD BE	COMPLETE
44's advance directive OSM # 11 reviewed the EHR (electronic health record) for Resident # 44 and stated she was unable to locate the advance directive. When asked to describe the process for obtaining a resident's advance directive OSM # 11 stated, "The admissions department will ask for the advance directive at the time the resident is admitted. If the advance directive is not here at the time of the care plan I will ask for it from the responsible party." On 08/01/19 at 5:20 p.m., an interview was conducted with OSM (other staff member) # 8, director of admissions. When asked about the process of obtaining the advance directive OSM # 8 stated, "It is apart of the admission agreement. If the family or the resident has an advance directive we ask them to provide a copy as soon as possible. If they don't provide it we call and remind them." When informed of the documentation on the "Advance Directive"	int 0 - coording factors and produced in the coording produced in the coordinate produced in the co	terview for mer - 15, 11 - being ognition for make teview of the El- tesident # 44 resident # 44 resident # 44 resident # 60 res	atal status (BIMS) of a score of moderately impaired of sing daily decisions. HR (electronic health record) for vealed an "Advance Directive owledgment" signed by (Name Party) on "1/10/19 and by the ons representative on 1/10/19. Directive Acknowledgment" it I HAVE executed Advance AVE provided the Healthcare py verified by the Healthcare review of the EHR for Resident dence a copy of the advance of the advance of the staff member) # 11, when asked to locate Resident # ective OSM # 11 reviewed the health record) for Resident # 44 was unable to locate the e. When asked to describe the ining a resident's advance 11 stated, "The admissions ask for the advance directive at dent is admitted. If the advance ere at the time of the care plan I in the responsible party." 5:20 p.m., an interview was OSM (other staff member) # 8, ssions. When asked about the ning the advance directive OSM apart of the admission in the family or the resident has an interview was them to provide a copy ible. If they don't provide it we them." When informed of the				

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION LDING	(X3) DATE SURVEY COMPLETED		
		495109	B. Wil		08/07/	C)7/2019	
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
F578	that documented was provided to the advanced directive record. OSM # 8 can't force them the up with (Resident On 8/6/19 at 10:1 member (ASM) # coordinator, was practice the facility follow our policies. The facility's policies documented in particular a copy can be placed in the gue. On 08/05/19 at 5 staff member) #1 regional clinical confector of nursing above concern.	owledgment" for Resident #44 a copy of the advance directive the facility, and that an ve was not located in the clinical 3 stated, "If they don't bring it we to bring it in. We tried to follow t # 44's) family." 18 a.m. administrative staff t2, the regional clinical asked what standard of ty follows. ASM #2 stated, "We	F578				
F580 SS=E	Notify of Changes CFR(s): 483.10(g	s (Injury/Decline/Room, etc.))(14)(i)-(iv)(15)	F580	Ftag 580		9/20/19	
	(i) A facility must resident; consult and notify, consis the resident repre (A) An accident ir results in injury ar requiring physicia	tification of Changes. immediately inform the with the resident's physician; stent with his or her authority, esentative(s) when there is- nvolving the resident which and has the potential for an intervention; change in the resident's		Resident #338: The resident not resides in the facility. Resident #93: No negative outcoccurred as a result of this practiphysician was notified of the mimedication. Resident # 8: No negative outcomes	come ctice. The issed		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` `	MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		495109	B. W	VING		08/07/	2019
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	- 1	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F580	a deterioration in status in either licilinical complicat (C) A need to altis, a need to disc treatment due to commence a new (D) A decision to resident from the 483.15(c)(1)(ii). (ii) When making (g)(14)(i) of this sthat all pertinent 483.15(c)(2) is a request to the principal paragraph (e)(iii) The facility mass specified in 4 (B) A change in as specified in 4 (B) A change in state law or reguparagraph (e)(10 (iv) The facility mupdate the addression to a compose that is a compose 483.10(g)(15) Admission to a compose that is a compose that is a compose that compart, and must serioom changes bunder 483.15(c)	nor psychosocial status (that is, health, mental, or psychosocial fe-threatening conditions or tions); er treatment significantly (that continue an existing form of adverse consequences, or to w form of treatment); or transfer or discharge the efacility as specified in an outification under paragraph section, the facility must ensure information specified in vailable and provided upon a new and provided upon an outification under paragraph section, the facility must ensure information specified in vailable and provided upon any sician. The provided upon and a significant in the resident representative, if any, aroom or roommate assignment (83.10(e)(6); or resident rights under Federal or under the resident in the resident (and periodically ess (mailing and email) and if the resident (because in its admission agreement in the side in the composite distinct pecify the policies that apply to etween its different locations	F580		occurred as a result of this prace PT/INR was ordered for the rest the physician was notified. Resident #189: No negative out occurred as a result of this prace PT/INR was ordered for the rest the physician was notified. All residents currently in the fact the potential to be affected. DON or designee will educate nursing staff on physician notified when a change in condition had DON or designee will educate nursing staff on obtaining medication and available. Education provided on the revised procest completing the Coumadin log, and following orders in the EM log and physician notification. The DON or designee will audicate and pending pharmacy delivered the DON or designee will audicate and pending pharmacy delivered the DON or designee will audicate and pending pharmacy delivered the DON or designee will audicate and physician notification of changes in conduction of the pending pharmacy delivered the DON or designee will audicate the DON or designee will audicate the DON or designee will audicate the pending pharmacy delivered the DON or designee will audicate the pending pharmacy delivered	tcome ctice. A stat sident and cility have licensed cation for soccurred. licensed cations will also be sof transcribing R from the ct the last 30 ents for any and/or on ry. It Coumadin pancies with iffication. It the last 7 ohysician ition.	
	under 483.15(c) This REQUIREM	(9).			notification of changes in cond In the clinical operations meeti	ition. ng, DON or	

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STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. W	ING	C 08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(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 CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F580	review and clinical determined that the immediately notify physician/nurse production and/or treatment for four sample, Resident The physician was regarding Resident The physician was regarding Resident #93's madministered for dose of Coumadi #8, and when the not completed; and Coumadin was horders; and PT/IN ordered. The findings inclusion. The facility state Resident #338's practitioner) of a when the resident a high risk blood with an episode of Resident #338 a admitted to the fath #338's diagnoses to revision of lefth high blood pressurecent MDS (mindischarge), a 14 an ARD (assessing ded the resident with a BIMS (bries).	sterview, facility document al record review, it was the facility staff failed fy/consult with the practitioner for a change in the possible need to alter of 72 residents in the survey ts #338, #93, #8, and #189). As not notified/consulted ent #338's bleeding on 7/22/18. As not notified/consulted when nedications were not three days; when, a double in was administered to Resident et 11/10/18, ordered PT/INR was not when, Resident #189's eld on multiple dates without NR tests were not obtained as	F580	week for 1 week, 3 times a week weeks, weekly for 4 weeks and 3 months for any medications or and MD notification. DON or demonitor Anticoagulant logs 5 times a week for 1 week, 3 times a week for 1 weekly for 4 weeks and monthly months. Documentation within reports will monitored for change condition 5 days a week for 1 waweek for 2 weeks, weekly for and monthly for 3 months. Varible corrected. Additional education will be provided as Concerns will be reported by the DON/Designee to the quality accommittee. Continued compliance will be intrough the facility quality ass program. Additional education monitoring will be initiated for a concerns. Completion date: September 20, 2019	I monthly for not given esignee will mes a week 2 weeks, ly for 3 the 24 hour ge in week, 3 days 4 weeks ances will tion and/or indicated. he ssurance	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109		A. E		LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED C 08/07/2019		
	OVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F580	thinning) medica days. Review of Residerevealed a physical documented an examination and anticoagulant means thrombosis) [2] pure Warfarin (Couma called anticoagulation by decreasing the Black Box Warning Strongest warning Administration) residuals.	ent #338's clinical record cian's order dated 6/29/18 that order for Coumadin [an edication] 2 mg (milligrams) by ening for DVT (deep vein	F580)	DEFICIENCY		
	adverse effects] can cause major regular monitorir normalized ratio measures how le in all treated pat	is or even life-threatening BLEEDING RISK: COUMADIN or or fatal bleeding. Perform ng of INR [international - a laboratory blood test that ong it takes for blood to clot (4)] ients. [3] lent #338's June 2018 and July	A CONTRACTOR OF THE CONTRACTOR			!	
	2018 MARs (me revealed the res	dication administration records) ident was administered 2 mg of escribed by the physician from	WASAN TITLE TO THE TOTAL TOTAL TO THE TOTAL				
	7/11/18 docume abnormal bleedi useIntervention orderedObser (signs/symptom bleeding gums, by bleeding into	comprehensive care plan dated inted, "BLEED101: At risk for ing R/T (related to) anticoagulant ins: Administer medications as we for abnormal s/sx s) of bleeding. i.e. Bruising, petechiae (tiny red spots caused the skin), nosebleeds, dy urine), headaches, back of	***************************************				

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SURY	
		495109	1	WING C 08/07/2019		
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	, , , , , , , , , , , , , , , , , , , ,	ULD BE	(X5) COMPLETE DATE
F580	pulse, occult blocabnormal finding: A nurse's note dadocumented, "It was blood stain on be observed on lines bleed. Trace brig pericare. Guest I which are hypera note failed to evic nurse practitiones the bleeding. A NP (nurse prace 8:30 a.m. docume blood in stool. HF ATSP (Asked to SP atient reports brigger several occasions that she has had Endorses abdom and nausea. Unstoilet with BM (bowas unable to sepain medication or reliefA/P (Asses (gastrointestinal) (emergency room Review of hospita #338's INR [5] was resident was admunderwent a bloom "Prothrombin time measures the time (plasma) of your lines seconds. Most	decrease blood pressure or od in the stool, etc. Report all is to physician" ated 7/22/18 at 11:46 p.m. was reported that guest has ad linen. Bright red blood in unable to determine if vaginal ght red blood on washcloth after has + (positive) bowel sounds notive in all 4 quadrants." The dence the physician and/or in was immediately notified of attitioner) note dated 7/23/18 at tented, "CC (Chief Complaint): PI (History of Present Illness): See Patient) for blood in stool. Tight red blood per rectum on its over the weekend. States blood on her pad and bed, inal pain and burning, diarrhea, sure if there was blood in the twel movement) this morning, etc. Has tried Zofran (4) and over the weekend with no its sement/Plan) GI bleeding: referred to ER	F580			
LABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGNAT	IIRE			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING		(X3) DATE SURVEY COMPLETED	
		495109	1	/ING		C 08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK	······································	STREET ADDRESS, CITY, STATE 2420 PEMBERTON RD RICHMOND, VA 23233	, ZIP CODI	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHO	OULD BE	(X5) COMPLETE DATE
F580	this test is to more taking a blood-the You are likely tall blood clots. Norm seconds. Most or what is called IN ratio). If you are clots, your provide keep your INR but the facility. The nurse who we documented bright Resident #338's at the facility. On 8/6/19 at 10: conducted with Figure #8 was asked to 7/22/18 that documented bright have been they could be bleeding (gastrointestinally be sent for an extremely experience with the facility. On 8/6/19 at 12: conducted with figure for an extremely #9 (the #9 was asked to 7/22/18 that documented on Rereviewed on Rereviewed on Rereviewed the no should have immand doctor." Whe "its a significant."	t common reason to perform nitor your levels when you are inning medicine called warfarin. sing this medicine to prevent half Results: PT is measured in a fine time, results are given as R (international normalized taking warfarin to prevent blood der will most likely, choose to etween 2.0 and 3.0." [5] wrote the 7/22/18 note that the red blood was observed on linen was no longer employed O1 a.m., an interview was RN (registered nurse) #8. RN review the nurse's note dated umented a bloodstain was sident #338's sheet. After te, RN #8 stated, "Contact the diately." When asked why, RN is bleeding bright red blood, she g out, have a Gl bleed. She probably needs to valuation or if a physician is here	F580				

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
		495109	B. W	/ING	C 08/07/	2019
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F580	physician). ASM nurse's note date bloodstain was o sheet. ASM #5 rif she was aware 7/22/18, ASM #5 known unless she asked if the nurse call doctor. ASM stated that event, receiving Couma an emergency ph trace amount of be event could have doctor's book for next day and the Resident #338 the On 8/6/19 at 11:2 administrator), AS coordinator) and nursing) were maconcern. The facility policy NOTIFICATION" licensed nurse wi condition due to il condition, or accide physician, nurse passistant, following protocols for immeroutine notification-Immediate: Notify (medical doctor), (physician) as soon-Non-Immediate: MD, NO (sic.) or Pday (Sic.). -Routine: Notify the sheet and the sheet an	SM #5 (Resident #338's facility #5 was asked to review the d 7/22/18 that documented a beerved on Resident #338's eviewed the note. When asked of the bleeding event on stated she would not have a was on call. ASM #5 was a should have notified the on-#5 stated, "No." ASM #5 even though the resident was din, would not have prompted one call because there was a blood. ASM #5 stated that been documented in the the resident to be seen the nurse practitioner did see e next day. 5 a.m., ASM #1 (the SM #2 (the regional clinical ASM #3 (the director of de aware of the above titled, "PHYSICIAN documented, "Policy: The III report changes in the guest's lness, exacerbation of existing dents and incidents to the practitioner, or physician go the established Interact ediate, no-immediate, or no. Definitions: y the attending or on-call MD NP (nurse practitioner), or PA	F580			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109		B. WING		C 08/07/2019	
	OVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F580	phone/fax comm the physician of a condition. 2. Document the physician was no and any treatmen Notes" No further inform exit. [1] This informati website: https://medlinepl html (2) "Deep vein th clot that forms in deep vein clots of the vein swells, i thrombophlebitis break loose and lung, called a pu information was https://vsearch.r bin/query- meta?v%3Aproj =medlineplus- bundle&query=o 11.1565615930- [3] Reversal of O be obtained by o therapy and, if n oral or parenters was obtained fro https://dailymed	an the next regular visit or unication. Procedure: 1. Notify a change in the guest's time and date that the office, the physician's response, intordered in the Progress mation was presented prior to do not was obtained from the us.gov/druginfo/meds/a682277. Interpretation of the lower leg or thigh. If the condition is called a vein deep in the body. Most occur in the lower leg or thigh. If the condition is called a deep vein thrombosis can cause a serious problem in the allmonary embolism." This obtained from the website: alm.nih.gov/vivisimo/cgi-ect=medlineplus&v%3Asources Interpretation of the deep leg or thigh. If the condition is called a serious problem in the allmonary embolism." This obtained from the website: alm.nih.gov/vivisimo/cgi-ect=medlineplus&v%3Asources Interpretation of the deep leg or thigh. If the condition of the website: alm.nih.gov/dailymed/druglnfo.c. allm.nih.gov/dailymed/druglnfo.c. allowed leg or thigh.	and the state of t				

STATEMENT OF DEFICIENCIES "ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION	(X3) DATE SUR\ COMPLETE		
		495109	1	VING	C 08/07/	C 08/07/2019	
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		ULD BE	(X5) COMPLETE DATE	
F580	1	page 20 obtained from the website: us.gov/druginfo/meds/a601209.	F580				
	website: https://v bin/query- meta?v%3aproje medlineplus-	on was obtained from the search.nlm.nih.gov/vivisimo/cgi-ct=medlineplus&v%3asources=boratory%20tests%20for%20P%20of%20INR&					
	#93's physician (a medications were	aff failed to notify Resident and/or nurse practitioner) when e not available for 4/2/19, 4/3/19 and 4/4/19.					
	7/30/15. Resider were not limited to pressure and maj Resident #93's met), a quarterly a (assessment refe	s admitted to the facility on ht #93's diagnoses included but o heart disease, high blood jor depressive disorder. Host recent MDS (minimum data assessment with an ARD brence date) of 6/28/19, coded unition as severely impaired.					
	revealed the follo -9/21/17- Flovent inhale orally two t -3/23/19- Miacalo	ent #93's clinical record wing physician's orders: (1) 110 micrograms- two puffs, times a day. in (2) Solution 200 units- one nostrils one time a day.					
	(medication admi above medication dates: -Flovent was held at 9:00 a.m. and 4 notes for all three	ent #93's April 2019 MAR nistration record) revealed the ns were held on the following I on 4/2/19 at 9:00 a.m., 4/3/19 4/4/19 at 9:00 a.m. (nurses dates documented the ending and the nurse would					
LABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	URF			· · · · · · · · · · · · · · · · · · ·	

PRINTED: 09/18/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED C	
		495109	В. V	VING		08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK	·	:	STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F580	4/3/19 at 9:00 a. documented the the nurse would Further review or (including the Apnurses' notes) far physician (and/oraware the above or administered Resident #93's orazi/27/19 docume is at risk for responsive treated to): havifure (3)Medications The nurse responsive the nurse responsive the diacalcin won 4/2/19, 4/3/19 employed at the On 8/2/19 at 12: conducted with 1 #7. LPN #7 was medications are LPN #7 stated, see how long it's allotted time for the doctor." LPI documented in a Review of the Orand Miacalcin work of the Constant of the Cons	eld on 4/2/19 at 9:00 a.m. and m. (nurses notes for both dates medication was pending and administer when available). f Resident #93's clinical record or 2019 MAR and April 2019 illed to reveal Resident #93's r nurse practitioner) was made a medications were not available on 4/2/19, 4/3/19 and 4/4/19. comprehensive care plan dated inted, "(Name of Resident #93) irratory complications R/T ing allergies Rhinitis is as ordered by the Physician" Insible for administering Flovent then the medications were held in and/or 4/4/19 was no longer facility. 24 p.m., an interview was LPN (licensed practical nurse) is asked how nurses ensure available for administration. We should call the pharmacy to so going to be and if past the them to have it, we would notify N #7 stated this should be	F580				

STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	•	ULTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		495109			G	C 08/07/	2019
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F580	Medication Short documented, "Properties of the medication to addition to addition the medication shorts medication admir immedication admir immedication admir immedication shorts and the medication shorts and the medication shorts are pharmacy to determ the medication licensed Facility reorder for the next available missed dose in the schedule, Facility medication from the Supply to administ medication is not Medication Supplements	nacy policy titled, "7.0 ages/Unavailable Medications" ocedure: 1. Upon discovery that adequate supply of a minister to a resident, Facility ediately initiate action to obtain om Pharmacy. If the age is discovered at the time of nistration, Facility staff should the action specified in Sections by 7.0, as applicable. 2. If a age is discovered during normal 2.1 Facility nurse should call the emine the status of the order. The has not been ordered, the nurse should place the order or ext scheduled delivery. 2.2 If the delivery causes delay or a me resident's medication of the Emergency Medication ster the dose. 2.3 If the available in the Emergency y, Facility staff should notify	F580	D			
	delivery4. If an unavailable, Facil attending physicia directions" No further information exit. (1) Flovent is use and wheezing. The from the website:	range for an emergency emergency delivery is lity nurse should contact the an to obtain orders or ation was presented prior to d to prevent difficulty breathing his information was obtained as.gov/druginfo/meds/a601056.					
LABORATORY	DIRECTOR'S OR REQUIE	ER/SUPPLIER REPRESENTATIVE'S SIGNAT	7.400				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		495109	1)	C 08/07/2	2019
	DER OR SUPPLIER LS OF UNIVERSIT	Y PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
	from the website: https://medlineplathtml (3) "Allergic rhinit with a group of synthese symptoms something you are animal dander, o occur when you are to." This informat website: https://medlineplatest (PT/INR) for administration of not completed as staff also failed to practitioner of a staff also failed to practitioner of a staff also failed to practitioner of a staff failed to hol ordered) to Resident # 8 was 08/14/2015 and with diagnoses to deep vein the disorders of vein Resident # 8's mosely, a quarterly (assessment referesident # 8 as interview for mei	this information was obtained us.gov/druginfo/meds/a601031. It is is a diagnosis associated ymptoms affecting the nose. It is cocur when you breathe in re allergic to, such as dust, if pollen. Symptoms can also eat a food that you are allergic tion was obtained from the us.gov/ency/article/000813.htm If failed to notify the practitioner when the laboratory the monitoring and safe. Coumadin to Resident #8 was a ordered on 11/10/18. The protocompart of the physician/nurse significant medication error on the staff administered a double in (15.5 mg instead of 8 mg dent #8 and on 5/2/19 when the d 6 mg (milligram) Coumadin as	F580			

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED C	
		495109	B. V	/ING	08/07/2	2019
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP CODI 2420 PEMBERTON RD RICHMOND, VA 23233	=		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F580	an anticoagulant The comprehens dated 02/05/2019 (Resident # 8) is bleeding/bruising use. Anticoagula (gastrointestinal) "Interventions", it "Administer medi initiated: 02/05/20 tests) and diagno abnormal findings initiated 02/05/20 A nurse practition documented in paillness): Male pati INR (international "INR 2.2. Goal: 2 The facility's "Anti Resident # 8 doc Anticoagulant Dro 7.5mg." "PT: 16.7 goal placing the m "08/20/18 Action point up (indicatin (every day)." The eMAR (electr record) dated Aug physician's teleph stated above with Further review of mark and the nurs 08/21/18 indicatin and 7.5 mg of Cou-	ded Resident # 8 as receiving in the past seven days. ive care plan for Resident # 8 documented, "Need. at risk for abnormal R/T (related to): medication int. Hx (history) of GI bleeding." Under documented in part, cations as ordered." "Date D19, Obtain labs (laboratory stics as ordered and report in the part of the physician. Date	F580			

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	MULTIPLE CONSTRUCTION UILDING		(X3) DATE SURVEY COMPLETED	
		495109	1	/ING	C 08/07	/2019	
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, Z 2420 PEMBERTON RD RICHMOND, VA 23233	IP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
F580	o8/01/18 through any documented the resident to re a total of 15.5mg. There was no do nurse practitioner significant medical The facility's "Nur Resident # 8 dat (administrative s practitioner, at 1 "HPI (History of To See Patient) patient on Coum 3 (two to three). bleeding." Undedocumented, "Le Hold Coumadin tomorrow [11/10] The Physician's "Created Date: 1 Communication "Order Summary (milligram] (Warmouth in the even Discontinue Dat By: name of (Lic second physicial 17:15 (5:15 p.m. Summary: check 11/10/18 one tin day." The facility's "Ar Resident # 8 da Current Anticoal	practitioner notes dated no8/31/18 failed to evidence recommendations or orders for receive both 8 mg and 7.5 mg for of Coumadin on 08/21/18. The receive both 8 mg and 7.5 mg for of Coumadin on 08/21/18. The received the received no evidencing the error physician were notified the reation error. The Practitioner's Note" for red 11/09/18 and signed by ASM taff member) # 7, nurse 2:45 p.m., documented in part, Present Illness): ATSP (Asked for lab (laboratory) review. Male readin for DVT. INR: 3.5. Goal 2-On 6 (six) mg daily. No s/sx of red "A/P (Assessment/Plan)" it reg DVT - Stable. INR elevated.	F580				

Facility ID: VA0249

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		495109	B. V	B. WING		08/07/2019	
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
PRÉFIX (EACH D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	TION SHOULD BE THE APPROPRIATE	
elevated at the resider Taken by I (times one review of the evidence of the evening for 9/12/18 D/ (five)" was dose of Corp.m.). The "Hold/See of A Nurse's at 7:25 p.m. (milligrams SAT (Saturmonitor guice evidence of INR was not the physicial evidencing PT/INR was 11/10/18. On 5/2/19 Resident # Anticoagula 39.0 INR 3 Physician" day) re-che the evidencing day of the physicial of the physicial of the physicial evidencing PT/INR was 11/10/18.	level bove to the trip hysical day) in e "Ar esults the ellition Ricoumad code in the code in the plant of the "Al es not est." I wrses of obtain the plant of the "Al est." Unit docided by the "Al est." Unit docided	under the INR. The INR was the resident goal of 2-3 placing sk for bleeding]." Under "Action ian" it documented, "Hold x 1 re-check 11/10/18." Further nticoagulant Record" failed to of a PT/INR for 11/10/18. MAR (electronic medication ecord) for November 2018 adin Tablet 6 MG [milligram] n) Give 6 MG by mouth in the oagulant therapy Start Date e 11/9/18. On 11/9/18 a "5 mented with staff initials for the in scheduled at 1700 (5:00 for 5 on the MAR documented, Notes." dated 11/09/18 for Resident # 8 mented, "Hold Coumadin 6MG y 11/09/18 recheck PT/INR on 11/10/18 will cont (continue) to Further review failed to notes documenting why the PT ained on 11/10/18 as ordered by here was no documentation hysician was notified the obtained as ordered on nticoagulant Record" for umented, "Current ug Dose: Held on 5/1/19, PT der "Action Taken by umented, "Hold x 1 (times one	F580				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
		495109	8. WING		C 08/07/2019	
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233			
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		X (EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE IOSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F580	recheck tomorrow A "Nurse Practiti dated 5/03/19, si staff member) # p.m. documented Stable. 5MG column and check INR 5 On 5/3/19 Resid documented, "Column 6 mg 2.1" Under "Acti documented, " 5 re-check 5/10/19 "Anticoagulant Residence of the column of	umadin today [5/2/19] and	F580			
	crossed out with Record. A hand beside the cross documented, "M (no new order)." Review of the M "Coumadin Tabl 6 mg by mouth coagulant. Start p.m.), -Hold Datr p.m.) -05/02/201 was documented Review of the M initials with a chithe staff administ Resident #8, ins as ordered by the Review of the elevidence documents of the elevidence do	a line on the Anticoagulant written notation was written ed out date 5/10/10, and D (medical doctor) aware NNO ay 2019 MAR revealed, et 6 MG (Warfarin Sodium) Give one time a day for anti-Date- 01/11/2019 1700 (5:00 e- from 05/01/2019 1445 (4:45 l9 1444 (2:44 p.m.). This order d as discontinued on 5/15/19. AR for 5/2/19 evidenced staff eck mark on 5/2/19 indicating stered 6 mg of Coumadin to tead of holding the medication in enurse practitioner.	-			

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. W	ANG	C 08/07/2019	
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	=	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED (CROSS-REFERENCE)	N SHOULD BE COM	
F580	On 7/31/19 at 2:3 conducted with A member) #5, Res facility. ASM #5 be monitored. At could quickly bed medication can vother medication the medication has asked how cobtained to monit depends on the pass asked how cobtained to monit depends on the pass ask Coumadin and P #5 stated they are book (anticoagula orders for Couma communicated, A in the anticoagula write actual order is responsible for record, ASM #5 sassumed the unit aware there was monitoring in Resthat Resident #8 Coumadin and th 05/02/19. ASM #5 stated she had not 00 08/06/19 at 10 conducted with R assistant director regarding the incord dose of Coumadin 8/21/18 and 05/03 reviewing the anticous RN # 8 statements.	page 28 as ordered to be held. 36 p.m., an interview was aSM (administrative staff sident # 8's physician at the was asked why Coumadin must SM #5 stated Coumadin (levels) come out of control because the ariably react with food and s. ASM #5 stated this is why as to be monitored. ASM #5 often PT/INRs should be tor Coumadin and stated that patient and other variables. Bed where the monitoring of T/INRs are documented. ASM are documented in the Coumadin ant record). When asked how adin changes and PT/INRs are as ASM #5 stated those are written ant record and she does not as for those. When asked who overseeing the anticoagulant stated she was not sure but she managers. ASM #5 was made missing evidence of Coumadin sident # 8's clinical record, and received incorrect doses of a Coumadin was not held on the coumadin was n	F580			

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		495109	1		3	C 08/07/2019	
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
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F580	confirmed that R the correct dose 05/14/19. When resident received stated the reside thin and they cou about Resident # ordered on 05/02 should have bee On 8/7/19 9:53 a conducted by an (licensed practic the facility. When notifying the phy administration, L notes from the C me so no mistak the log and make a mistake, we ca On 08/05/19 at 8 staff member) # regional clinical (director of nursi above concern. No further inform exit. References: (1) A blood test for the liquid por clot. This inform website: https://medlinep (2) International preferred test of	page 29 eferring to 08/21/18 and esident # 8 was not receiving from 05/03/19 through asked what would happen if a d too much Coumadin, RN # 8 ent's blood could become too uld bleed. RN #8 was asked #8's Coumadin not being held as 2/10. RN # 8 stated the order en followed to hold it. a.m., an interview was enother surveyor with LPN all nurse) #1, a nurse working at a sked about the process for esician of an error in Coumadin PN #1 stated "I write myself coumadin log and take that with the in giving Coumadin. I check to sure it is not given. If there is all the physician." 5:10 p.m., ASM (administrative 1, administrator, ASM # 2, coordinator and ASM #3 ing) were made aware of the mation was presented prior to that measures the time it takes tion (plasma) of your blood to nation was obtained from the lus.gov/ency/article/003652.htm. normalized ratio (INR) is the choice for patients taking onists (VKA). It can also be used	F580				

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

Facility ID: VA0249

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	•	JLTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
]		495109	B. V	B. WING		C 08/07/2019	
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F580	status of the paticanticoagulants aradjust the VKA dibetween patients prothrombin time ratio of the patiens standardized for thromboplastin re Health Organizat formula: This info website: https://www.ncbi. (3) A medicine the to form clots. It is warfarin exactly a Changing how you other medicines, change the way we this happens, you clot or have bleed was obtained from https://medlineplu.000292.htm. (4) A condition the forms in a vein demainly affects the and thigh, but car such as in the arrowas obtained from https://medlineplu. 4. The facility staf physicians order of 1/10/19, 4/25/19,	c of bleeding or the coagulation ents. Patients taking oral re required to monitor INR to oses because these vary at the INR is derived from (PT) which is calculated as a nt's PT to a control PT the potency of the eagent developed by the World ion (WHO) using the following ormation was obtained from the nlm.nih.gov/books/NBK507707/ at makes your blood less likely important that you take as you have been told. Ou take your warfarin, taking and eating certain foods all can warfarin works in your body. If a may be more likely to form a ding problems. This information in the website: is.gov/ency/patientinstructions/ at occurs when a blood clot beep inside a part of the body. It is a large veins in the lower leg in occur in other deep veins inside and pelvis. This information	F580				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP CO 2420 PEMBERTON RD RICHMOND, VA 23233	DE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHOOLS OF CROSS-REFERENCED TO THE APPLICATION OF THE APPLI	OULD BE	(X5) COMPLETE DATE	
F580	Continued From ordered PT/INR obtained as order 7/26/19. when the resider normalized ratio) goal placing the Resident #189 w 9/16/17, with a m 7/16/19, with dia not limited to: me high blood press fibrillation is a coand random concausing irregular resulting in decreasement, a N with an assessment, a N with an assessment assessment, a N with an assessment oded the reside BIMS (brief interindicating the resident of irregular heart to make daily de Medications, the receiving an antitude look back per Warfarin (also ke Coumadin) is prevent and treat may be prescribed irregular heart lungs, and patient device implants warfarin must be warfarin must be resident of irregular heart lungs, and patient device implants warfarin must be	page 31 laboratory tests were not pred on 4/12/19, 6/27/19 and president at risk for blood clots. The same admitted to the facility on prost recent readmission on gnoses that included but were exchanical heart valve, stroke, are and atrial fibrillation. (Atrial prediction of the atria of the heart of the beats of the ventricles and prediction in the atria). [1] MDS (minimum data set) Medicare five day admission, prediction of the atria of the ventricles and prediction in the atria). [1] MDS (minimum data set) Medicare five day admission, predictions are reference date of 7/23/19, predictions are resident was moderately impaired president was coded as a resident was coded as a recoagulant for the seven days of	F580	DEFICIENCY)			
		orrect warfarin dosage can be tremely important. If the dose of					

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	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
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F580	developing harm warfarin is too hig serious bleeding. ratio] target range provider. It is typi basic blood-thinn may vary based of conditions. An IN target range may while an INR beloincrease the risk. The comprehens and revised on 30 "Focus: (Residen bleeding/bruising use, anticoagular fibrillation), stroked documented in providered. Observe effects, report ab physician" The nurse practite documented, "INI "Prothrombin time measures the time (plasma) of your in seconds. Most as what is called ratio)." "The most this test is to more taking a blood-thie [Coumadin]. You to prevent blood of measured in seconds what in second in secon	w, the patient is at risk of ful blood clots. If the dose of gh, the patient may be at risk of An INR [International normal e is set by a health care ically between 2.0 and 3.0 for ing needs, though the range on a patient's specific. R above the patient-specific increase the risk of bleeding, but the target range may of developing a blood clot. [2] ive care plan dated, 12/19/18 f7/19, documented in part, at #189) is at risk for abnormal for R/T (related to) medication at diagnosis of A-Fib (atrial e." The "Interventions" art, "Administer medications as a for ineffectiveness and side normal findings to the ioner note dated, 8/10/18, R goal 2.5 - 3.5." The (PT) is a blood test that the it takes for the liquid portion blood to clot." "PT is measured of the time, results are given INR (international normalized the common reason to perform a likely taking this medicine clots. Normal Results: PT is onds. Most of the time, results at is called INR (international If you are taking warfarin to ts, your provider will most	F580	O .			
LABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	URE				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	OVIDER OR SUPPLIER	TY PARK	•		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F580	Continued From likely, choose to 3.0." [3] The "Anticoagular of the electronic shelf at the nurse Resident #189's Anticoagulant redocumented INF resident at risk for Coumadin dose [milligrams]" the "Increase to 5.5 Review of the Electronic revealed a documented ord mouth in the every review of the MAF of the dose of Coper the MAR ind notes." A review record] failed to 8/15/18. The resecond Coumadin on 8/15/18. The resecond resident #189's documented not medication was Resident #189's	,	F580				
	the INR was doo documented INF resident at risks Review of the pl	cumented as 1.6, below the R goal of 2.5 - 3.5 placing the					
	day) on 9/27/18						

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	495109		B. W	/ING	C 08/07/2019	
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F580	above 9/27/18 ph mg qd. The start Further review of resident received the physician's or hold Resident #1. Staff failed to adrordered when the identified goal of risk for blood clot evidence any doc notified the Courrordered on 9/27/17. The "Anticoagula 11/15/18 date wa 11/14/18 was doc below the identifier resident at risk for directive documents of mg and rechect of the courrordered in pareview. INR today MVR (mechanica Goal 2.5 - 3.5O qd and recheck of Review of the EM dated 11/15/18 to mg. Review of the Norabove directive or qd. The medication 11/9/18 through 1 was documented dose. A "5" indication in the start of the Norabove directive or qd. The medication 11/9/18 through 1 was documented dose. A "5" indication in the start of	ptember MAR documented the hysician order for Coumadin 5 date documented, 9/28/18. The MAR failed to evidence the any Coumadin on 9/27/18 per ders. There was no order to 89's Coumadin on 9/27/18, minister the medication as a residents INR was below the 2.5-3.5 placing the resident at s. Review of the EMR failed to cumentation the physician was radin was not administered as 18. Int Record" revealed the s crossed off and the date of cumented the PT/INR as 2.2 and goal of 2.5-3.5 placing the r blood clots]. The physician med, to increase Coumadin to c on 11/19/18. Her note dated, 11/15/18, art, "CC: lab (laboratory) are 2.2. On Coumadin 4.5 mg for I valve replacement) and A. fib. in Coumadin. Increase to 5 mg	F580			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' -	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495109	B. WING		-	C 08/07/2019	
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STAT 2420 PEMBERTON RD RICHMOND, VA 23233	E, ZIP COD	PE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	,	ACTION SHO O THE APP	OULD BE	(X5) COMPLETE DATE
F580	of the electronic evidence a physi #189's Coumadin EMR failed to ev physician was not Coumadin was not Coumadin was not The "Anticoagula documented the mg, INR level 4.0 physician was not directive documented the Coumadin on 1/10/19." There was not tablet by mouth with 2 mg to mal January 2019 M resident receives The order was to the record to hold R 1/10/19 and not physician was not administered as therapeutic goal	irse's note for 11/15/18. Review medical record failed to ician order to hold Resident in on 11/15/18. Review of the idence any documentation the otified the ordered dose of icot administered on 11/15/8. Int Record' dated, 1/9/19, current Coumadin dose as 5 0" [above therapeutic goal], the otified on 1/9/19. The physician ented, "Hold Coumadin, recheck was a physician order in the Coumadin and to recheck the 10/19. "Anticoagulant Record" current Coumadin dose as 3." The physician directive coumadin) 4.5 mg qd (every 15/19. Physician orders were in R for the above Coumadin anuary 2019 MAR documented ier, "Coumadin 2.5 mg; give 1 in the evening for A fib to give ke 4.5 mg." Further review of the AR failed to evidence the d any Coumadin on 1/10/19. ranscribed to start on 1/11/19. hysician order in the clinical esident #189'2 Coumadin on documentation evidencing the otified the medication was not	F580				

PRINTED: 09/18/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109		ING	C 08/07/	2019
	OVIDER OR SUPPLIER RELS OF UNIVERSIT	Y PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	Ξ	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F580	A physician order documented, "Re The "Anticoagula failed to evidence performed on 4/1 4/12/19 with the odocumented as 2 was empty. Reviewidence a nurse was not complete 4/11/19 in the EN documented on the There was no dorphysician was no not obtained on 4 Review of the phyorder dated 4/24/Coumadin every documented that Coumadin 6 mg of Record" dated, 4/Coumadin dose a documented as 2 2.5-3.5 placing the physician directive no change reched Coumadin, 6 mg physician order in Resident #189's of documentation even otified the Coumadin #189's of documentation even otified #189'	e physician directive o change recheck in one day." If dated, 4/11/18 in the EMR echeck PT/INR level on 4/12/19, at the PT/INR test was 2/19. The form was dated current Coumadin dose 2.5 mg but the rest of the line ew of the nurse's note failed to 2's note for 4/12/19. The test ed per the physician order dated IR and the physician directive the "Anticoagulant Record." cumentation evidencing the tified the ordered PT/INR was 4/12/19. If yield the existence of the line en 4/24/19. The "Anticoagulant Poly 12/19, documented 6 mg of day. The April 2019 MAR the resident received the en 4/24/19. The "Anticoagulant 2/25/19, documented the current as 6 mg. the PT/INR was 2.2 [below the identified goal of the resident at risk for clots]. The en on the record documented, ex on 4/27/19. If I MAR failed to evidence the the prescribed dose of on 4/25/19. There was no a the clinical record to hold coumadin on 4/25/19 and no ridencing the physician was radin was not administered to a ordered. Int Record" dated, 5/12/19,	F580			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. WING		-	C 08/07/2019	
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STAT 2420 PEMBERTON RD RICHMOND, VA 23233	E, ZIP COD	E		
(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 ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHO O THE APP	OULD BE	(X5) COMPLETE DATE
F580	mg. The INR was physician directiv (Coumadin) to 3 order in the EMR "Coumadin 3 mg anticoagulation." the May 2019 May order to start on receive any Coumphysician order i #189's Coumadin documentation e notified the medi ordered. The "Anticoagulat documented the mg INR 1.6 [beloophysician directive mg, recheck 1 win the EMR date "Coumadin 4 mg evening for prevening for prevenin	current Coumadin dose as 5.5 s documented as 2.8. The we documented, "Decrease mg, recheck 1 wk." A physician dated, 5/12/19, documented, by mouth in the evening for The order was transcribed to AR. The MAR documented the 5/13/19. The resident did not madin on 5/12/19. There was no nother than the	F580				

STATEMENT OF DEFICIENCIES OF PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	1	/ING	C 08/07/2	2010
	OVIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, ZIP CODI 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIEM DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F580	Continued From Coumadin 5.5.mg goal 2.5 - 3.5, ho The EMR documented to recheck Review of Resider Record" failed to Resident #189's as ordered by the documentation export for the PT/IN on 6/27/19. A physician order documented, "PT results." On 7/26/19, the "adocumented the org. The rest of the physician. The rest of the physician. The physician order for the physician. The physician order for the physician. The physician ordered was notified the physician. The physician ordered. On 7/31/19 at 2:3 conducted with Amember) #5 (Resident #189 was notified the pordered. On 7/31/19 at 2:3 conducted with Amember) #5 (Resident #189 was notified the pordered. An interview was an interview was an interview was as a series of the medical food and other me	page 38 g (milligram) qd. (every day), ld x 1 and recheck 6/27/19." ented in part a physician order	F580	DEFICIENCY)	ROPRIATE	DATE
LABORATORY	for Resident #189	, on 8/6/19 at 7:53 a.m. When	i IDE			

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	1			C 08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F580	same day the PT does that order to should be initiated. An interview was 8/6/19 at 3:12 p. physician's order dose of Coumad given as ordered always follow the asked if the physicianed in the right dose of Coumobtained in the right dose effective. For the evening ame day. When dose change should not be a soft or the evening dose of Record" for Resides Marks, physician 7/18/18 through #8 and the above reviewed. When dose of Coumad order in the elective of Coumad in is here. When asked at completed as or 6/27/19 and 7/2 be done as order physician should any order that the nurses should for directive or a physician should any order that the nurses should for the should rective or a physician should any order that the nurses should for the should rective or a physician should any order that the nurses should for the should rective or a physician should any order that the nurses should for the should rective or a physician shou	for Coumadin is written on the T/INR test is obtained, when ake effect, ASM #7 stated it at that same day. It conducted with RN #8 on m. When asked if the reducements to administer a in, should the medication be I, RN #8 stated, "Yes, we should be physician order." RN #8 was sician gives an order to change madin, after the PT/INR is norning, when is the change RN #8 stated, "It goes in effect and dose [of Coumadin] that an asked if the physician ordered build be documented to start the stated, "No, it has to start the start	F580				

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
		495109	B. W	ING	08/07/	2019
ł	OVIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
F580	Continued From order."	page 40	F580			
	conducted by and (licensed practical the facility. When notifying the physiadministration, LI notes from the Come so no mistake	.m., an interview was other surveyor with LPN al nurse) #1, a nurse working at asked about the process for sician of an error in Coumadin PN #1 stated "I write myself oumadin log and take that with a in giving Coumadin. I check sure it is not given. If there is a the physician."				
	administrator, AS coordinator, and were made aware on 8/6/19 at 5:19					
	No further inform	ation was provided prior to exit.				
7 7		onary of Medical Terms for the der, 5th edition, Rothenberg age 55.				
F584 SS=D	Safe/Clean/Comf CFR(s): 483.10(i)	ortable/Homelike Environment (1)-(7)	F584	Ftag 584		9/20/19
	comfortable and I	a right to a safe, clean, nomelike environment, limited to receiving treatment		Resident # 54: No negative out occurred from this practice. The room was deep cleaned, and the was inspected and replaced.	e residents	
LAROPATORY	homelike environ use his or her per possible. (i) This includes e	orovide- e, clean, comfortable, and ment, allowing the resident to sonal belongings to the extent ensuring that the resident can	nue-	Residents currently in the facil potential to be affected. The DON or designee will educ staff on incontinence care and odors. The housekeeping directions are staffed to the continence care and odors.	ate nursing resolving	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		495109	1			C 08/07/3	2019
	OVIDER OR SUPPLIER	TY PARK		;	STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
F584	physical layout of independence and (ii) The facility shall the protection of loss or theft. 483.10(i)(2) Houservices necession or derly, and community and condition 483.10(i)(3) Clear in good condition 483.10(i)(4) Privalent room, and 483.10(i)(5) Adelevels in all area 483.10(i)(6) Consevels. Facilities 1990 must main to 81F; and 483.10(i)(7) For sound levels. This REQUIREM by: Based on observing the survey samples and the surve	I services safely and that the of the facility maximizes resident and does not pose a safety risk. I hall exercise reasonable care for the resident's property from sekeeping and maintenance ary to maintain a sanitary, infortable interior; an bed and bath linens that are in; ate closet space in each is specified in 483.90 (e)(2)(iv); aquate and comfortable lighting is; infortable and safe temperature initially certified after October 1, tain a temperature range of 71 the maintenance of comfortable wation, resident interview, staff if y document review and clinical is was determined that the facility aintain a clean, comfortable, inment for one of 72 residents in one, Resident #54. The facility aintain Resident #54's room in a ter. A strong, persistent urine in the resident's room on	F584		educate the housekeeping dep the daily room cleaning proces. The NHA or designee will educe department managers on room and identifying odors for correct Department managers or design conduct room rounds on their arooms to identify any odors. The housekeeping director or inspect mattresses and floors in rooms to identify further cleaning the housekeeping director or monitor rooms 5 days a week and then weekly for 4 weeks. A variances will be corrected and education or counseling will be the quality assurance committee until resolved. Continued compliance will be through the facilitys quality assurance in the program. Additional education monitoring will be initiated for concerns. Completion date: September 20, 2019	cate in rounding ction. gnee will assigned designee will in resident ing needs. designee will for 1 week Any d additional e provided as reported to ee monthly monitored surance and	

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED C	
]		495109	B. V	ANG	08/07/	2019
	OVIDER OR SUPPLIER RELS OF UNIVERSIT	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETE DATE
F584	Continued From	page 42	F584			
	The findings inclu	ude:				
	8/13/17. Resider were not limited to four limbs), chrorn abnormal posture MDS (minimum assessment with reference date) obeing cognitively (Bladder and Bowhaving an external ways incontiner	s admitted to the facility on the facility of				
·	and 7/31/19 at 3:: Resident #54 lyin During each obse urine odor was no an interview was	28 p.m., 7/31/19 at 7:58 a.m. 28 p.m., observations of g in bed were conducted. ervation, a strong, persistent oted. On 7/31/19 at 3:28 p.m., conducted with Resident #54. dirmed he could smell the urine				
	conducted with C #8. CNA #8 was urine odors in res "Take the diaper Change the beds clean the beds ou	a.m., an interview was NA (certified nursing assistant) asked what is done to prevent ident rooms. CNA #8 stated, off and clean them for one. , then tell housekeeping or urselves or if (the odor is) real a nurse cause there may be oing on."				
111111111111111111111111111111111111111	#54's room was c #8 confirmed the	a.m., observation of Resident onducted with CNA #8. CNA strong urine odor and stated gotten into the mattress.				
		5 a.m., ASM (administrative				
LABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGNAT	URF			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	1	ING	C 08/07/2	2019
	OVIDER OR SUPPLIER RELS OF UNIVERSIT	TY PARK	1	STREET ADDRESS, CITY, STATE, ZIP C 2420 PEMBERTON RD RICHMOND, VA 23233	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION :	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F584	(the regional clin (the director of nabove concern. The facility policy ENVIRONMENT provide a safe, for comfortable enviand the public'	(the administrator), ASM #2 ical coordinator) and ASM #3 ursing) were made aware of the titled, "PHYSICAL" documented, "The facility will unctional, sanitary, and ronment for our guests, staff,	F584			
F600 SS=G	Exploitation The resident has neglect, misappi and exploitation includes but is n corporal punishr any physical or o treat the resident 483.12(a) The fat 483.12(a)(1) No physical abuse, involuntary section. This REQUIREM by: Based on obser document review the course of a facility staff faile	a)(1) from Abuse, Neglect, and the right to be free from abuse, ropriation of resident property, as defined in this subpart. This ot limited to freedom from nent, involuntary seclusion and chemical restraint not required to t's medical symptoms. acility must- t use verbal, mental, sexual, or corporal punishment, or	F600	Resident #338: The resident resides in the facility. Resident # 93: The resident any injuries as a result of th facility completed an FRI whoccurred. The employee no at the facility Resident #61: The resident any injuries as a result of th further incidents have occur. Residents with aggressive the receiving Coumadin have the affected. The DON or designee will enabuse and neglect, identifying managing aggressive behalf process of Coumadin logs, and ensuring Anticoagulant.	did not incur s event. The en the event longer works did not incur s event. No red. ehaviors or e potential to ducate staff on and viors, and the following orders	9/20/19

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495109	1	VING		C 08/07/	2019	
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
F600	Continued From #61) were free fr neglected to prove monitoring for sa anticoagulant mesubsequently pretransferred to the blood clotting metransfusion, result was hit by, OSM former housekee #61 was slapped. The findings included the finding for the anticoagulant (blumedication Councilla (admission) through the medication and a second free free free free free free free fre	page 44 om neglect and abuse. Staff vide Resident #338, adequate fe administration of edication, (Coumadin), she esented with bleeding, was e hospital where she received edication, and a blood lting in harm; Resident #93 (other staff member) #12 (a eping employee), and Resident by Resident #93.	F600			duct an audit nsiorders the behavior e will audit ored for ew current r residents attor ays a week weeks, aggressive ays a week weeks, ly for 3 corrected unseling will rance		
	6/29/18. Resider but were not limit removal, asthma Resident #338's data set) (prior to assessment with reference date) cas being cognitiv Resident #338 as anticoagulant me seven days.	as admitted to the facility on the #338's diagnoses included ted to revision of left total knee and high blood pressure. most recent MDS (minimum or discharge), a 14 day Medicare an ARD (assessment of 7/13/18, coded the resident ely intact. Section N coded is having received an edication seven out of the last			Continued compliance will be nathrough the facilitys quality ass program. Additional education a monitoring will be initiated for a concerns. Completion date: September 20, 2019	uality assurance ducation and		

STATEMENT OF AND PLAN OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109	(X2) MULT A. BUILDIN B. WING			(X3) DATE SURVEY COMPLETED C 08/07/2019	
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E.	
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	TIVE ACTION SHOULD BE CED TO THE APPROPRIATE	
F600	to discharge to the was initiated durifor dvt (deep vein Further review of PT/INR (prothror normalized ratio) hospital pharmad documented, "W #5 Consult proving female to manage prophylaxis s/p (INR Goal: 1.7-2 INR: Ceftriaxone INR: None. Other that may increas (nonsteroidal and factors: > (greated Yes) Date INR Dose 6/15 1.0 6/25 4mg (milligr 6/26 1.0 mg 6/27 2.8 HOLD 6/28 2.1 2 mg 6/29 2.4 Hold Assessment/Plai INR above goal. INR abov	ent #338's hospital record prior ne facility revealed Coumadin ng the resident's hospitalization in thrombosis) [2] prophylaxis. If the hospital record revealed a right in time/international [3] of 24.1/2.4 on 6/29/18. A clist note dated 6/29/18 arfarin (Coumadin) dosing- Day ded for this 77 y.o. (year old) are warfarin for VTE (sic) estatus post) orthopedic surgery. [4]. Drugs that may increase [4]. Drugs that may decrease er current anticoagulants/drugs e bleeding risk: NSAIDs ti-inflammatory drugs) [5]. Risk er than) 65. Daily INR ordered:	F600				

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	MULTIPLE CONSTRUCTI	ION	(X3) DATE SURVEY COMPLETED	
		495109	в. w	fing		08/07/	2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, C 2420 PEMBERTO RICHMOND, VA	ON RD	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORF	R'S PLAN OF CORREC RECTIVE ACTION SHO RENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F600	adverse outcome Warfarin (also kn Coumadin) is a prevent and tread may be prescribe of irregular hearth lungs, and patien device implants a Warfarin must be working effective Achieving the con difficult but is ext warfarin is too lon developing harm warfarin is too his serious bleeding. INR [Internationa typically between thinning needs, th based on a patien increase the risk the target range of developing a blood Black Box Warnin strongest warning Administration) re medical studies in significant serious adverse effects]: can cause major regular monitorin normalized ratio measures how lo in all treated patien A physician's ord 6/29/18 documen	rders for the monitoring of es. nown by the brand names a blood thinner prescribed to t blood clots. Warfarin therapy ed for patients with certain types beat, blood clots in the legs or at the swho have certain medical such as artificial heart valves. It is an another to ensure it is alward being used safely. Trect warfarin dosage can be remely important. If the dose of w, the patient is at risk of ful blood clots. If the dose of gh, the patient may be at risk of a A health care provider sets an all normal ratio] target range. It is a 2.0 and 3.0 for basic bloodhough the range may vary ant's specific conditions. An INR t-specific target range may of bleeding, while an INR below may increase the risk of od clot. [2] Ing [A boxed warning is the graph that the FDA (Food and Drug equires, and signifies that andicate that the drug carries is or even life-threatening BLEEDING RISK: COUMADIN or fatal bleeding. Perform g of INR [international a laboratory blood test that ang it takes for blood to clot [3]]	F600				

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. E	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 08/07/2019	
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK		495109 TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	<u> </u>	2019
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
F600	prophylaxis. Rev 2018 and July 20 administration re was administered prescribed by the 7/22/18. Resident #338's documented "An beside) Observe bleeding, report comprehensive of documented, "B bleeding R/T (rel useIntervention orderedObserve (signs/symptoms bleeding gums, p by bleeding into hematuria (blood abdominal pain, pulse, occult blood as ordered. Repphysician. Repophysician"	page 47 he evening for DVT view of Resident #338's June 018 MARs (medication cords) revealed the resident d 2 mg of Coumadin as e physician from 7/1/18 through baseline care plan (no date) ticoagulant- (a check mark S/S (signs or symptoms) of as indicated" Resident #338's care plan dated 7/11/18 LEED101: At risk for abnormal ated to) anticoagulant hs: Administer medications as we for abnormal s/sx s) of bleeding. i.e. Bruising, betechiae (tiny red spots caused the skin), nosebleeds, ly urine), headaches, back of decrease blood pressure or od in the stool, etc. Obtain labs out abnormal findings to int all abnormal findings to if Resident #338's clinical record is notes, NP (nurse practitioner) cian notes from date of	F600				
	admission to dat documentation of use of Coumadir 7/2/18 failed to do Coumadin or mo NP notes dated 7/12/18, 7/16/18 7/20/18 docume "Pertinent lab re information rega	e of discharge) revealed no of monitoring for the prescribed no. The physician note dated locument information regarding onitoring for the medication. The 7/3/18, 7/10/18, 7/11/18, 7/17/18, 7/18/18, 7/19/18 and nted information regarding, sults" but failed to document any rding PT/INRs and Coumadin notes further documented, "On					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BI	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED C	
		495109	B. W	fing		/2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP C 2420 PEMBERTON RD RICHMOND, VA 23233	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR ((EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
F600	failed to docume monitoring of Co anticoagulant red "Anticoagulant R was being utilize monitoring separ includes the date and dose, PT/INI completed the P quality control terfor the PT/INR, the notified and actic Directives for test changes were donurses and physisthe facility did no process and use Review of notes on 7/2/18 and 7/2 reviewed Reside those dates. The information regard monitoring for the Review of Reside 2018 MARs (mediated the reside 2018 MARs (mediated the reside 2018 mass of 7/1/18 through 7/1/18 through 7/1/18 through 7/1/18 through 7/1/19 through 7/1	by for DVT prophylaxis" but not any information regarding the umadin. There was no cord for Resident #338. (The secord" a tracking flowsheet that d by facility staff for Coumadin rate from the clinical record. It is, current anticoagulant drug R, name of the nurse who T/INR, the test strip lot number, at for the machine used to test the date the physician was not taken by the physician. Iting and Coumadin dose ocumented on the sheet by icians but were not signed and it have a policy regarding the of the flowsheet). documented by the pharmacist 21/18 revealed the pharmacist and #338's clinical record on the notes failed to document any reding the use of Coumadin or	F600			
LABORATORY	/ DIDECTORIC OR DROVII	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	n m			<u></u>

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109		A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 08/07/2019		
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CO 2420 PEMBERTON RD RICHMOND, VA 23233	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
F600	8:30 a.m. documblood in stool. HI ATSP (Asked to Patient reports be several occasion that she has had Endorses abdomend nausea. Untoilet with BM (be was unable to see medication over (Assessment/Plableeding: referred Review of hospit #338's INR was was administered blood transfusion "Prothrombin time asures the time (plasma) of your in seconds. Mos as what is called ratio)." "The most this test is to motaking a blood-the [Coumadin]. You to prevent blood measured in second are given as what normalized ratio prevent blood clikely, choose to 3.0." [3] On 7/31/19 at 2: conducted with member) #5 (Refacility). ASM #8 Coumadin monitorial counter and co	ctitioner) note dated 7/23/18 at lented, "CC (Chief Complaint): PI (History of Present Illness): See Patient) for blood in stool. right red blood per rectum on is over the weekend. States blood on her pad and bed. In all pain and burning, diarrhea, sure if there was blood in the owel movement) this morning, i.e. Has tried Zofran [6] and pain the weekend with no reliefA/P an) GI (gastrointestinal) d to ER (emergency room)"	F600			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C		
		495109	B. V	VING		, 7/2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, 2 2420 PEMBERTON RD RICHMOND, VA 23233	ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
F600	process depends hospital. ASM # specifies the nex obtained and that ASM #5 was ask hospital does not ASM #5 stated uresident's chart, was checked within the stated she likes to the value of that next one should facility staff obtained to monitored. ASM #5 proactive and choften, the nurses record for a recent of the nurses will verbained to resident's PT/INF #5 was asked who monitored. ASM could quickly be medication can wother medication the medication has asked how contained to monitored to monitoring of Constated in the Courecord). When a changes and PT/ #5 stated those a record and she did those. When ask overseeing the astated she was not asked she	acility. ASM #5 stated the son the orders provided by the 5 stated the hospital usually at date a PT/INR should be to order should be followed. Sed what should be done if the topovide an order for a PT/INR, sually she would review the find out the last date a PT/INR do order for a PT/INR to be ne next few days. ASM #5 to have a baseline PT/INR and PT/INR will determine when the be done. ASM #5 stated the ns PT/INRs and documents madin book" (anticoagulant is stated the clinician can be eck the anticoagulant record or will flag the anticoagulant ntly obtained PT/INR or the lily tell her that they checked a R and ask for her review. ASM my Coumadin must be #5 stated Coumadin (levels) come out of control because the variably react with food and so the ASM #5 stated this is why as to be monitored. ASM #5 often PT/INRs should be tor Coumadin and stated that patient and other variables. The provided in the communicated and provided in the anticoagulant oces not write actual orders for the communicated and provided in the anticoagulant record, ASM #5 often provided in the anticoagulant record, ASM #5 often who is responsible for noticoagulant record, ASM #5 often but she assumed the provided in the anticoagulant record, ASM #5 often but she assumed the provided in the anticoagulant record, ASM #5 often but she assumed the provided in the anticoagulant record, ASM #5 often but she assumed the provided in the anticoagulant record, ASM #5 often but she assumed the provided in the anticoagulant record, ASM #5 often but she assumed the provided in the provided in the anticoagulant record, ASM #5 often but she assumed the provided in the provi	F600			
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN/	TURE			

NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK (A4) 10 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL (EACH DEFICIENCY) FEOOD Continued From page 51 unit managers. ASM #5 was made aware there was no evidence of Coumadin monitoring in Resident #338's solinical record and no evidence of an anticoagulant record for the resident. ASM #5 reviewed her notes and stated she had no documentation in her notes. On 7/31/19 at 2.45 p.m. and 4.57 p.m., ASM #1 (the administrator) was asked to provide Resident #338's anticoagulant record. On 8/1/19 at 8.46 a.m., an interview was conducted with RN (registered nurse) #1, regarding the facility process for Coumadin monitoring. RN #1 stated when a resident is admitted, she tells the doctor the resident is receiving Coumadin and asks the doctor if she should obtain a PT/INR and immediately notifies the doctor. RN #1 stated she makes the doctor aware of the PT/INR results and asks if he/she wants to continue the prescribed dose of Coumadin, make changes, and when the next PT/INR should be done. RN #1 stated she obtains this information then documents the current Coumadin dose, the PT/INR results and action taken by the physician, including the due date for the next PT/INR on the anticoagulant policies. On 8/1/19 at 1:36 p.m., a telephone interview was conducted with ASM #8 (the consulting	STATEMENT OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
CALID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL FREGULATORY OF LSC DEMITTURING INFORMATION) TAX PRETIX TAG PRETIX T			495109	1		_	2019
FREDIATOR OR LISE IDENTIFIES BY FULL FROULT OR OR LISE IDENTIFIES BY FORMATION) FROM Continued From page 51 unit managers. ASM #5 was made aware there was no evidence of Coumadin monitoring in Resident #338's clinical record and no evidence of an anticoagulant record for the resident. ASM #5 reviewed her notes and stated she had no documentation in her notes. On 7/31/19 at 2.45 p.m. and 4:57 p.m., ASM #1 (the administrator) was asked to provide Resident #338's anticoagulant record. On 8/1/19 at 7:57 a.m., ASM #1 stated she could not find Resident #338's anticoagulant record. On 8/1/19 at 8:46 a.m., an interview was conducted with RN (registered nurse) #1, regarding the facility process for Coumadin monitoring. RN #1 stated when a resident is admitted, she tells the doctor the resident is receiving Coumadin and sks the doctor if she should obtain a PT/INR so there is a baseline before the first dose of Coumadin region. RN #1 stated when a resident is perceiving Coumadin and sks the doctor. RN #1 stated she makes the doctor ware of the PT/INR results and asks if he/she wants to continue the prescribed dose of Coumadin, make changes, and when the next PT/INR should be done. RN #1 stated she obtains this information then documents the current Coumadin dose, the PT/INR results and action taken by the physician, including the due date for the next PT/INR no nithe anticoagulant record. On 8/1/19 at 1:36 p.m., a telephone interview was conducted with ASM #8 (the consulting			Y PARK		2420 PEMBERTON RD		
unit managers. ASM #5 was made aware there was no evidence of Coumadin monitoring in Resident #338's clinical record and no evidence of an anticoagulant record for the resident. ASM #5 reviewed her notes and stated she had no documentation in her notes. On 7/31/19 at 2:45 p.m. and 4:57 p.m., ASM #1 (the administrator) was asked to provide Resident #338's anticoagulant record. On 8/1/19 at 7:57 a.m., ASM #1 stated she could not find Resident #338's anticoagulant record. On 8/1/19 at 8:46 a.m., an interview was conducted with RN (registered nurse) #1, regarding the facility process for Coumadin monitoring. RN #1 stated when a resident is admitted, she tells the doctor the resident is receiving Coumadin and asks the doctor if she should obtain a PT/INR so there is a baseline before the first dose of Coumadin order into the computer system, obtains a PT/INR and immediately notifies the doctor. RN #1 stated she enters the Coumadin order into the computer system, obtains a PT/INR and immediately notifies the doctor. RN #1 stated she makes the doctor aware of the PT/INR results and asks if he/she wants to continue the prescribed dose of Coumadin, make changes, and when the next PT/INR should be done. RN #1 stated she obtains this information then documents the current Coumadin dose, the PT/INR ro nthe anticoagulant record. On 8/1/19 at approximately 10:45 a.m., ASM #1 was asked to provide the anticoagulant policies. On 8/1/19 at 1:36 p.m., a telephone interview was conducted with ASM #6 (the consulting	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFE	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI	OULD BE	COMPLETE
pharmacist), regarding the pharmacy process for Coumadin monitoring. ASM #8 stated he	F600	unit managers. A was no evidence Resident #338's of an anticoagula #5 reviewed her documentation in On 7/31/19 at 2:4 (the administrato Resident #338's 8/1/19 at 7:57 a.mot find Resident On 8/1/19 at 8:46 conducted with Fregarding the fact monitoring. RN admitted, she tel receiving Couma should obtain a few before the first different the computer system with the comput	ASM #5 was made aware there of Coumadin monitoring in clinical record and no evidence ant record for the resident. ASM notes and stated she had no her notes. 45 p.m. and 4:57 p.m., ASM #1 r) was asked to provide anticoagulant record. On m., ASM #1 stated she could #338's anticoagulant record. 5 a.m., an interview was RN (registered nurse) #1, cility process for Coumadin #1 stated when a resident is less the doctor the resident is less the doctor the resident is less the doctor the resident is less the Coumadin order into stem, obtains a PT/INR and fies the doctor. RN #1 stated octor aware of the PT/INR if he/she wants to continue the of Coumadin, make changes, ext PT/INR should be done. RN stains this information then current Coumadin dose, the ind action taken by the ing the due date for the next inticoagulant record. 6 p.m., a telephone interview with ASM #8 (the consulting arding the pharmacy process for and action the pharmacy process for and ac				

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION SUILDING	(X3) DATE SURVEY COMPLETED C	
		495109	B. W	VING	08/07/	2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG		OULD BE	(X5) COMPLETE DATE
F600	a newly admitted admission and the admission and the asked if he identified been obtained for ASM #8 stated usersident. ASM #8 PT/INR had not be #338 during here stated the reside hospital on 6/28/ for the need for a review. ASM #8 have been due usersided to provide the common clinic review. On 8/1/19 at app p.m. ASM #1, the policy titled Anticother facility policy THERAPY" (reviews). On 8/1/19 at 2:25 administrator) profax documentation review fax documented, verbiage for warf references: Pleasy obtained, communicationale for Record as soon a Rationale for Record as soon a Ration	the medications prescribed for a resident within three days of the monthly. ASM #8 was iffies whether a PT/INR has or residents receiving Coumadin. Itsually residents are admitted with a PT/INR order and ompletes his medication review of physician evaluates the same was asked if he noticed that a been obtained for Resident stay at the facility. ASM #8 with INR was stable at the 18, so he would have reviewed a PT/INR during his monthly stated a PT/INR would not within 17/24/18. When asked why, monthly monitoring of PT/INRs clinical practice. ASM #8 was a light a practice to this surveyor for the coagulant Therapy. Review of titled, "ANTICOAGULANT sed 10/10), failed to reveal any agarding the use of the	F600			
		DEDICTOR SED DEDDECENTATIVES CICAIA				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C		
	495109			08/07/	2019
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY	Y PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
PRÉFIX (EACH DEFICIENC TAG REGULATORY OR I	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
events (e.g. embobleeding). Refere information. Prince Company. 2017 A safety of warfaring setting. The Am J On 8/2/19 at 12:55 interview was conwast made aware a Resident #338 wawas asked why he the resident's Coustated the comput regarding a needer last INR entered in stated if the last IN hospital and he ensoftware, then the him to complete a one month after the facility. ASM #8 safter the computerso. Review of notes do 7/2/18 and 7/21/11 Resident #338's on The notes failed to regarding the use the medication. On 8/5/19 at 5:10 conducted with RI #8 was asked to confident, bathing a neglect, abuse, no needs, and doing an elect, abuse, no needs, and doing	page 53 s required to avoid preventable of serequired to avoid prescribing peton, NJ: Bristol-Myers Squibb Aug. 2) Gurwitz JH et al. The therapy in the nursing home J Med. 2007; 120:539-544." 5 p.m., another telephone ducted with ASM #8. ASM #8 a medication review for as completed on 7/21/18 and edid not complete a review of amadin monitoring. ASM #8 ter software notifies him ed review one month after the not the software. ASM #8 NR was obtained in the netered that INR into the esoftware would not flag for a review for an INR need until ne resident is admitted to the stated he completes the review of software flags for him to do documented by ASM #8 on 8 revealed ASM #8 reviewed of completes the review of completes the review of completes the review of completes the review of software flags for him to do a serve aled ASM #8 reviewed of completes the review of completes the review of completes the review of completes the review of a resident is admitted to the stated he completes the review of a review for an INR need until ne resident is admitted to the stated he completes the review of a review of the review o	F600	· · · · · · · · · · · · · · · · · · ·		

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495109	В. V			08/07/	2019
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F600	on 8/6/19 at 7:53 conducted with A ASM #7 was ask responsibility reg ASM #7 stated refrom the hospital when the PT/INR #7 stated if she is then she usually resident's PT/INF determines if any needs to be mad PT/INR based or ASM #7 stated so admitted from the trying to establish range. ASM #7 stated so admitted from the trying to establish range. ASM #7 stated so admitted from the trying to establish range. ASM #7 stated so but if not, she detherapeutic range diagnoses. ASM #7 was ask information regar Coumadin monito began employme ASM #7 stated in documented mor Coumadin dose a anticoagulant rectime, she notices was more clear to plan of care when information in hel ASM #7 was ask	ring and care for medical needs	F600		DEFICIENCY)		
LABORATORY	DIRECTOR'S OR BROWIE	 DER/SUPPLIER REPRESENTATIVE'S SIGNA	ri ide		<u> </u>		

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STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
		495109	B. W	VING	08/07/	2019
	OVIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, ZIP C 2420 PEMBERTON RD RICHMOND, VA 23233	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETE DATE
F600	on Monday 7/23/ information was in not recall. On 8/6/19 at 9:35 was conducted was ending proceed if ector. ASM #5 the monthly facility performance impropersonance improvements i	her examination of the resident 18. ASM #7 stated that not in her notes and she could a.m., a telephone interview with ASM #9 (the facility medicaling the facility Coumadin ss and his role as the medical stated in general, he attends ty QAPI (quality assurance and provement) meetings and ad hoce held for issues that need to be 1 #9 stated he also participates be does not currently have any ide at the facility but providers any, he is employed at, do. ASM adin monitoring is a partnership sing staff, the pharmacist, the nurse practitioners. When aware of any concerns adin monitoring (prior to the stated he was not. ASM #9 monitoring is expected for a dot to the facility and is receiving 1 #9 stated in general, the is about transition of care. If a resident is admitted from an comment then the resident should and PT/INR check orders, that the facility staff and the team reviews, follows and orders and discharges the coropriate. ASM #9 stated in mendations and order outly be obtained for any requires supervision. ASM #9 re were any special items ns) for Coumadin. ASM #9	F600			

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
	495109	B. W	/ING	NG C 08/07/2019	
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSIT	Y PARK		STREET ADDRESS, CITY, STATE, ZIP 2420 PEMBERTON RD RICHMOND, VA 23233	CODE	
PREFIX (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)	I SHOULD BE	(X5) COMPLETE DATE
including the right When ASM #9 wa Coumadin require he stated INRs ar be checked. Whe Coumadin monito residents are adm attending physicia outside providers #9 stated the atter medications that in hospital and decid the facility. ASM is responsibility betwood the outside providers and the outside providers want to The nurse who with the documented a bricobserved on Resi longer employed is On 8/6/19 at 11:2: administrator), AS coordinator) and with the facility admitted to the facility ASM #1 stated necessed concern regarding admitted to the facility Resident #338 was hospital for bleedi gastrointestinal bleelevated INR. AS monitoring for Constated, "Yes." At and ASM #3 were	s back to all medications, to drug and the right dose. The sasked if the use of the sany laboratory monitoring, and the therapeutic index should the saked who is responsible for oring, ASM #9 stated that while nitted under the care of the sans, residents often have such as a cardiologist. ASM anding physicians review the residents were on in the de what needs to be done at the stated there is a shared ween the attending physicians roviders, because the optimal transition of care.	F600			

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STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETER	
		495109	1	/ING	C 08/07/2	2019
	OVIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	<u>.</u>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL. REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG		OULD BE	(X5) COMPLETE DATE
F600	Continued From	page 57	F600		***************************************	
	The facility policy INVESTIGATION documented, "It i prohibit mistreatr guests/residents guest/resident provident providing basic action which results in a health and safety providing adeques helter, or access failure to prevent and environment from the Centers https://www.cdc.use/definitions.ht No further informexit. References: [1]This information webiste: https://wdevices/vitro-diagues with the content of the vein swells, the thrombophlebitis break loose and lung, called a puinformation was	r titled, "ABUSE PROHIBITION, I, AND REPORTING" s the policy of this facility to ment, neglect, and abuse of and/or misappropriation of operty or resources" by a caregiver or other on to protect an elder from the to meet needs for essential trition, hydration, hygiene, ctivities of daily living or shelter, a serious risk of compromised of the examples include not attenutrition, hygiene, clothing, as to necessary health care; or exposure to unsafe activities is." This information is taken for Disease Control website gov/violenceprevention/elderab				

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	•	ULTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
		495109			3	C 08/07/	2019
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	5	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	N SHOULD BE COMF E APPROPRIATE DA	
F600	=medlineplus-bundle&query=drineplus-bundle&query=drineplus-bundle&query=meta?v%3aprojemedlineplus-bundle&query=laT%20calculationrelineplus-bundle&query=laT%20calculationrelineplus-bundle&query=laT%20calculationrelineplus-bundle&query=laT%20calculationrelineplus-bundle&query=laT%20calculationrelineplus-l/medli	ect=medlineplus&v%3Asources vt&_ga=2.137988019.20811248 1667741437.1550160688 on was obtained from the ormation was obtained from the search.nlm.nih.gov/vivisimo/cgi- oct=medlineplus&v%3asources= aboratory%20tests%20for%20P %20of%20INR& sused to treat infections. This obtained from the website: us.gov/druginfo/meds/a685032. steroidal anti-inflammatory of the most commonly used adults." This information was e website: matology.org/I-Am-A/Patient- nents/NSAIDs d to prevent nausea. This obtained from the website: us.gov/druginfo/meds/a601209. deversal of COUMADIN may be obtained by oumaple obtained by oumaple obtained or oumaple of the most or output files of the most of the meds/a601209. deversal of COUMADIN may be obtained by oumaple obtained or output files of the most or output files of the most of the meds/a601209.	F600				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495109	1			C 08/07/2019	
	OVIDER OR SUPPLIER	Y PARK			STREET ADDRESS, CITY, STATE, ZIP CODI 2420 PEMBERTON RD RICHMOND, VA 23233	Ξ	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F600	Continued From 3Asources=medibundle&query=vi81124811.15656 1667741437.155 [8] This informati website: https://dailymed.ifm?setid=d9193/d5accc4151b6 2. The facility stawas free from ph (other staff memihousekeeping er Resident #93 wa 7/30/15. Resident #93's n set), a quarterly a (assessment refethe resident's continuity of the facility to the documented, "Redate: 2/13/19. Resident #93). I Allegation of abuincident, includin Resident observer practical nurse]) assistance. Houroom & said, 'I catold her she need that she (housekeeping)	page 59 ineplus- tamin+k&_ga=2.117115013.20 15930- 0160688 on was obtained from the nlm.nih.gov/dailymed/drugInfo.c da0-902e-c26c-23ca- ff failed to ensure Resident #93 ysical abuse. On 2/13/19, OSM ber) #12 (a former inployee) hit Resident #93. s admitted to the facility on int #93's diagnoses included but to heart disease, high blood djor depressive disorder. inost recent MDS (minimum data assessment with an ARD erence date) of 6/28/19, coded gnition as severely impaired. ported incident) submitted from SA (state agency) on 2/13/19 eport date: 2/13/19. Incident esidents involved: (name of injuries: No. Incident type: ise/mistreatment. Describe g location, and action taken: ed by nurse (LPN [licensed sliding to floor. Nurse asked for sekeeper quickly came into and of this, no problem.' Nurse ded appropriately trained staff & ieeper) could not assist.	F600		DEFICIENCY)		
		cked resident up off the floor and s CNA (certified nursing					

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			JLTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
		495109	B. WING		3	C 08/07/2019	
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F600	Housekeeper strands housekeeper was of the investigation of the investig	keeper & per resident & LPN, uck the resident back." The s suspended, pending outcome	F600				
LABORATORY		DER/SUPPLIER REPRESENTATIVE'S SIGNA	TIDE				

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STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
		495109	B. W	VING	C 08/07/2	2019
	OVIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		OULD BE	(X5) COMPLETE DATE
F600	final report in resided on February abuse regarding (Resident #93) is female who resided diagnoses includ HTN (hypertenside (coronary artery coordinating move (myocardial infar Depressive Disorphysically and vehitting staff, throwstatements, and (Resident #93) hloss, her BIMS (Iscore is 6/15 (incimpairment). On #19), reported the housekeeper, hit suspended pend was assessed, a The LPN reported assisted to her control the resident alled then witnessed to She was then reinterview was copresent during the resident hit that she witnesses stating 'it happer a reflex.' An interview was coreports that the resident that she was walk interview was coreports that the resident that the resident hit that she witnesses stating 'it happer a reflex.' An interview was coreports that the resident that the resi		F600			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	•	JLTIPLE CONSTRUCTION DING	(X3) DATE SUR\ COMPLETE	
		495109			G	C 08/07/	2019
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F600	put her arm up to her again. Interversident and the recall the incident witnesses to the substantiate that resident. Despite aggressive behat the housekeeper differently to beh employment has remains in the farecollection of the OSM #12 was not LPN #19 was not LPN #19 was not LPN #19 was not conducted with Conducted wit	eports that during this time she block the resident from hitting riews were conducted with the roommate, but neither could not at. Based on interviews and incident, the facility can the employee hit back at the enteresident's extensive vior history, the facility feels that could have responded aviors displayed, therefore been terminated. The resident cility at this time, and has no	F600				
1 450547051	COLDECTORIC OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	1105				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. W	VING		C 08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		OULD BE	(X5) COMPLETE DATE		
F600	describe what shincident between 2/13/19. CNA #8 the staff went into off the floor. CNA Resident #93 up OSM #12. CNA described as son then the nurse sa stated she did not Resident #93 but "You can't do that "You can't do that On 8/5/19 at 3:44 conducted with F#8 was asked whemployee action RN #8 stated, "S down. Try to reanother staff men resident." RN #8 for an employee reaction to being stated, "No. New On 8/6/19 at 11:3 staff member) #1 (the regional clin (the director of n above concern. No further inform exit. 3. The facility stawas fee from physlapped Resident.	CNA #9. CNA #9 was asked to be witnessed in regards to the Resident #93 and OSM #12 on stated Resident #93 fell and to the room to assist the resident A #9 stated OSM #12 got off the floor and the resident hit #9 stated she heard a noise neone slapping someone and aid, "You can't do that." CNA #9 of actually see OSM #12 hit it looked like the nurse said at" to OSM #12. 4 p.m., an interview was RN (registered nurse) #8. RN nat would be an appropriate if a resident hits an employee. top. Let the resident calm direct them and if not yourself, mber needs to assist that a was asked if it was appropriate to hit a resident even if it was a hit by that resident. RN #8 ver." 25 a.m., ASM (administrative it (the administrator), ASM #2 ical coordinator) and ASM #3 ursing) were made aware of the nation was presented prior to	F600				

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ULTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
		495109	B. W	VIN	3	C 08/07/	2019
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	Ē	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE	
F600	were not limited to pressure and markesident #93's maset), a quarterly a (assessment refet the resident's cook Resident #61 was 5/7/11. Resident were not limited to posture and Alzh #61's most recent quarterly assessing reference date) of cognition as several facility to the documented, "Resident #93) (Resident #1 including action, #93) slapped (Resident #3: "Witnessed (Resident #61) in observed to precinterviewed, unal Information obtain practitioner): "Witnessed (Resident #61) witnessed (R	nt #93's diagnoses included but to heart disease, high blood jor depressive disorder. nost recent MDS (minimum data assessment with an ARD erence date) of 6/28/19, coded gnition as severely impaired. Is admitted to the facility on the facility of the fa	F600		DEFINIENCY)		
, ABODATOB	•	mitted from the facility to the	100				

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STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	JLTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
		495109	1	G	C 08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F600	final report in resided on July 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,		F600			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ULTIPLE CONSTRUCTION DING	(X3) DATE SUR\ COMPLETE	
		495109	B. V	VINC	3	08/07/	2019
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F600	manager after the Resident #93 was during the survey day from 7/30/19 through 8/7/19. resident remainer Resident #93 was any aggressive to observations. On 8/6/19 at 11:2 staff member) #1 (the regional clinic (the director of number of the director of number of numbe	ported the incident to the unit e incident occurred. Is observed multiple times y on each day, throughout the 0 through 8/2/19 and 8/5/19 During each observation, the ed on 1:1 with staff supervision. Is not observed displaying not behaviors during these 25 a.m., ASM (administrative in the administrator), ASM #2 ical coordinator) and ASM #3 iursing) were made aware of the electron was presented prior to to be displayed to the electron was presented prior to extend the electron was presented to the elect	F600				
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	TIEC				

STATEMENT OF	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) A. Bi		TIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
		495109	B. W			C 08/07/2	2019
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 2420 PEMBERTON RD RICHMOND, VA 23233			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F608 F608 SS=C	CFR(s): 483.12(l) 483.12(b) The faimplement written 483.12(b)(5) Ensoccurring in feder facilities in accordant Act. The policies but are not limited (i) Annually notification of the policies of the policies of the policies of the policies for	cility must develop and n policies and procedures that: sure reporting of crimes rally-funded long-term care dance with section 1150B of the s and procedures must include d to the following elements. ying covered individuals, as n 1150B(a)(3) of the Act, of that ation to comply with the	F608	- 1	Ftag 608 The Federal Elder Justice Act in was posted during the survey be clock and additionally in the embreak room. Residents currently in the facility potential to be affected. The DON or designee will education the contents of the Federal Elde Act notification and the location posting. Both locations have been obset the notifications posted for empreciations weekly for 4 weeks to they are posted. Any variances corrected immediately. Any additional education or counseling will be rethrough the facilitys quality assist program. Additional education monitoring will be initiated for a concerns. Completion date: September 20, 2019	by the time apployee ty have the cate staff on ler Justice as of the erved to have ployees. The posting of ensure is will be ditional errovided. The provided of the error o	9/20/19

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONS JILDING	TRUCTION	(X3) DATE SURV COMPLETE	
		495109		NG	C 08/07/2019		
·	OVIDER OR SUPPLIER	TY PARK		2420 PEM	RESS, CITY, STATE, ZIP COD BERTON RD ID, VA 23233	E	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	(EAC	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
F608	reasonable suspifailed post notice the reporting of s. The findings inclusion of the facility policy Justice Act docur conspicuously in specifying the rig EJA (Elder Justice a statement that complaint with the care facility that is subsection and in manner of filing sefacility will not prove the realiation of such the main dining reasonable with the main dining reasonable with the main dining reasonable with the reporting of sobserved. On 8/6/19 at 11:2 staff member) #1 (the regional clinic (the director of notice of the reporting of suspice on posted by the and it was not posted to the reporting of suspice on posted by the and it was not posted to the reporting of suspice on posted by the and it was not posted to the reporting of suspice on posted by the regional clinic than the reporting of suspice on posted by the regional clinic than the reporting of suspice on posted by the regional clinic than the reporting of suspice on posted by the reporting of suspice on posted by the reporting of suspice of the reporting of suspice on posted by the reporting of suspice of the reporting of th	ed to ensuring the reporting icion of crimes. The facility of employee rights regarding suspicious crimes. Inde: I regarding the Federal Elder mented, "The facility will post an appropriate location a sign hts of employees under the se Act). Such sign shall include an employee may file a e Secretary against a long-term violates the provisions of this information with respect to the such a complaint and that the obibit reporting and will prevent	F608		DET ROLLING 1		
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE	······································			

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STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		JLTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
		495109	B. V	VINC	3	C 08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F608	Continued From not posted, but it	page 69 was posted now.	F608	}			
	No further inform exit.	eation was presented prior to					
F609 SS=D	Reporting of Alle CFR(s): 483.12(d	ged Violations c)(1)(4)	F609	}	Past noncompliance: no plan or required	f correction	
		oonse to allegations of abuse, tion, or mistreatment, the facility					
	involving abuse, mistreatment, inc source and misa property, are rep than 2 hours afte events that cause	neglect, exploitation or cluding injuries of unknown ppropriation of resident orted immediately, but not later the allegation is made, if the e the allegation involve abuse us bodily injury, or not later than					 W
	24 hours if the endo not involve abbodily injury, to the and to other office Survey Agency awhere state law	vents that cause the allegation buse and do not result in serious he administrator of the facility sials (including to the State and adult protective services provides for jurisdiction in longes) in accordance with State law					
	investigations to designated repre in accordance w State Survey Ag the incident, and	the results of all the administrator or his or her esentative and to other officials ith State law, including to the ency, within 5 working days of if the alleged violation is ate corrective action must be					
	This REQUIREM by:	1ENT is not met as evidenced					

STATEMENT O ND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
		495109	8. W	/ING	.	C 08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	ĸ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F609	review and clinic determined that it the reporting of a within the require not later than 2 h the survey sample Resident #93 sla staff failed to repthe SA until 7/10. The findings included the sample of the sampl	terview, facility document al record review, it was the facility staff failed to ensure abuse to the SA (State Agency) at time frame (immediately, but ours) for one of 72 residents in the Resident #61. On 7/8/19, pped Resident #61. The facility ort this occurrence of abuse to 19. Ide: s admitted to the facility on the #93's diagnoses included but to heart disease, high blood jor depressive disorder. Inost recent MDS (minimum data assessment with an ARD erence date) of 6/28/19, coded gnition as severely impaired. s admitted to the facility on the #61's diagnoses included but to muscle weakness, abnormal eimer's disease. Resident to MDS (minimum data set), a ment with an ARD (assessment of 6/5/19, coded the resident's	F609				

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STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING		(X3) DATE SURV COMPLETE	
		495109	1	/ing	-	C 08/07/	2019
	OVIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STA 2420 PEMBERTON RD RICHMOND, VA 23233	TE, ZIP COD	PE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG		ACTION SHO TO THE APP	OULD BE	(X5) COMPLETE DATE
F609	initial facility reporegarding resider (Resident #61) a altercation. (Resident altercation. (Resident with bedisease), HTN (horessure]), Ataxia movements). She is care plant towards others, paccusations. (Resident disease) (Resident disease) (Resident #93) she is care plant towards others, paccusations. (Resident #93) she is care plant (a mental illness) disease (1), hypoconfusion. She is behaviors towards both residents at (Resident #93) shace. There was up to the incident able to state who occurred. They (every) 15 (minufurther incident, for injuries, there any psychosocial currently on 1:1 in the conducted with Left with the conducted with Lef	ocumented, and concern: is final report in response to our out filed on July 10, 2019 ints (Resident #93) and ind a resident-to-resident ident #93) is an 84-year-old ite. Her diagnoses include: chaviors, CAD (coronary artery hypertension [high blood in a (trouble coordinating in the has periods of confusion. Interest of aggressive behaviors in the properties of the diagnoses include: Interest (a mental illness), schizophrenia in the properties of scare planned for aggressive its others. (RN #3) witnessed its others. (RN #3) witnessed its others in the properties of the day with no (Resident #61) was assessed in the individual in the i	F609				

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
		495109	B. WING		C 08/07/2019	
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		ULD BE ((X5) COMPLETE DATE
F609	rooms on differer nurses are support director of nursin incident. On 8/5/19 at 2:45 conducted with Fincident. RN #3: #61 were sitting I Resident #93 sla open hand. Whe residents verballidid not. RN #3 s residents and repmanager after the On 8/6/19 at 11:2 staff member) #1 (the regional clini (the director of nuabove concern. A process for report incidents to the Seport the incidents occur the incidents occur the incidents to the Seport the incidents occur the incidents of about the event that callegations of about the event that callegation of about should be reported on later than two	page 72 possibly separate the residents' nt wings. LPN #7 stated the sed to notify administrator or g, both at the time of the 9 p.m., an interview was th #3 regarding the above stated Resident #93, Resident beside each other, and pped Resident #61 with an an asked if either of the red anything, RN #3 stated they tated she separated the borted the incident to the unit e incident occurred. 15 a.m., ASM (administrative (the administrator), ASM #2 cal coordinator) and ASM #3 ursing) were made aware of the ASM #1 was asked the facility ting resident-to-resident the ASM #1 stated staff should that to her as soon as the then she should report the the AWITH WASH AND TEPORTING" Initial Reporting: A. All ing mistreatment, neglect, or injuries of unknown source and of resident property must be attely to the Administratori. use or serious bodily injury; If used the allegation involves an ase or serious bodily injury, it and to the state immediately, but (2) hours after the allegation is ar Allegations: The	F609	<u> </u>		
LABODATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGNAT	TIDE			

ENDOWN ON I DIRECTOR O ON PROVIDER OUFFLIER REPRESENTATIVE SOLUMNTORS

PRINTED: 09/18/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	I R WING		C 08/07/2		
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F609	state of all allege neglect, exploitat misappropriation of unknown sour later than twenty the incident/alleg staff member" On 8/7/19 at 8:20 action plan regar The action plan regar The action plan of "Final goal date: ACTION TO BE 1. ISSUE IDENT identified an issue 2. PROCESS CHOTHERS ARE NEOTENTIALLY If guests (or the guests) interviewed to enducted quecorrective action 5. QA (Quality A variances will be meeting for 3 mooccurrences then No further incide abuse were identicated by the sustaff interviews a review of facility	his/her designee will notify the diviolations involving abuse, tion, mistreatment of a guest, or of guest property and injuries ce as soon as possible, but notefour (24) hours from the time ration was made known to the diation was made with timely abuse reporting. HANGE TO ENSURE THAT HOT AFFECTED BY DEFICIENT PRACTICE: All diest's RP [responsible party] in everbal guests) will be distinguished by the facility. All staff and residents will be process of reporting abuse. See 30 guest abuse interviews will distinguished as needed. Securance): All progress and distinguished are ported in the monthly QA donths and will include any new reafter." That of not timely reporting for diffied during the survey. The diall credible evidence was carvey team through observation, and review of current residents, reported incidents addressing use and all documentation of	F609				

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STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` `	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED		
		495109	B, W	B. WING C 08/07		7/2019	
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK		TY PARK		STREET ADDRESS, CITY, STATE, ZIP C 2420 PEMBERTON RD RICHMOND, VA 23233	ODE		
(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 CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
F609	Continued From	page 74	F609				
	(1) "Niemann-Pick disease (NP) refers to a group of inherited metabolic disorders known as lipid storage diseases. Lipids (fatty materials such as waxes, fatty acids, oils, and cholesterol) and proteins are usually broken down into smaller components to provide energy for the body. In Niemann-Pick disease, harmful quantities of lipids accumulate in the brain, spleen, liver, lungs, and bone marrow. Neurological symptoms may include ataxia (lack of muscle control during voluntary movements such as walking), loss of muscle tone, brain degeneration, increased sensitivity to touch, spasticity (stiff muscles and awkward movement), and slurred speech." This information was obtained from the website: https://www.ninds.nih.gov/Disorders/All-Disorders/Niemann-Pick-Disease-Information-Page						
F622 SS=E	CFR(s): 483.15(c) 483.15(c) Transfi 483.15(c)(1) Fac (i) The facility mu remain in the fac discharge the res (A) The transfer of the resident's we cannot be met in (B) The transfer of because the resis sufficiently so the services provided (C) The safety of endangered due status of the resis	or discharge is appropriate dent's health has improved e resident no longer needs the d by the facility; Individuals in the facility is to the clinical or behavioral	F622	Resident #96: Has since retu hospital, no negative outcom occurred as a result of this p Resident #106: Has since retu hospital, no negative out occurred as a result of this p Resident #79: Has since retu hospital, no negative outcom occurred as a result of this p Resident #70: Has since retu hospital, no negative outcom occurred as a result of this p	turned from the has ractice. urned from the has ractice. urned from the has ractice. urned from the has	9/20/19	

Event ID: PZ4N11

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ILTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495109	1	A. BUILDING B. WING		C 08/07/2019		
	OVIDER OR SUPPLIER		.1		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	L	LV IV	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
F622	otherwise be end (E) The resident appropriate notice under Medicare of facility. Nonpayment or submit the new party payment or Medicare only allow or (F) The facility or resident while the 431.230 of this decercises his or discharge notice 431.220(a)(3) of to discharge or the document the dadischarge would 483.15(c)(2) Document the dadischarge would 483.15(c)(2) Document the facility resident under a specified in para this section, the transfer or discharge information is contact the care institution of the cord must include (A) The basis for (c)(1)(i) of this section in the section of the section o	individuals in the facility would langered; has failed, after reasonable and be, to pay for (or to have paid or Medicaid) a stay at the nent applies if the resident does be essary paperwork for third after the third party, including licaid, denies the claim and the to pay for his or her stay. For a comes eligible for Medicaid after acility, the facility may charge a lowable charges under Medicaid; eases to operate. ay not transfer or discharge the expeal is pending, pursuant to chapter, when a resident her right to appeal a transfer or from the facility pursuant to this chapter, unless the failure transfer would endanger the of the resident or other facility. The facility must langer that failure to transfer or pose. Sumentation. Transfers or discharges a any of the circumstances graphs (c)(1)(i)(A) through (F) of facility must ensure that the large is documented in the	F622		Resident #62: Has since return hospital, no negative outcome occurred as a result of this prace. Residents who are currently in have the potential to be affecte goals have been sent for currer in the hospital. The DON or designee will educ nursing staff on sending Care F when a resident is transferred thospital. Education will also inchospital transfer folders that are with the resident upon hospital ensure appropriate documenta. Review of hospital transfers will during the clinical operations must be in the hospital for carbeing sent. Any identified areas corrected. Nursing administration or designee will audit residents in the hospital for carbeing sent. Any identified areas corrected. Nursing administration or designee will audit residents in the hospital for carbeing sent. Any identified areas corrected. Nursing administration or designentiation or documentation sent with transfers 5 days a week for 1 was a week for 2 weeks, weekly for and monthly for 3 months. Any will be corrected and additional or counseling will be provided a Any concerns will be reported to assurance committee monthly resolved. Continued compliance will be recorded.	the hospital d. Care plan nt residents cate license clan goals to the clude e to be sent transfer to tion is sent. Il occur neeting. It current e plan goals swill be gnee will the hospital yeek, 3 days a weeks, variances I education as needed to the quality until		
LABORATORY	DIDECTODIS OF PROVI	DEB/SLIDDLIED DEDDESENTATIVE'S SIGNA	THE					

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495109	B. V	B. WING		C 08/07/		
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
F622	be met, facility at needs, and the s facility to meet th (ii) The document (c)(2)(i) of this set (A) The resident' discharge is nece (A) or (B) of this (B) A physician v necessary under this section. (iii) Information p provider must incompose following: (A) Contact information provider must incompose for the responsible for the (B) Resident reprincluding contact (C) Advance Direct (D) All special incomposing care, as (E) Comprehensi (F) All other necessistent with 4 any other documensure a safe and This REQUIREM by: Based on staff in review, and clinic determined that the comprehensing facility at the hospital for fire	iffic resident need(s) that cannot itempts to meet the resident ervice available at the receiving ite need(s). Itation required by paragraph itetion must be made bysician when transfer or ressary under paragraph (c) (1) section; and when transfer or discharge is paragraph (c)(1)(i)(C) or (D) of rovided to the receiving clude a minimum of the mation of the practitioner necroid are information information information estructions or precautions for appropriate. In the care plan goals; ressary information, including a rent's discharge summary, 83.21(c)(2) as applicable, and rentation, as applicable, to diffective transition of care. SENT is not met as evidenced therview, facility document real record review, it was the facility staff failed to provide we care plan goals to the record residents in the survey to the survey to the survey to the survey the survey, survey and survey to the sur	F622		through the facilitys quality ass program. Additional education monitoring will be initiated for a concerns. Completion date: September 20, 2019	and		
		NEDICI IDDI IER BERDECENTATRIES CIONA						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK		TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
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F622	Resident # 96's of were provided to transfer to the horn transfer transf	page 77 aff failed to evidence that comprehensive care plan goals the receiving provider for a pspital on 05/23/2019. as admitted to the facility on a readmission on 05/29/2019 that included but were not limited for (1), borderline personality pressive disorder (2). Resident # MDS (minimum data set), a ment with an ARD (assessment of 07/10/19, coded Resident # 14 on the brief interview for MS) of a score of 0 - 15, 14 - 14 intact for making daily are Practitioner's Note" dated 14 p.m. for Resident # 96 that, "Upon entering patient's full and withdrawn. Initially discuss her mood. Then crisis' patient feels 'out of aving thoughts of feeling ent denies SI (suicidal ideation). States she misses her mother, discher talk through her feelings sway. She requests admission the (psychiatric) for stabilization. It and plan): Patient states she is insfer to (Name of Hospital) ED artment) for acute psych evalutient is agreeable to plan." Inical record and the EHR in record) for Resident # 96 that Resident # 96 to ovider upon transfer to the	F622			
LABORATOR'	DIRECTOR'S OR PROV	IDER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE			L

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495109	B. W	B. WING		C 08/07/2019	
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG			ID PREFI) TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F622	were transferred request for evide	3/2019. 2:55 p.m. a list of residents who to the hospital that included a nce that the required	F622				
	plan goals) was p was provided to a member) # 2, reg 08/01/19 at appro- provided the list of hospital and state	ading the comprehensive care provided to the receiving facility ASM (administrative staff gional clinical coordinator. On eximately 10:14 a.m., ASM # 2 por residents transferred to the ed there is no documentation in goals were sent at the time of dent # 96.					
	staff member) #1 regional clinical of	:10 p.m., ASM (administrative , administrator, ASM # 2, coordinator and ASM #3 ng) were made aware of the					
	member (ASM) # coordinator, was	18 a.m. administrative staff 12, the regional clinical asked what standard of ty follows. ASM #2 stated, "We s and Lippincott					
	Discharge Documentation re	cy "Physician Transfer / nentation" failed to evidence egarding comprehensive care ided to the receiving facility.					
	No further inform exit.	ation was presented prior to					
	mood, energy, ac carry out day-to-c obtained from the https://www.nimh	ler that causes unusual shifts in ctivity levels, and the ability to day tasks. This information was e website: .nih.gov/health/topics/bipolar-					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. B	MULTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
	495109 B. WING		08/07/2019			
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP CO 2420 PEMBERTON RD RICHMOND, VA 23233	DE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	• • • • • • • • • • • • • • • • • • • •	OULD BE	(X5) COMPLETE DATE
F622	blue, unhappy, most of us feel the for short periods. disorder in which anger, or frustrate for weeks or more obtained from the https://medlineple. 2. The facility state 106's compreher provided to the minitiated transfer. Resident # 106 w 05/09/2016 and with diagnoses that to heart failure, be dysphagia (2). R MDS (minimum with an ARD (as 07/03/19, coded on the brief inter a score of 0 - 15 of cognition for many for Resident "Call from patient have been found Oxygen sat (satu Patient not response (emergency dep (evaluation) requestions.	nay be described as feeling sad, niserable, or down in the dumps. It is way at one time or another. Clinical depression is a mood of feelings of sadness, loss, ion interfere with everyday life re. This information was the website: us.gov/ency/article/003213.htm. aff failed to evidence Resident # insive care plan goals were receiving provider for a facility-to the hospital on 05/28/2019. It is admitted to the facility on a readmission on 06/06/2019 that included but were not limited bipolar disorder (1), and resident # 106's most recent data set), a 30-Day assessment sessment reference date) of Resident # 106 as scoring a 10 view for mental status (BIMS) of 10 - being moderately impaired making daily decisions. It is nurse. Patient reported to it lying in bed blue and gurgling. Turation) low on non-rebreather. Conding verbally. Sent to ED artment) for acute evaluiring higher level of care. "	F622	· · · · · · · · · · · · · · · · · · ·		
	failed to evidenc	h record) for Resident # 106 e that the comprehensive care				

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
]	495109		B. W	лис	C 08/07/	2019
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F622	to the receiving partransfer to the hold of transfer t	are plan summary was provided provider for Resident #106's pospital on 05/28/2019. 2:55 p.m. a list of residents who to the hospital that included a ence that the required uding comprehensive care plan ided to the receiving facility was a (administrative staff member) # al coordinator. On 08/01/19 at 0:14 a.m., ASM # 2 provided the ransferred to the hospital and of documentation that the care sent at the time of transfer for it. 10 p.m., ASM (administrative land), administrator, ASM # 2, coordinator and ASM # 3 ng) were made aware of the mation was presented prior to der that causes unusual shifts in ctivity levels, and the ability to day tasks. This information was e website: 1. nih.gov/health/topics/bipolar-ntml. disorder. This information was	F622			
		off failed to evidence that			· · · · · · · · · · · · · · · · · · ·	

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	495109 B. WING		C 08/07/2	C 08/07/2019		
	OVIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
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F622	Resident #79 wa 5/20/19. Resident were not limited to colitis (2), muscle Resident #79's met), a 14-day so ARD (assessment coded the resident Review of Resident was sent after staff found to unable to follow opressure and HR amount of dark in Practitioner was the resident to he Further review of (including an ell nurses' notes) fa #79's compreher provided to the hospital transfer On 7 31/19 at appresidents who we that included a rerequired informat comprehensive of the receiving fact (administrative sectionical coordinates).	ansfer of the resident on 6/7/19. It #79's diagnoses included but to gastroenteritis (1), ulcerative to weakness and failure to thrive. Inost recent MDS (minimal data heduled assessment with an interference date) of 6/24/19, int as cognitively intact. TERACT SBAR Summary'' ich documented in part, the it to the hospital for evaluation the resident unresponsive and commands, with a low blood it (heart rate) and a large and blood in toilet. The Nurse called and directed staff to send ospital. Resident #79's clinical record TERACT SBAR Summary and ited to evidence that Resident insive care plan goals were ospital for the facility-initiated of the resident on 6/7/19. Proximately 12:55 p.m., a list of the transferred to the hospital equest for evidence that the tion (including the care plan goals) was provided to ility was provided to ASM taff member) #2 (regional tor).	F622			
	provided the list	proximately 10:14 a.m., ASM #2 of residents, transferred to the ted there is no documentation				

NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH CORRECTION SHOULD BE COIL	ND PLAN OF		
THE LAURELS OF UNIVERSITY PARK 2420 PEMBERTON RD RICHMOND, VA 23233 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION			
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	PRÉFIX		
F622 Continued From page 82 that the care plan goals were sent at the time of transfer for Resident #79. On 8/5/19 at approximately 6:15 p.m., ASM #1 (administrator), ASM #2 (regional clinical coordinator) and ASM #3 (director of nursing) were made of the above concern. No further information was provided prior to the end of the survey. (1) Gastroenteritis is an inflammation of the lining of the intestines caused by a virus, bacteria, or parasites. This information was obtained from the following website: https://medlineplus.gov/gastroenteritis.html (2) Ulcerative colitis (UC) is a disease that causes inflammation and sores, called ulcers, in the lining of the rectum and colon. It is one of a group of diseases. This information was obtained from the following website: https://medlineplus.gov/ulcerativecolitis.html UC can happen at any age, but it usually starts between the ages of 15 and 30. It tends to run in families. The most common symptoms are pain in the abdomen and blood or pus in diarrhea. Other symptoms may include: - Anemia - Severe tiredness - Weight loss - Loss of appetite - Bleeding from the rectum 4. The facility staff failed to evidence that Resident # 70's comprehensive care plan goals were provided to the receiving provider for a	F622		

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STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
495109		B. WING		***************************************	C 08/07/2019		
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK		TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F622	hospital on 7/11/ Resident # 70 was 12/06/2018 with were not limited unspecified (1), a (generalized). Resident # 30 minimum data is an ARD (assession 06/15/19, coded (zero) on the state (BIMS) of a score impaired for make the nurse's "Profor Resident # 70 was evaluation after the floor face down in the nurse's "Profor Resident # 70 minimum for Resident	ansfer of the resident to the 2019. as admitted to the facility diagnoses, that included but to cerebral infarction, and muscle weakness esident # 70's most recent MDS et), a quarterly assessment with ment reference date) of Resident # 70 as scoring a 0 ff assessment for mental status e of 0 - 15, 0- being severely ing daily decisions. gress Notes," dated 07/11/2019 0 documented in part that is sent to the hospital for the resident was found on the	F622	2	DEFICIENCY)		
	Resident # 70 fa resident's compr provided to the r	HR (electronic health record) for iled to evidence that the ehensive care plan goals were eceiving provider for a facility-of the resident to the hospital					
	who were transfe included a reque information (incli	2:55 p.m., a list of residents erred to the hospital, which est for evidence that the required uding the comprehensive care provided to the receiving facility,					

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F622	member) #2, reg On 08/01/19 at a # 2 provided the the hospital, and documentation the sent at the time of On 08/02/19 at a (administrative standinistrator, AS coordinator and / were made award No further inform References: 1. Cerebral infart A stroke occurs were brain attack." If than a few secon nutrients and oxy causing lasting di obtained from the https://medlineple 5. The facility stat Resident #62's co were provided to was transferred to Resident #62 was 2/17/17. Resider were not limited to fractured left arm #62's most recen quarterly assessi	ASM (administrative staff ional clinical coordinator. pproximately 10:14 a.m., ASM list of residents transferred, to stated there is no nat the care plan goals were of transfer for Resident #70. pproximately 2:00 p.m., ASM raff member) # 1, the SM # 2, regional clinical ASM # 3, director of nursing e of the findings. ation was provided prior to exit. ction when blood flow to a part of the oke is sometimes called a blood flow is cut off for longer ds, the brain cannot get gen. Brain cells can die, amage. This information was	F622	2			

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495109		495109	B. WING			C 08/07/2019	
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK		TY PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F622	Review of Residence revealed the residence to the resident to	of 6/6/19, coded the resident's	F622	S. AURICANA D. C.			
	(including an act hospital transfer to reveal evidence	tte care transfer checklist, a form and nurses' notes) failed be that the resident's care plan goals were provided to					
	were transferred request for evide information (inclu- plan goals) was was provided to	to the hospital that included a ence that the required uding the comprehensive care provided to the receiving facility ASM (administrative staff regional clinical coordinator).					
	provided the list hospital, and sta	oroximately 10:14 a.m., ASM #2 of residents transferred to the ted there was no documentation in goals were sent at the time of dent #62.					
	staff member) #' (the regional clin	25 a.m., ASM (administrative I (the administrator), ASM #2 ical coordinator) and ASM #3 ursing) were made aware of the					
	No further inform exit.	nation was presented prior to			•		
F641 SS=E	Accuracy of Ass CFR(s): 483.20(F641	l	Ftag 641		9/20/19
	483.20(g) Accur	acy of Assessments.			Resident #96: The MDS has be	een updated	

STATEMENT OF C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		495109	B. V			C 08/07/	2019
	OVIDER OR SUPPLIER	TY PARK	•		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE DATE
F641	Continued From The assessment resident's status. This REQUIREM by: Based on staff in review, the facility (minimum data sereflect the status residents (Residents (page 86 must accurately reflect the IENT is not met as evidenced terview and clinical record y staff failed to complete MDS et) assessments to accurately of five out of 72 sampled ents #96, #140, #239, #238 and # 96's use of oxygen was not bS assessment, Resident # 140 e community and was coded as i "Acute hospital", and for Resident #238 and Resident Cognitive Patterns and d of the MDS assessment was	F641	EFIX (EACH CORRECTIVE ACTION SHOULD BE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		e. No red as a longer was longer was longer mpleted on ative of this ty have the e Specialist DS S tory osition.	
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE		equipment and completion of s		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495109		B. WING		C 08/07/2019	
	OVIDER OR SUPPLIER RELS OF UNIVERSIT	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
F641	# 96 dated August [Bi-level Positive (every hour of sle 21/9 with 4 (four) (diagnosis): sleet night shift for SLI 08/02/2019. State The comprehens with a revision or "Need. (Resider difficulty breathin complications R/Obstructive Sleet machine. Guest times. Revision of Conducted with Facordinator. After MDS assessment the comprehension 08/01/2019, RNI should have been BiPAP." When a guidance for contain RN # 4 stated should have been sipant and should have been sipant with the comprehension of Contain Con	cian's order sheet) for Resident st 2019 documented, "BIPAP Airway Pressure] on QHS eep) off in the AM (a.m.) BIPAP liters of oxygen DX papnea. Every evening and EEP APNEA. Date Ordered: rt Date: 08/02/2019." In the care plan for Resident # 96 to 08/01/2019 documented, at # 96) has potential for regard risk for respiratory and removes Bi-PAP (3) removes Bi-PAP mask at the on: 08/01/2019." In the care plan with a revision on the stated, stated, "Oxygen and coded for the use of the lasked what she uses as appleting the MDS assessments, we uses the RAI (Resident).	F641	and D. Corrected MDS will be as needed. The MDS coordinator or design monitor completed MDS 5 days 1 week, 3 days a week for 2 we for 4 weeks and monthly for 3 evariances will be corrected and education or counseling will be needed Any concerns will be rethe quality assurance committed until resolved. Continued compliance will be rethrough the facilitys quality assurance program. Additional education monitoring will be initiated for a concerns. Completion date: September 20, 2019	nee will s a week for eeks, weekly months. Any l additional provided as eported to ee monthly monitored surance and		

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109		VING		C 08/07/	2019
	OVIDER OR SUPPLIER	TY PARK		24	REET ADDRESS, CITY, STATE, ZIP COD 420 PEMBERTON RD ICHMOND, VA 23233	5	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F641	may be coded if his/her own oxyg On 08/051/19 at (administrative st administrator, AS ASM # 3, were m findings. No further inform References: (1) When not enclungs into your blootained from the https://www.nlm.tailure.html. (2) Obstructive st in which your bre This occurs becare airways. This inform website: https://medlinepte (3) Stands for Biand is very similar CPAP machine (opressure). Similar machine is a non patients suffering machine types do mask to the patie keeps the throat reducing obstructive CPAP and BiPAF breathe easily an night. This inform website:	d therapy in this item. This item the resident places or removes en mask, cannula." approximately 5:10 p.m., ASM taff member) #1, the SM #2, director of nursing, and hade aware of the above ation was provided prior to exit. bugh oxygen passes from your lood. This information was	F641				
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	TURF				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED C	
	:	495109	B. W	/ING	08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFII TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F641	Resident # 140's on the discharge data set) with an date) of 06/12/19 discharge was considered with a conducted with F coordinator. RN 140's "Discharge transport." Resident # 140 wo 05/24/19 with dianot limited to murdisorder (1) and Resident # 140's discharge assess (assessment refered Resident # 140 a under "Section"/ The facility's "Sow # 140 dated 06/12" "Guest discharge transport." On 08/01/19 at 4 conducted with F coordinator. RN 140's "Discharge dated 04/29/2011 reviewing Resident the social service When asked to of the discharge MI location, RN # 4 from discharge preetings and dated dated dated preetings and dated da	aff failed to accurately code discharge status to community assessment MDS (minimum ARD (assessment reference). Instead, the resident's oded as "Acute hospital." was admitted to the facility on agnoses that included but were scle weakness, depression bipolar disorder (2). MDS (minimum data set), a sment with an ARD erence date) of 06/12/19, coded as "03 (three) - Acute hospital" A2100 Discharge Status." cial Service Note" for Resident 2/2019 documented in part,	F641			

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. V	VIN	G	C 08/07/	2019
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F641	CMS's (Centers Long-Term Care Instrument) Vers "A2100: OBRA [d Act] Discharge S Review the medi discharge plan a documentation of On 08/051/19 at (administrative stadministrative stadministrati	N # 4 stated she uses the RAI sment Instrument) manual. for Medicare/Medicaid Services) RAI (Resident Assessment ion 3.0 Manual documented, Omnibus Budget Reconciliation status. Steps for Assessment 1. Ical record including the nd discharge orders for f discharge location." approximately 5:10 p.m., ASM taff member) #1, the SM #2, director of nursing, and hade aware of the above attion was provided prior to exit. Inay be described as feeling sad, hiserable, or down in the dumps. In his way at one time or another. Clinical depression is a mood of feelings of sadness, loss, ion interfere with everyday life the. This information was the website: Insurance unusual shifts in ctivity levels, and the ability to day tasks. This information was the website: Innih.gov/health/topics/bipolar-ntml.	F641				
	いいしをとていわらく への りりへいが	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	r: 10C				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '		ULTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED		
	495109		B. W	B. WING		C 08/07/2019	
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK		Y PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F641	Resident #239's assessment with reference date) of Resident #239 w 7/19/19. Diagnos to, left lower legit and alcohol abus (Minimum Data S (Assessment Recompleted, but re (Section C, Cognincomplete. The Comprehensive documented to perso MDS assessment requiring extensi hygiene, toileting assistance with ceating. Review of the abuthat the question C were coded wiindicating that it interview portion could not be interview portion.	rns and Section D - Mood, on Admission/5-day MDS an ARD (assessment	F641		DEPICIENCY)		

NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
THE LAURELS OF UNIVERSITY PARK 2420 PEMBERTON R RICHMOND, VA 2323			495109	B. WING			•	
FREERY TAG (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) F641 Continued From page 92 Coordinator, was it her responsibility to ensure that all departments complete their sections, RN #4 stated it was. When asked if there is any follow up communication between her and the departments who are responsible for completing sections of the MDS assessment, RN #4 stated that it is communicated through emails to the departments who are responsible for completing sections of the MDS assessments. RN #4 stated that it is communicated through emails to the departments what assignments need to be completed and when, and any follow up communication about those assignments. When asked if she follows up to find out why something wasn't completed, RN #4 stated, "Yes." When asked if she knew why these sections of this MDS were not completed, RN #4 stated, "No." On 8/06/19 at 1:40 PM, in a follow up interview with RN #4, she stated that she had no further information as to why Sections C and D of this MDS were not completed. She stated the facility uses the RAI manual (Resident Assessment Instrument) for completing MDS assessments. On 8/06/19 at 1:44 PM, ASM #1 (Administrative Staff Member) the Administrator was made aware of the findings. No further information was provided. According to the RAI Manual 3.0, October 2017;					24	20 PEMBERTON RD	DE	
Coordinator, was it her responsibility to ensure that all departments complete their sections, RN #4 stated it was. When asked if there is any follow up communication between her and the departments who are responsible for completing sections of the MDS assessment, RN #4 stated that it is communicated through emails to the departments what assignments need to be completed and when, and any follow up communication about those assignments. When asked if she follows up to find out why something wasn't completed, RN #4 stated, "Yes." When asked if she knew why these sections of this MDS were not completed, RN #4 stated, "No." On 8/06/19 at 1:40 PM, in a follow up interview with RN #4, she stated that she had no further information as to why Sections C and D of this MDS were not completed. She stated the facility uses the RAI manual (Resident Assessment Instrument) for completing MDS assessments. On 8/06/19 at 1:44 PM, ASM #1 (Administrative Staff Member) the Administrator was made aware of the findings. No further information was provided. According to the RAI Manual 3.0, October 2017;	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFI.		(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP	OULD BE	COMPLETE
Intent: The items in this section are intended to determine the resident's attention, orientation and ability to register and recall new information. These items are crucial factors in many careplanning decisions. Item Rationale: Health-related Quality of Life oThis information identifies if the interview will	F641	Coordinator, was that all department #4 stated it was. follow up commundepartments who sections of the M that it is commundepartments who completed and work communication as asked if she follows omething wasn' "Yes." When assections of this M stated, "No." On 8/06/19 at 1:4 with RN #4, she information as to MDS were not concurred to the information of	sit her responsibility to ensure ents complete their sections, RN When asked if there is any unication between her and the pare responsible for completing IDS assessment, RN #4 stated incated through emails to the at assignments need to be when, and any follow up about those assignments. When we up to find out why it completed, RN #4 stated, and if she knew why these with the sections C and D of this completed. She stated the facility mual (Resident Assessment completing MDS assessments. 144 PM, ASM #1 (Administrative e Administrator was made ings. 154 PM, ASM #1 (Administrative e Administrator was made ings. 155 Patterns: 156 In this section are intended to sident's attention, orientation ister and recall new information. crucial factors in many carens. 155 PM WHO PM WHO PM	F641				

STATEMENT O AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. WI	***************************************	C 08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F641	Interview for Mer o A structured co and reliable than observing cognit - Without an atterinterview, a residuent interview, a residuent interview int	are able to attempt the Brief Intal Status (BIMS). Ingritive test is more accurate observation alone for live performance. Impted structured cognitive lent might be mislabeled based rearance or assumed diagnosis. Views will efficiently provide esident's current condition that dicare. In this section address mood as condition that is under onder treated in the nursing ociated with significant articularly important to identify omes of mood distress among sidents because these signs and be treatable. In the coding the presence rection D does not automatically sident has a diagnosis of the mood disorder. Assessors assign a diagnosis in Section D; and the presence of mood indicators. Facility staff is these indicators and consider loping the resident's	F641			

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	OVIDER OR SUPPLIER	TY PARK	•		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F641	activities (e.g., ca-decreased functivities of daily poorer outcome decreased cognitivities suggest to: - identifying cause symptoms, - identifying interesupport, or enviror could address symptome ensuring resident material resident or staff in conducted. Health-related Quality feel. - Obtaining information the resident, sommunicating of they feel. - Obtaining information of the resident, sommunication disorder. 4. The facility state cognitive Patteresident #238's with an ARD of 7	cipation in therapy and aused by isolation), tional status (e.g., resistance to ased desire to participate in living [ADLs]), and as (e.g., decreased appetite, tive status). Sting mood distress should lead as and contributing factors for ventions (treatment, personal commental modifications) that imptoms, and int safety. In determine whether or not a mood interview should be auality of Life who are capable of an answer questions about how mation about mood directly from metimes called "hearing the is more reliable and accurate alone for identifying a mood aff failed to complete Sections C rns and Section D - Mood, on Admission MDS assessment /18/19.	F641				
	7/11/19, with diag not limited to, cal diabetes, high blo inflammatory res	as admitted to the facility on gnoses that included, but are rdiomyopathy, tachycardia, bod pressure, systemic ponse syndrome, toxic					

Event ID: PZ4Nj1

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STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETED	
		495109	в. и	VING	C 08/07/2	2019
	OVIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETE DATE
F641	hyperplasia, and admission MDS assessment was cognitive section was incomplete. Comprehensive documented the oriented to perso MDS assessmen requiring total cacare for transfers. Review of the about that the question C were coded wiindicating that it interview portion could not be interview portion could not be interview section dashes. On 8/06/19 at 11 #4 (Registered Nate and was a space. In addition completed for the interview section dashes. On 8/06/19 at 11 #4 (Registered Nate at the did not coordinator, was that all departments who sections of the Nate communicated the departments who communicated the departments	dementia, dysphagia, prostatic urinary retention. The (Minimum Data Set) completed; however, the (Section C, Cognitive Patterns) The admission "Nursing Evaluation" dated 7/11/19 resident as being alert and in, place, and time. The above it coded the resident as re for dressing; and extensive in, eating, toileting and hygiene. OVE MDS assessment revealed in the above identified Section the dashes in each space, was not done, and the staff of Section C (for a resident that riviewed) was not completed as marked with dashes in each in, Section D, Mood, was not extensive or staff is each area was marked with the section and the staff of Section C (for a resident that riviewed) was not completed as marked with dashes in each in, Section D, Mood, was not extension between the section worker completes (The social worker completes (The social worker was out of ey.) When asked if she knew in swere not completed, she of the responsibility to ensure into complete their sections, RN When asked if there is any inication between her and the or are responsible for completing IDS, RN #4 stated that it is brough emails to the at assignments need to be when, and any follow up	F641			

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. V	MING	C 08/07/201	19
ĺ	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ULD BE CC	(X5) DMPLETE DATE
F641	asked if she follo something wasn' "Yes." When asl sections of Resid assessment with completed, RN # On 8/06/19 at 1:4 with RN #4, she sinformation as to MDS were not cofacility uses the FAssessment Instruction assessments. On 8/06/19 at 1:4 Staff Member) that assessments. On 8/06/19 at 1:4 Staff Member) that assessment inform 5. The facility stared the 30-day MDS (assessment reference assessment #100. Resident #100. Resident #100 with 6/21/19; diagnost to, spinal stenosity gastrostomy, quablood pressure, of disease, peripher bladder. The moset) assessment with completed; howe (Section C, Cogn The previous MD	ws up to find out why t completed, RN #4 stated, ked if she knew why these lent #238's Admission MDS an ARD of 7/18/19, were not 4 stated, "No." 40 PM, in a follow up interview stated that she had no further why Sections C and D of this completed. RN #4 stated the RAI manual (Resident rument) for completing MDS	F641			
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	ri iDE			

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STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION JILDING	(X3) DATE SURV COMPLETE	
	495109 B. WING			C 08/07/2019		
	VIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	, , , , , , , , , , , , , , , , , , ,
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F641	Review of the ab the questions in the questions in the were coded with indicating that it interview portion could not be interested in addition completed for either and was a space. In addition completed for either staff interview sewith dashes. On 8/06/19 at 11 #4 (Registered Notes that all departments who stated she did not coordinator, was that all departments who sections of the Moordination of the Moordination asked if she follow something wasn' "Yes." When as sections of the 3 Resident #100 we reference date) of RN #4 stated, "Notes with the section of the 3 Resident #100 we reference date) of RN #4 stated, "Notes with the section of the 3 Resident #100 we reference date) of RN #4 stated, "Notes with the section of the 3 Resident #100 we reference date) of RN #4 stated, "Notes with the section of the 3 Resident #100 we reference date) of RN #4 stated, "Notes with the section of the 3 Resident #100 we reference date) of RN #4 stated, "Notes with the section of the 3 Resident #100 we reference date) of RN #4 stated, "Notes with the section of the 3 Resident #100 we reference date) of RN #4 stated, "Notes with the section of the 3 Resident #100 we reference date)."	cognitively intact in ability to ecisions. ove 30-day MDS revealed that the above identified Section C dashes in each space, was not done, and the staff of Section C (for a resident that rviewed) was not completed so marked with dashes in each on, Section D, Mood, was not, her, the resident interview or ctions each area was marked :07 AM, in an interview with RN lurse, the MDS Coordinator) he social worker completes (The social worker was out of ey.) When asked if she knew as were not completed, she of the responsibility to ensure that complete their sections, RN When asked if there is any unication between her and the pare responsible for completing IDS, RN #4 stated that it is arough emails to the at assignments need to be when, and any follow up about those assignments. When lows up to find out why the completed, RN #4 stated, ked if she knew why these 0-day MDS assessment for with an ARD (assessment for 7/19/19 were not completed,	F641			

STATEMENT OF OND PLAN OF O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
, 		495109		ING	C 08/07/2019	
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(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 CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F641	information as to MDS were not couses the RAI ma Instrument) for coon 8/06/19 at 1:4 Staff Member) th aware of the find	stated that she had no further why Sections C and D of this ampleted. She stated the facility nual (Resident Assessment ampleting MDS assessments. 44 PM, ASM #1 (Administrative e Administrator was made	F641			
F655 SS=D	Planning 483.21(a) Baselii 483.21(a)(1) The implement a base that includes the effective and per- resident that mee quality care. The (i) Be developed admission. (ii) Include the m- necessary to pro- including, but not (A) Initial goals b (B) Physician ord (C) Dietary order (D) Therapy serv (E) Social service (F) PASARR reco	ensive Person-Centered Care ne Care Plans facility must develop and eline care plan for each resident instructions needed to provide son-centered care of the et professional standards of baseline care plan must- within 48 hours of a resident's inimum healthcare information perly care for a resident t limited to- ased on admission orders. lers. s. ices.	F655	Resident #527: No longer residence facility Residents newly admitted to the have the potential to be affected. DON or designee will educate administration and licensed nure on the completion of Baseline include Anticoagulant therapy, admissions will be reviewed durnorning clinical meeting to ensure baseline care plan is complete accurate MDS coordinator or designee with the baseline care plans for the last new admissions. Nursing administration will mor completion of the Baseline care	e facility ed. nursing rsing staff care plans to New uring sure that the d and vill audit 30 days of	9/20/19
		within 48 hours of the resident's		new admissions 5 days a week 3 days a week for 2 weeks, we		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. WING		C 08/07/2019		
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		OULD BE	(X5) COMPLETE DATE		
F655	paragraph (b) of paragraph (b)(2) 483.21(a)(3) The resident and theis summary of the law but is not limited (i) The initial goal (ii) A summary of dietary instruction (iii) Any services administered by on behalf of the (iv) Any updated details of the cornecessary. This REQUIREM by: Based on staff in and facility document that the facility start that the facility start to develop a base comprehensive address the present comprehensive and	quirements set forth in this section (excepting (i) of this section). e facility must provide the ir representative with a paseline care plan that includes to: als of the resident. of the resident of the resident of the resident of the resident of the facility and personnel acting facility. Information based on the inprehensive care plan, as terview, clinical record review, ment review, it was determined that failed to develop a baseline administration of the madin (anticoagulant of 72 residents in the survey of the terminal of the plan or care plan or care plan within 48 hours, to scribed anticoagulant medication monitoring for Resident #527. A care plan addressing the not developed or implemented 7 until 8/1/19, (approximately 20 sion).	F655		weeks, and monthly for 3 mont variances will be corrected and education or counseling will be needed Any concerns will be rethe quality assurance committed until resolved. Continued compliance will be nothrough the facilitys quality assurance program. Additional education monitoring will be initiated for a concerns. Completion date: September 20, 2019	additional provided as eported to ee monthly monitored urance and	

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
 		495109	8. W	VING		C 08/07/2019	
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP C 2420 PEMBERTON RD RICHMOND, VA 23233	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
F655	7/12/19 with diag to: broken rib, broken rib, broken rib, broken rib, broken rib, broken repaired by a DVT (deep veil (pulmonary embroken) (pulmonary) (p	ras admitted to the facility on proses including, but not limited oken arm, broken hip which had be recent surgery, and a history of in thrombosis) (2) and PE colism) (3). On the most recent Data Set), an admission an ARD (assessment of 7/19/19, Resident #527 was by cognitively impaired for daily having scored 3 out of 15 on interview for mental status). In assessment, she was coded as coagulant (4) on all seven days period. Ident #527's clinical record owing order dated 7/12/19: adin] Sodium Tablet 2 MG at 2 mg by mouth one time a day day), Thu (Thursday), Fri turday), Sun (Sunday) for h/o and PE (pulmonary embolism)." buth one time a day every Mon Wednesday) for h/o (history of) Ident #527's July 2019 MAR inistration record) revealed that lium [Coumadin] was	F655				
<u>-</u>		DED/SLIDDI IED DEDDESENTATIVE'S SIGNA				1	

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STATEMENT OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		JLTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
	495109 B. WING		 	C 08/07/2019			
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F655	Continued From findings to the phrindings to conducted with L #1, who works be unit manager. We for developing a admitted residen have a paper init off boxes that apstated the facility month (July 2013 plans to creating facility's EMR (elsoftware. LPN #1 usually complete asked to locate the EMR (electro "I don't see it. If the scanned it in, burcome in right abover to the electro a resident on Cocare plan for its to She should have ["Anticoagulant Fourmadin." When plan would be implied to watch for the electro that the plan would be implied to watch for #527's care plan not initiated until	page 101 hysician." reated this care plan was not rview at the time of the survey. 25 a.m., an interview was PN (licensed practical nurse) oth the floor and functions as a //hen asked about the process baseline care plan for a newly t, LPN #1 stated, "We used to ial care plan. We would check plied to a resident." LPN #1 had transitioned in the past b) from using the paper care an electronic version using the ectronic medical record) I stated the admitting nurse as the initial care plan. When he paper version of an initial sident #527, LPN #1 searched onic medical record). She stated, here were one, we would have at I can't find it. She must have but the time we were moving ronic care plans." When asked if umadin should have an initial use, LPN #1 stated, "Absolutely. a care plan and a flow sheet Record"] started for the en asked why a baseline care uportant for Coumadin for LPN #1 stated, "The dosage can as to be right. The resident's of thick, or it can be too thin. We refer that." When shown Resident for the usage of Coumadin was 8/1/19, LPN #527 stated, "It	F655			ROPRIATE	DATE
	when she was fi	at should have been started rst admitted."					

STATEMENT OF DEFICIENCIES VD PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495109	B. V	VINC	3	C 08/07/	2019
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F655	staff member) #1 the regional clinic the director of nu concerns.	15 a.m., ASM (administrative , the administrator, ASM #2, cal coordinator, and ASM #3, irsing, were informed of these	F655				
	Care Plan" reveation preliminary care guest's admission	acility policy "Interdisciplinary led, in part, the following: "A plan is developed upon the n. The preliminary care plan is e comprehensive care plan has					
Annual and the state of the sta		ation was provided prior to exit.					
	forming or growing blood vessels. It certain types of it prosthetic (replace valves, and peopattack. Warfarin it venous thrombos vein) and pulmor the lung). Warfar called anticoagul by decreasing the Institutes of Heal	eneric name Warfarin) - I to prevent blood clots from ing larger in your blood and is prescribed for people with cregular heartbeat, people with cement or mechanical) heart is also used to treat or prevent is (swelling and blood clot in a hary embolism (a blood clot in in is in a class of medications ants ('blood thinners'). It works is clotting ability of the blood." was taken from the National th website us.gov/druginfo/meds/a682277.					
	the formation of a deep vein, throm forms in one of the through the musc usually occurs in unnoticed and dis- cause symptoms	abosis is the medical term for a blood clot in a blood vessel. In bosis (DVT), the blood clot ne larger, deeper veins that run cles. Deep vein thrombosis the lower leg. It often goes ssolves on its own. But it may like pain and swelling. If					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109		ING	C 08/07/2019	
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CO 2420 PEMBERTON RD RICHMOND, VA 23233	DE	
(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 CORRE ((EACH CORRECTIVE ACTION SHOOTS OF CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
F655 F656 SS=E	Continued From treatment to avoid pulmonary embodication of deep vein through major operations replacement surge who have had the given medication forming. This informational Institute https://www.ncbidappens when a and travels through lungs." This informational Institute https://medlineple. (4) Anticoagulan that it thins the befrom forming." The National Institute https://medlineple. (4) Anticoagulan that it thins the befrom forming." The National Institute Develop/Implement acondare plan for each resident rights see 483.10(c)(3), that	page 103 d serious complications such as lism. This can occur if the blood from its original site and is gs in the bloodstream. The risk mbosis increases after more such as knee or hip gery. Because of this, people is kind of surgery are usually to prevent blood clots from ormation is taken from the sof Health website .nlm.nih.gov/books/NBK425364/ when a blood clot breaks loose gh the bloodstream to the mation is taken from the sof Health website us.gov/pulmonaryembolism.htm t - "Anticoagulantwhich means lood, preventing blood clots his information is taken from the sof Health website ent Comprehensive Care Plan	F655	Ftag 656 Resident # 338: No longer resfacility Resident #526: No longer resfacility	sides at the	9/20/19
LAROGATOR	medical, nursing needs that are in assessment. The describe the follo	, and mental and psychosocial lentified in the comprehensive e comprehensive care plan must	TIDE	Resident #488: The care plar updated to reflect side rails. I outcome occurred as a result practice.	No negative	

NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL) B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233 (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIA COMPLIA	STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING		(X3) DATE SURVEY COMPLETED	
THE LAURELS OF UNIVERSITY PARK 2429 PEMBERTON RD RICHMOND, VA 23233 THE PASSANCE PERCENCY MUST BE PRECEDED BY FULL REGULATORY OF LISE DESTRIPTIVE INFORMATION) FRETKY TAG Continued From page 104 (i) The services that are to be furnished to attain or amintain the resident's highest practicable physical, mental, and psychosocial well-being as required under 483.24, 483.25 or 483.40, and (ii) Any services that would otherwise be required under 483.10, including the right to refuse treatment under a services the numering facility will provide as a result of this practice. Resident #27: Non pharmacological intervention are being attempted and documented the care plan was updated. Corresponding physician orders were transcribed into the EMR. No negative outcome occurred as a result of this practice. Resident#18: A stat PT/INR was obtained the EMR. No negative outcome occurred as a result of this practice. Resident#18: A stat PT/INR was obtained the EMR. No negative outcome occurred as a result of this practice. Resident#19: The resident no longer resides at the facility. Resident #21: The resident no longer			495109			· ·	2019	
FREFIX TAG MEDICIFIC YOUNG TO REGIDENT WIND INFORMATION) FRESCONTINUE AND THE PREFIXED TO THE APPROPRIATE COMPATION TAGE CONTINUE AND THE APPROPRIATE COMPATION TO THE APPROPRIATE COMPATION			TY PARK		2420 PEMBERTON RD	IP CODE		
(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under 483.24, 483.25 or 483.40; and (ii) Any services that would otherwise be required under 483.24, 483.25 or 483.40 but are not provided due to the resident's exercise of rights under 483.10, including the right to refuse treatment under 483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR, it must indicate its rationale in the resident's medical record. (iv) In consultation with the resident and the resident's representative(s)- (A) The resident's goals for admission and desired outcomes. (B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose. (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, ataff interview, facility document review and clinical record review, it was determined that the facility staff failed to develop and/or implement the comprehensive care plan for eight of 72 sampled residents, (Residents # 338, #526, #488, #8, #27, #189, #91, #71). Resident #8: A stat PT/INR was obtained and the Coumadin log was updated. Corresponding physician orders were transcribed into the EMR. No negative outcome occurred as a result of this practice. Resident #8: A stat PT/INR was result of the EMR. No negative outcome occurred as a result of this practice. Resident #8: A stat PT/INR was result of the EMR. No negative outcome occurred as a result of this practice. Resident #8: A stat PT/INR was result of the EMR. No negative outcome occurred as a result of this practice. Resident #8:	PRÉFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
record review, it was determined that the facility staff failed to develop and/or implement the comprehensive care plan for eight of 72 sampled residents, (Residents # 338, #526, #488, #8, #27, #189, #91, #71). side rails and food allergies have the potential to be affected. The DON or designee will educate licensed	F656	(i) The services to or maintain the rephysical, mental, required under 4 (ii) Any services required under 4 not provided duerights under 483. treatment under (iii) Any specialize rehabilitative serprovide as a restrecommendation findings of the Parationale in the recival consultation resident's repres (A) The resident' desired outcome (B) The resident' future discharge, whether the resident's the resident community was a local contact age entities, for this plan, as appropri requirements set section. This REQUIREM by:	that are to be furnished to attain esident's highest practicable, and psychosocial well-being as 83.24, 483.25 or 483.40; and that would otherwise be 83.24, 483.25 or 483.40 but are to the resident's exercise of .10, including the right to refuse 483.10(c)(6). The deservices or specialized vices the nursing facility will sult of PASARR as. If a facility disagrees with the ASARR, it must indicate its esident's medical record. In with the resident and the entative(s)-s goals for admission and so spreference and potential for .Facilities must document dent's desire to return to the essessed and any referrals to encies and/or other appropriate burpose. In the comprehensive care late, in accordance with the forth in paragraph (c) of this section, resident interview, staff	F656	Resident #8: A stat PT/IN and the Coumadin log was the care plan was update physician orders were tra EMR. No negative outcorresult of this practice. Resident # 27: Non pharmintervention are being attedocumented prior to PRN administration and the caupdated. No negative out a result of this practice. Resident# 189: A stat PT obtained and the Coumadupdated and the care plan Corresponding physician transcribed into the EMR outcome occurred as a repractice. Resident #91: The reside resides at the facility. Resident #71: Non pharmintervention are being attedocumented prior to PRN administration. No negativoccurred as a result of this Residents receiving Cour	R was obtained as updated and d. Corresponding inscribed into the ne occurred as a macological empted and pain medication re plan was come occurred as fin log was in was updated, orders were No negative esult of this int no longer macological empted and pain medication we outcome is practice.		
A A COR A TO DAY ON THE COR PROVIDED BY DEPORTURE AT A TO CORACT T		record review, it was determined that the facility staff failed to develop and/or implement the comprehensive care plan for eight of 72 sampled residents, (Residents # 338, #526,			side rails and food allergic potential to be affected. The DON or designee wil	es have the		

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NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	
	(X5) COMPLETE DATE
The findings include: 1. The facility staff failed to implement Resident #336's anticoagulant (blood thinning medication) use comprehensive care plan. The care plan documented to observe for abnormal signs and symptoms of bleeding and report abnormal findings to the physician. On 7/22/18, Resident #338 presented with bleeding and the nurse failed to immediately, report the bleeding to the physician and/or nurse practitioner. Resident #338 was and evaluated by the nurse practitioner until 7/23/18 and was then transferred to the hospital. Resident #338 was admitted to the facility on 6/29/18. Resident #338's most recent MDS (minimum data set) (prior to discharge), a 14 day Medicare assessment with an ARD (assessment reference date) of 7/13/18, coded the resident as being cognitively intact. Section N coded Resident #338 as having received an anticoagulant medication seven out of the last seven days. A physician's order dated 6/29/18 documented an order for Coumadin (anticoagulant medication) – 2 mg by mouth in the evening for DVT (deep vein thrombosis) [3] prophylaxis. Review of Resident #338's June 2018 and July 2018 MARs (medication administration records) revealed the resident was administrated 2 mg of Coumadin as prescribed by the physician from 7/1/19 through 7/22/19. Warfarin (Coumadin) is in a class of medications.	

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	OVIDER OR SUPPLIER	TY PARK		;	STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233		
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F656	by decreasing the Resident #338's 7/11/18 documer abnormal bleedir useInterventior orderedObserv (signs/symptoms bleeding gums, pby bleeding gums, pby bleeding into thematuria (blood abdominal pain, pulse, occult blood abnormal finding ab	ants ('blood thinners'). It works to clotting ability of the blood. [1] comprehensive care plan dated that the description of the BLEED101: At risk for the graph of the graph	F656		Coumadin log and orders will be 5 days a week for 1 week, 3 da weeks, weekly for 4 weeks and 3 months. Any variances will be and additional education or coube provided as needed Any concerns will be reported the assurance committee monthly resolved. Continued compliance will be inthrough the facility signality ass program. Additional education monitoring will be initiated for a concerns. Completion date: September 20, 2019	ys for 2 monthly for corrected inseling will o the quality until nonitored urance and	

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NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F656	_	page 107 d to ER (emergency room)" al records revealed Resident	F656						
	#338's INR [5] waresident was adn	as 11.8 on 7/23/18. The ninistered Vitamin K [4] and od transfusion on 7/24/18.							
	measures the tim (plasma) of your	e (PT) is a blood test that ne it takes for the liquid portion blood to clot." "PT is measured t of the time, results are given							
	as what is called ratio)." "The mos this test is to mon taking a blood-th	INR (international normalized t common reason to perform nitor your levels when you are inning medicine called warfarin. king this medicine to prevent							
	blood clots. Norn seconds. Most of what is called INI ratio). If you are clots, your provide	nal Results: PT is measured in f the time, results are given as R (international normalized taking warfarin to prevent blood der will most likely, choose to etween 2.0 and 3.0." [5]							
		locumented the 7/22/18 note mployed at the facility.							
	conducted with L #3. LPN #3 was plan. LPN #3 sta evaluate, set goa set goals (for) wh LPN #3 was ask implementing res	2 a.m., an interview was .PN (licensed practical nurse) asked the purpose of a care ated, "Pretty much just to als, see where they are at and nat they are trying to achieve." ed how nurses ensure they are sidents' care plans for histration. LPN #3 stated, "We							
	have a care plan computer." Whe residents' care p	log. Update it in the en asked if nurses reference lans to ensure they are cessary care, LPN #3 stated,							

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	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F656	conducted with F #8 was asked to 7/22/18 that doct was observed on reviewing the not resident was on the nurse who do have done. RN # physician. Immed #8 stated, "She's could be bleeding (gastrointestinal) be sent for an every they could evaluate they could evaluate they could evaluate they was asked to 7/22/18 that doct was observed on ASM #9 reviewed aware the reside ASM #9 was ask documented the #9 stated the nur called the supervey why, ASM #9 stated the nur called the supervey, ASM #9 stated the nur called the supervey why, ASM #9 stated the nur called the supervey, ASM #9 stated the nur called the supervey why, ASM #9 stated the nur calle	O1 a.m., an interview was RN (registered nurse) #8. RN review the nurse's note dated umented a bright red bloodstain a Resident #338's sheet. After the, RN #8 was informed the Coumadin and was asked what bocumented the note should #8 stated, "Contact the diately." When asked why, RN is bleeding bright red blood, she gout, have a GI bleed. She probably needs to reduce the reduced the redu	F656				
		DEDICHIONI IEO DEDDECENTATIVEIS CICNA			<u> </u>	 	<u> </u>

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STATEMENT OF	DEFICIENCIES CORRECTION .	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
		495109	1	ANG	C 08/07/	2019
	OVIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F656	stated that event receiving Couma an emergency please trace amount of it event could have doctor's book for next day and the Resident #338 the Con 8/6/19 at 11:3 staff member) #1 (the regional clin (the director of neabove concern. The facility policy Plan" documente facility to develop for each guest the and time frames maintaining each physical, mental The interdisciplina. Incorporate ideb. Incorporate ideb. Incorporate ideb. Incorporate risidentified problem. Build on the grid. Reflect treatm measurable outce. Identify the proresponsible for efrequency of senf. Prevent decline status and/or fun No further inform exit.	SM #5 stated, "No." ASM #5, even though the resident was din, would not have prompted none call because there was a plood. ASM #5 stated that been documented in the the resident to be seen the nurse practitioner did see he next day. 25 a.m., ASM (administrative (the administrator), ASM #2 ical coordinator) and ASM #3 jursing) were made aware of the did it includes measurable goals directed toward achieving and a guest's optimal medical, and psychosocial needs2. heavy care plan will: entified problem areas sk factors associated with the suest's strengths ent goals and objectives in somes of provided as in the guest's functional	F656			
		.o.m.ig or growing largor in				

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

PRINTED: 09/18/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AD PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SURVEY COMPLETED C	
		495109	B. W	VING	08/07/2019	
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CO 2420 PEMBERTON RD RICHMOND, VA 23233	DE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		OULD BE	(X5) COMPLETE DATE
F656	people with certa people with prost mechanical) hear suffered a heart a treat or prevent with blood clot in a verifications called thinners'). It work ability of the blood obtained from the https://medlineple.html *"Warfarin (Count bleeding. Regula This information reference: Nursin (Wolters Kluwer, Warning) [2] "Deep vein the clot that forms in deep vein clots of the vein swells, the thrombophlebitis break loose and lung, called a pulinformation was a https://vsearch.nlbin/query-meta?v%3Aprojes-medlineplus-bundle&query-dramed	lood vessels. It is prescribed for ain types of irregular heartbeat, thetic (replacement or rt valves, and people who have attack. Warfarin is also used to renous thrombosis (swelling and ain) and pulmonary embolism (a lung). Warfarin is in a class of ed anticoagulants ('blood as by decreasing the clotting and." This information was	F656			

Event ID: PZ4N11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. W	NG		C 08/07/2	2019
	OVIDER OR SUPPLIER	Y PARK		2420 PEME	RESS, CITY, STATE, ZIP COD BERTON RD D, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACI	OVIDER'S PLAN OF CORRECT H CORRECTIVE ACTION SHO -REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F656	website: Reversa anticoagulation in discontinuing CC necessary, by ad parenteral vitami obtained from the https://dailymed.ifm?setid=d9193/d5accc4151b6# [5] This informati website: https://vbin/query-meta?v%3aproje medlineplus-bundle&query=laT%20calculation 2. a. The facility: implement the coadministration of Resident #526 w 7/26/19; diagnos to left hip fracture pressure and paradmission, the Mot yet been con Admission" note was alert and ori person; requires toileting; total carand continent of On 7/30/19 at 12 and 5:28 PM, ob oxygen, concent conducted. Resident expression of the conducted of the conducted in the conducted	on was obtained from the all of COUMADIN may be obtained by OUMADIN therapy and, if Iministration of oral or n K. This information was	F656				

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

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495109	B. V	Vinc		C 08/07/2019	
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F656	Continued From resident.	page 112	F656	;			
	in part the follow (liter/minute) via	der dated 7/26/19, documented ing, "Oxygen 3L/min nasal cannula SOB (shortness shift for SOB/Wheezing."					
		dinical record failed to reveal a care plan for oxygen r Resident #526.					
	Record) for July following with a s 3L/min via nasal	TAR (Treatment Administration 2019, documented in part the start date of 7/26/19, "Oxygen cannula SOB (shortness of hift for SOB/Wheezing."	are				
	conducted with L #3. LPN #3 was physician's order	55 AM, an interview was LPN (Licensed Practical Nurse) asked if a resident with a for oxygen, should have a care inistration of the oxygen, LPN					
	Care Plan" documents the policy of the interdisciplinary of the interdi	acility policy "Interdisciplinary mented in part the following, "It is facility to develop an care plan for each guest d achieving and maintaining imal medical, physical, mental, if needs The interdisciplinary neorporate identified problem declines in the guest's and/or functional levels"					
	Williams and Wil documented, "A communication to members that he	ndamentals of Nursing Lippincott kins 2007 pages 65-77 written care plan serves as a ool among health care team elps ensure continuity of ng care plan is a vital source of					
LABORATORY	/ DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
		495109	B. WI	NG	C 08/07/	2019
NAME OF PROVIDER OR SUPPLET		TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
PREFIX (EACH DE TAG REGULATO	FICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
and goals. achieving the and is used revise and many and used revised	about to di ipdat ange ders. t 1:4: the lursi rdina form y. cility e considers de tambér de la consideration de la considerati	It the patient's problems, needs, neating detailed instructions for als established for the patient rect careexpect to review, see the care plan regularly, when es in condition, treatments, and	F656			

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

		BUILC	DING	(X3) DATE SURVEY COMPLETED	
495109	B. V	WING		C 08/07/	2019
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F656 Continued From page 114 Resident #526 was asked if there were any adverse reactions to the use of the lemon glycerin mouth swab, Resident #526 stated, "Thankfully, no." A review of the clinical record revealed Resider #526's allergy to citrus products was documented and listed on the following: Admission Record, Physician's order Summary Physician Progress note dated 7/26/19, Nursing Comprehensive Evaluation dated 7/26/19, Nursing Progress note 7/26/19, Comprehensive Care Plan, Medication Administration Record (MAR), Treatment Administration Record (MAR), Treatment Administration Record (MAR) and Meal Tickets for each meal. Further review of the clinical record failed to reveal a comprehensive care plan developed specifically for Resident #526's allergy to citrus products. However, each page of the comprehensive care plan documented at the bottom of the page, along with the resident's name, admission date, room number, and physician name, what all his allergies were. A review of the facility policy "Interdisciplinary Care Plan" documented in part the following: "li is the policy of this facility to develop an interdisciplinary care plan for each guest directed toward achieving and maintaining each guest's optimal medical, physical, mental, and psychosocial needs The interdisciplinary care plan willIncorporate identified problem areas Prevent declines in the guest's functional status and/or functional levels" On 7/31/19 at 3:51 PM, an interview with CNA #1 was conducted. CNA #1 was asked how staff would know what a resident is allergic to, CNA #1 stated, "I usually read the chart once		6			

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	JETIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
			1	DING	C 00/07/2040	
: 		495109	<u> </u>		08/07/2019	
	OVIDER OR SUPPLIER RELS OF UNIVERSIT	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F656	to take care of the armband with the meal ticket there allergies." When swabs available not contain ingrestated, "Yes. The dip in water or mouth." CNA #1 considered a concitrus products a be flagged to ale On 7/31/19 at 5:2 #2 was conducted in a resident's allergy "From the care pallergy informatic electronic docume CNA #2 stated, "then we ask the the care plan." On 7/31/19 at 4:1 (Licensed Practic When asked how resident is allergy MAR; listed at the dietary notes using mouth swallergic to, LPN #2 before they (staf should ask the neget processed if a reside identifying brace).	es for the things I need to know em. Usually, there is an allergies listed. Usually, on the will be something about a sked if there were, mouth for Resident #526 to use that do dients he is allergic to, CNA #1 ere is a green type that you can outhwash to refresh a resident's was asked what would be a accern with Resident #526's llergy. CNA #1 stated, "It should	F656	DEFIGENCT)		
1 ABODATORY	(DIRECTORIC OR DROV	DER/SUPPLIER REPRESENTATIVE'S SIGNA	TUBE			1

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. B	BUILD		(X3) DATE SURVEY COMPLETED C	
		495109	B. V	B. WING		08/07/2019	
	OVIDER OR SUPPLIER	Y PARK			STREET ADDRESS, CITY, STATE, ZIP CODI 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F656	the CNA's to ask According to Fun Williams and Will documented, "A communication to members that he careThe nursin information abou and goals. It con achieving the goa and is used to dir revise and updat there are change with new orders On 7/31/19 at 5:4 Staff Member) #7 #3, the Director of the findings. No further inform of the survey. 3. The facility fail the comprehensi rails for Resident Resident #488 w 7/17/19, diagnos to multiple sclero and immobility sy to the recent adn Data Set) had no According to the 7/22/19, Residen time, place, and is incontinent of I	That is why it is important for the nurse." damentals of Nursing Lippincott kins 2007 pages 65-77 written care plan serves as a col among health care team lps ensure continuity of g care plan is a vital source of the patient's problems, needs, stains detailed instructions for als established for the patient rect careexpect to review, ethe care plan regularly, when is in condition, treatments, and ." 10 PM, ASM (Administrative I, the Administrator, and ASM of Nursing, were made aware of atton was provided by the end ed to develop and/or implement we care plan for the use of bed	F656	3			

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
		495109	B. W	ING	C 08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
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F656	at 9:19 AM, it wa two upper side rabed rails were up #488 was observe 9:19 AM observe position. A physician's ord in part, "Two has when in bed" A review of the complan dated 7/17/requiring assistant However, the care of side rails. On 8/1/19 at 10:5 (Licensed Practic When LPN #3 was order for bed rails be care planned, A follow up interved to a few as asked if Rest LPN #3 stated, "I rails." On 8/2/19 at 1:48 Member) #1 the Director of Nursin Clinical Coordinating. No further inform of the survey.	page 117 :27 PM, 4:51 PM, and 7/31/19 s observed Resident #488 had ails (one on each side) and the otat each observation. Resident red in bed during the 7/31/19 at attion, with the bed rails in the up der dated 7/17/19, documented alf side rails up as an enabler dinical record revealed a care 19, which documented in partince with bed mobility. The plan did not address the use did not saked if a resident has an service with LPN #3 was conducted. The with LPN #3 stated, "Yes." Wiew with LPN #3 was did not 28 AM. When LPN #3 sident #488 uses the bed rails, I have seen her use the bed attor, were made aware of the mation was provided by the end docs: A nervous system disease	F656			
		DEDICHODHED BEDDECENTATIVES OF NA		1		1

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	•	JLTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		495109	B. W	VIN	3	C 08/07/	2019
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F656	damages the my surrounds and produced from the symptoms of obtained from the https://medlineplet (2) Paraplegic: P function in part of something goes to pass between your can be complete or both sides of y just one area, or of the lower half elegs, is called parand legs is quadratrokes or injuried broken neck. The from the following https://medlineplet. 4. The facility start 8's comprehent monitoring of an Resident # 8 was 08/14/2015 and a with diagnoses the to: deep vein through the series of veins Resident # 8's moset), a quarterly a (assessment reference in the series of the seri	brain and spinal cord. It elin sheath, the material that rotects your nerve cells. This own or blocks messages ain and your body, leading to MS. This information was a following website: us.gov/multiplesclerosis.html aralysis is the loss of muscle f your body. It happens when wrong with the way messages our brain and muscles. Paralysis or partial. It can occur on one your body. It can also occur in it can be widespread. Paralysis of your body, including both raplegia. Paralysis of the arms riplegia. Most paralysis is due to s such as spinal cord injury or a is information was obtained	F656		DEFICIENCY)		
148004700		DER/SLIPPLIER REPRESENTATIVE'S SIGNAT	runc -				

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STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
		495109	1	/ING	C 08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	Ξ	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F656	"Medications" co- an anticoagulant The comprehens dated 02/05/2019 (Resident # 8) is bleeding/bruising use. Anticoagulat (gastrointestinal) "Interventions", it "Administer medifor effectiveness abnormal finding initiated: 02/05/2 tests) and diagnormal finding initiated 02/05/2 tests) and diagnormal finding initiated 02/05/2 A nurse practition documented in p (two to three)." The facility's "An Resident # 8 date "Current Anticoa Coumadin 7.5mg "08/20/18 Action pointing up (indicated and pointing up) A physician's tele 11:58 a.m. for Resummary: Warfamouth every every blood clots." The eMAR (electrecord) dated Au physician's telep	king daily decisions. Section N ded Resident # 8 as receiving in the past seven days. Live care plan for Resident # 8 decumented, "Need. at risk for abnormal part, ications as ordered. Observe and side effects, report s to the physician. Date of the physician. Date of the physician. Date to the physician. Date to the physician. Date to the physician. Date	F656			

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		495109	B. W	/ING		C 08/07/	2019
	OVIDER OR SUPPLIER	TY PARK		242	EET ADDRESS, CITY, STATE, ZIP CODE 20 PEMBERTON RD CHMOND, VA 23233		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F656	mark and the nur 08/21/18 indicating and 7.5 mg of Control Review of the nur notes and nurse 08/01/18 through any documented the resident to real total of 15.5 mg 8/23/19, a physician and do Coumadin Tables Give 1 (one) tables anticoagulant the Reason: increase The facility's "Nur Resident # 8 date (administrative st practitioner, at 12 "HPI (History of Four See Patient) for patient on Couma 3 (two to three). bleeding." Under documented, "Lee Hold Coumadin of the Physician's to "Created Date: 1 Communication of "Order Summary [milligram] (Warfamouth in the ever Discontinue Date	the eMAR revealed a check ree's initials under the date of a Resident # 8 received 8 mg burnadin on 08/21/18. rse's progress notes, physician practitioner notes dated 08/31/18 failed to evidence recommendations or orders for ceive both 8 mg and 7.5 mg for of Coumadin on 08/21/18. On cians order to discontinue g was obtained from the cumented: "Order Summary: t 7.5 MG (Warfarin Sodium) et by mouth in the evening for prapy. Discontinue Date /	F656				
LABORATORY	DIDECTOR'S OF DOOMS	DERISHPPHER REPRESENTATIVE'S SIGNAT	TI IDC				

AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION	(X3) DATE SUI COMPLET	
		495109	1	VING	C 08/07/2019	
	OVIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, Z 2420 PEMBERTON RD RICHMOND, VA 23233	IP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
F656	17:15 (5:15 p.m.) Summary: check 11/10/18 one tim The facility's "Ant Resident # 8 date Current Anticoag "Coumadin 6 mg [Note the staff er and the PT level elevated above to resident at risk for Taken by Physici (times one day) review of the "Ant evidence results A Nurse's Note" at 7:25 p.m. docu (milligrams) toda SAT (Saturday) monitor guest." evidence nurses INR was not obta the physician and the physician wa was not obtained Review of the ela administration Re revealed, Couma (Warfarin Sodium evening for antic 9/12/18 D/C Date (five)" was docur dose of Coumad p.m.). The code "Hold/See Nurse November 2018	ns order date 11/9/2018 at documented, "Order pt/inr on sat [Saturday] e only for coumadin use 1 day." ticoagulant Record" for ed 11/09/18 documented, ulant Drug and Dose: (milligrams)" "PT 3.5 INR: 41.6 Intered the INR level under PT under the INR. The INR was the resident goal placing the or bleeding]." Under "Action it documented, "Hold x 1 re-check 11/10/18." Further atticoagulant Record" failed to of a PT/INR for 11/10/18. Idated 11/09/18 for Resident # 8 Jumented, "Hold Coumadin 6MG by 11/09/18 recheck PT/INR on 11/10/18 will cont (continue) to Further review failed to notes documenting why the PT pained on 11/10/19 as ordered by d no documentation evidencing is notified the laboratory testing	F656			

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION RUILDING	(X3) DATE SURVEY COMPLETED	
		495109	B. W	VING	08/07	//2019
	OVIDER OR SUPPLIER RELS OF UNIVERSI	TY PARK		STREET ADDRESS, CITY, STATE 2420 PEMBERTON RD RICHMOND, VA 23233	E, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F656	and 11/11/2018. Review of the ele	"X" documented for 11/10/2018 ectronic health record failed to	F656			
		ders or clarification for holding or burnadin to Resident #8 on /11/18.				
	dated 05/01/19 a (administrative si practitioner, at 12 "HPI (history of p "A/P" it documen elevated. Hold C	oner's Note" for Resident # 8 and signed by ASM taff member) # 7, nurse 2:26 p.m. documented in part, present illness) INR: 5.1. Under sted, "Leg DVT - Stable. INR oumadin x1 (times one day) 5/2/19. Monitor closely."				
	"Order Summary	er dated 5/1/19 documented, r: PT/INR 5/01/19 one time only on therapy for 1 day.				
	Resident # 8 doc 6MG (Warfarin S one time a day fo	ephone order dated 05/01/19 for sumented, "Coumadin Tablet sodium). Give 6MG by mouth or anti-coagulant. Hold 5 (2:45 p.m.) - 05/02/2019 14:44				
	Resident # 8 date "Current Anticoas mg PT 61.5 INR: placing the reside "Action Taken by	ticoagulant Record" for ed 05/01/19 documented, gulant Drug Dose Coumadin 6 5.1 [higher than the goal of 2-3 ent at risk for bleeding]." Under Physician" it documented, one day) re-check 5/2/19."				
	Resident # 8 date "Current Anticoag 5/1/19, PT 36.9 II by Physician" it d	nticoagulant Record" for ed 05/01/19 documented, gulant Drug Dose: Held on NR 3.1" Under "Action Taken locumented, "Hold x 1 (times				

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		495109		/ING	C 08/07/2019	
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		ULD BE	(X5) COMPLETE DATE
	Continued From one day) re-check of the nurse's prograted 05/02/2019 part, "PT/INR 39 doctor), hold Contomorrow." A "Nurse Practition dated 5/03/19, si staff member) # p.m. documented Stable. 5MG concheck INR 5/10/10/10/10 Consolved 19 part, "Croumadin 6 mg 2.1" Under "Acting documented, "Croumadin 6 mg 2.1" Under "Acting documented, "5 5/10/19." Further Record" failed to for 05/10/19. The with a line on the written notation wout date 5/10/10 doctor) aware NI Review of the Marcoagulant. Start p.m.), -Hold Date	page 123 k 5/3/19." ress note for Resident # 8 9 at 4:44 p.m. documented in .0/3.2. Per MD (medical umadin today and recheck oner's Note" for Resident # 8 gned by ASM (administrative 7, nurse practitioner, at 5:10 d in part, "A/P: Leg DVT - umadin QD (every day) and 19. Monitor closely." ent #8's "Anticoagulant Record" urrent Anticoagulant Drug Dose: held on 5/2/19, PT 24.9 INR on Taken by Physician" it mg QD [every day] re-check or review of the "Anticoagulant evidence results of a PT/INR e Date 5/10/19 was crossed out e Anticoagulant Record. A hand was written beside the crossed of documented, "MD (medical NO (no new order)." ay 2019 eMAR revealed, et 6 MG (Warfarin Sodium) Give one time a day for anti- Date- 01/11/2019 1700 (5:00 e- from 05/01/2019 1445 (4:45		CROSS-REFERENCED TO THE APPR DEFICIENCY)		
	was documented Review of the ell initials with a che Resident #8 was	9 1444 (2:44 p.m.). This order d as discontinued on 5/15/19. MAR for 5/2/19 evidenced staff eck mark on 5/2/19 indicating administered 6 mg of ad of holding the medication as				

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

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
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F656	interview was con practical nurse), results on Reside 5/10/19. LPN # 3 laboratory [lab] re LPN # 3 stated, "drawn." LPN # 3 was aware the P LPN # 3 was ask had not been dra stated, "I'm unsur #8's clinical record documentation as drawn. On 07/31/19 at 3 conducted with R manager. When of the resident's care goals for the orders specific to they may use. We care plan it shoul care plan is not b On 08/051/19 at (administrative stadministrative stadministrative, AS ASM # 3, were m findings. No further inform References: (1) A condition the forms in a vein demainly affects the and thigh, but can such as in the arrows obtained from was obtained from	roximately 2:59 p.m., an inducted with LPN # 3 (licensed regarding the lack of PT/INR ent #8's anticoagulant log on 8 was asked what it meant if the esults weren't written on the log. It means that the lab wasn't also stated that the physician T/INR had not been drawn. ed if she knew why the PT/INR ewn for Resident #8. LPN # 3 re." Further review of Resident rd revealed no additional is to why the PT/INR was not extended to describe the purpose care plan RN # 2 stated, "They patient and it lets us know their them and the different devises /hen it is documented on the dobe followed and if it isn't the	F656			

STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		JLTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE		
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F656	(2) International preferred test of vitamin K antago to assess the risl status of the patical anticoagulants an adjust the VKA distriction between patients prothrombin time ratio of the patiens standardized for thromboplastin reflealth Organizal formula: This infowebsite:	page 125 //ency/article/000156.htm. normalized ratio (INR) is the choice for patients taking nists (VKA). It can also be used of bleeding or the coagulation ents. Patients taking oral re required to monitor INR to oses because these vary of the INR is derived from (PT) which is calculated as a nit's PT to a control PT the potency of the eagent developed by the World ion (WHO) using the following ormation was obtained from the nlm.nih.gov/books/NBK507707/	F656	6				
	for the liquid port clot. This inform website: https://medlinepl 5. The facility sta # 27's comprehe non-pharmacologadministration of Resident # 27 with were not limited cancer. Resident # 27's addata set), a quar	hat measures the time it takes ion (plasma) of your blood to ation was obtained from the us.gov/ency/article/003652.htm. Iff failed to implement Resident nsive care plan for the use of gical interventions prior to the as needed pain medication. as admitted to the facility on diagnoses that included but to: osteoarthritis (2) and breast most recent MDS (minimum terly assessment with an ARD						
	Resident # 27 as	erence date) of 05/09/19, coded scoring a one on the brief						

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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F656	cognition for make coded Resident at the pain assessment for promplaints of pair showing indicator observed 3 to 4 c ARD. The POS (physica 2019 for Resident "Acetaminophen (milligrams. Give (four) hours as not than 100 nte (not 24 hours). Order 11/01/2017." The eMAR (elect record) for Resided documented the POS above. Revacetaminophen (milligrams) at 144' (11:41 a.m.), 05/05/16/19 at 1817 0315 (3:15 a.m.) evidence documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the POS above. Revacetaminophen (elect record) for Resided documented the P	ing severely impaired of king daily decisions. Section J # 27 as being unable to answer ment interview. The staff pain documented vocal in from Resident # 27 and its of pain or possible pain days in the five days prior to the dian's order sheet) dated August in # 27 documented, Tablet 325 (five) MG two tablets by mouth every 4 eeded for pain/ fever greater it to exceed) 3g/24hrs (grams in its Date: 11/01/2017. Start Date: 11/01/2019. Same orders as stated in the view of the eMAR revealed 11/01/2019. The unit is stated in the view of the eMAR revealed 11/01/2019. Start Date: 1	F656				
LABORATORY	DIKECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	UKE				

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
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F656	Continued From 1835 (6:35 p.m.) evidence docume interventions on a series of the POS above. Revacetaminophen a "07/03/19 at 182 (12:31 p.m.), 07/0 on 07/31/19 at 16 failed to evidence pharmacological listed above. Review of the nunctes for Reside 07/31/19 failed to non-pharmacological listed on the eM/ The comprehens dated 11/07/2017 for pain r/t (related 11/07/2017." On 08/01/19 at 1 conducted with L 2 regarding the properties of the pain ask the resident is based a scale worst pain, admirecheck the resident effectiveness." New York and the pain and the pain ask the resident is based a scale worst pain, admirecheck the resident effectiveness." New York and	•	F656				
LABORATORY		DER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE			<u>.</u>	<u> </u>

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F656	to alleviate the payes." When aske pharmacological attempted LPN # After reviewing R notes and eMAR 07/31/19 LPN # 2 because it's not of the content of the	tion of the pain medication to try ain LPN # 2 stated, "Generally ed where they document non-interventions are tried and/or 2 stated, "In the nurse's notes." Resident # 27's eMARs, nurse's notes dated 05/03/19 through 2 stated, "It's not being done documented." 10 p.m., ASM (administrative, administrator, ASM # 2, coordinator and ASM #3 ng) were made aware of the ation was presented prior to re mild to moderate pain from cle aches, menstrual periods, proats, toothaches, backaches, vaccinations (shots), and to etaminophen may also be used in of osteoarthritis (arthritis eakdown of the lining of the ophen is in a class of ed analgesics (pain relievers) (fever reducers). It works by the body senses pain and by This information was obtained	F656				
	pain, swelling, an It can occur in an your hands, knee information was o	nmon form of arthritis. It causes not reduced motion in your joints. by joint, but usually it affects as, hips or spine. This abtained from the website:					

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STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION JILDING	(X3) DATE SURV COMPLETE	
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F656	Continued From	page 129	F656	,		
	comprehensive of administration of order, monitoring the physician of a Resident #189. Of failed to administ obtain laboratory test results per ocare plan.	ff failed to implement the care plan in regards to the medication per the physician's laboratory results and notifying any abnormal findings for on multiple occasions, the staff er Coumadin and failed to tests or notify the physician of orders and the comprehensive as admitted to the facility on				
	9/16/17 with a m- 7/16/19 diagnose to: mechanical he pressure and atri is a condition cha contraction of the irregular beats of	ost recent readmission on es included but were not limited eart valve, stroke, high blood al fibrillation. (Atrial fibrillation eracterized by rapid and random e atria of the heart causing the ventricles and resulting in output and frequently clot				
	assessment, a M with an assessm coded the reside BIMS (brief inten- indicating the res to make daily de- Medications, the	MDS (minimum data set) ledicare five day admission, ent reference date of 7/23/19, nt as scoring an "11" on the view for mental status score) sident was moderately impaired cisions. In Section N - resident was coded as coagulant for the seven days of riod.				
	and revised on 3 "Focus: (Resider bleeding/bruising use, anticoagula	ive care plan dated, 12/19/18 /7/19, documented in part: ht #189) is at risk for abnormal y R/T (related to) medication ht diagnosis of A-Fib (atrial e." The "Interventions"				

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
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F656	ordered. Observe effects, report ab physician. Obtair diagnostics as or findings to the physician PRN (a symptoms) of corblood in urine, blared blood in stoomausea, vomiting lethargy, bruising (shortness of brechanges in mentichanges in v/s (vheart rate, respinate petechiae (tiny reappearing on the hemorrhages with layers) (2), back nosebleeds." Review of the "Arclinical record incomplysician and numursing notes, are administration readministration record in continuous processes." A nurse practition documented in preconducting in blood for vessels.) (3) Anticolotting in blood for vessels.) (4) Anticolotting in blood for vessels.) (5) Anticolotting in blood for vessels.) (6) Anticolotting in blood for vessels.) (6) Anticolotting in blood for vessels.) (7) Anticolotting in blood for vessels.) (7) Anticolotting in blood for vessels.) (8) Anticolotting in blood for vessels.) (9) Anticolotting in blood for vessels.) (9) Anticolotting in blood for vessels.) (1) Anticolotting in blood for vessels.) (2) Anticolotting in blood for vessels.) (3) Anticolotting in blood for vessels.) (4) Anticolotting in blood for vessels.) (5) Anticolotting in blood for vessels.)	art, "Administer medications as a for ineffectiveness and side normal findings to the labs (laboratory) and dered and report abnormal hysician. Observe and report to as needed) s/sx (signs and mplications: blood tinges/frank ack tarry stools, dark or bright ls, sudden severe headaches, diarrhea, muscle joint pain, blurred vision, SOB ath), loss of appetite, sudden al status, significant or sudden al status, significant or sudden ital signs - blood pressure, ations), bleeding gums, addish or purple flat spot skin as the results of tiny hin the skin or subcutaneous or abdominal pain and anticoagulant Record" and the cluding physician order, rise practitioner progress notes, at the MAR (medication cord) was conducted. The note dated, 7/31/18, art, "Patient is on anticoagulant lelays blood clotting coagulants are used to prevent for transfusion and in blood coagulated with Coumadin anticoagulant/blood thinner that from forming blood clots.) (4).	F656			

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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	
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F656	as what is called ratio)." "The most this test is to more taking a blood-th You are likely take blood clots. Norm seconds. Most or what is called IN ratio). If you are clots, your provid keep your INR be compared to the provided and not signed be INR on was 1.8, goal of 2.5 - 3.5 for blood clots do current Coumading [milligrams]" physician direction may recheck 8/18. Review of the EN revealed a physicians order mouth in the every revealed of Coumadin durindicated to "Holo of the EMR [election with the council to the EMR [election with the council to the EMR [election with the council to the EMR [election with the every revealed of Council to the EMR [election with the every revealed to the EMR [election with the every revealed to the EMR [election with the every resident did not the EMR [election with the every resident did not the EMR [election with the every resident did not the EMR [election with the every resident did not the EMR [election with the every resident did not the EMR [election with the every resident did not the EMR [election with the every resident did not the EMR [election with the every resident did not the EMR [election with the every resident did not the EMR [election with the every resident did not the every resident did	in of the time, results are given INR (international normalized to common reason to perform nitor your levels when you are inning medicine called warfarin. It is medicine to prevent nat Results: PT is measured in the time, results are given as R (international normalized taking warfarin to prevent blood ler will most likely, choose to etween 2.0 and 3.0." (5) Anticoagulant record [a record rately from the clinical record y the physician] documented [below the documented INR [placing Resident #189 at risk ue to the low INR level]. The in dose was documented as "5 the action taken by the ve documented, "Increase to 5.5 1/18. MR (electronic medical record) cian order for the increase in	F656			

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

AD PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ') MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SURVEY COMPLETED C		
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F656	Continued From and Dose" as "O was documented, "5 in 10/1/18. Review of the physician of t	page 132 In Hold." The PT/INR 9/27/18 I as 1.8. The physician directive mg qd (every day) recheck ysician orders revealed a er for Coumadin 5 mg qd (every experimental physician order for Coumadin 5 date documented, 9/28/18. The MAR failed to evidence the lany Coumadin on 9/27/18 per reders. There was no order to 89's Coumadin on 9/27/18 and ininister the medication as a residents INR was below the 2.5-3.5 placing the resident at its. "Anticoagulant Record" dated, inted, "Current Anticoagulant 5 mg Coumadin." The PT/INR as 3.3. The physician directive 5 mg (Coumadin) qd recheck ant Record" revealed the iss crossed off and the date of cumented the PT/INR as 2.2 ed goal of 2.5-3.5 placing the or blood clots]. The physician inted, to increase Coumadin to k on 11/19/18. The note dated, 11/15/18, art, "CC: lab (laboratory) y 2.2. On Coumadin 4.5 mg for	F656	DEFICIENCY)		
LABORATORY	Goal 2.5 - 3.5C	Il valve replacement) and A. fib. on Coumadin. Increase to 5 mg	ri ior			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	above directive of qd. The medication 11/9/18 through was documented dose. A "5" indice There was no nuter of the electronice evidence a physimedication without the properties of the electronice widence and the electronice widence and the electronice widence and the electronice without the electronic without without the electronic without the electronic without the electronic without the electronic without without the electronic wit	ovember MAR documented the on 11/9/19 for Coumadin 4.5 mg on was administered from 11/14/18. On 11/15/18, a "5" d under the Coumadin 4.5 mg ated, "Hold/See nurse's note." arse's note for 11/15/18. Review medical record failed to ician order to hold Resident on 11/15/19. Staff held the out a physician's order and failed umadin 5 mg as ordered by the 15/19.					
	documented the mg, INR level 4.0 physician was no directive docume 1/10/19." There	ant Record" dated, 1/9/19, current Coumadin dose as 5 0" [above therapeutic goal], the otified on 1/9/19. The physician ented, "Hold Coumadin, recheck was a physician order in the Coumadin and to recheck the 10/19.					
	documented the "HOLD" "INR 2.8 documented, "(C day), recheck 1/ place in the EMF directives. The J the following ord tablet by mouth with 2 mg to mal January 2019 M resident received	"Anticoagulant Record" current Coumadin dose as 3." The physician directive Coumadin) 4.5 mg qd (every 15/19. Physician orders were in R for the above Coumadin anuary 2019 MAR documented er, "Coumadin 2.5 mg; give 1 in the evening for A fib to give ke 4.5 mg." Further review of the AR failed to evidence the d any Coumadin on 1/10/19.					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' ') MULTIPLE CONSTRUCTION BUILDING	COMPLET	(X3) DATE SURVEY COMPLETED C	
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F656	There was no phrecord to hold Re 1/10/19. The "Anticoagula documented the mg, INR 2.3, [be resident at risk for and bleeding for test -strip lot num documentation urifit was successiphysician directive recheck in one of the physician or documented, "Re The "Anticoagula failed to evidence performed on 4/14/12/19 with the documented as a was empty. Reviewidence a nurse was not complete 4/11/19 in the EN documented on the Review of the physician or documented on the Review of the physician or documented that Coumadin 6 mg Record" dated, 4 Coumadin dose documented as 2 2.5-3.5 placing the residence of the physician of the physicia	anscribed to start on 1/11/19. hysician order in the clinical esident #189'2 Coumadin on ant Record" dated, 4/11/19, current Coumadin dose as 2.5 low therapeutic goal placing the or blood clots for a level too low a level to high]. There were no abers, documented and no under the "Quality Control Test," ful for QC or error noted. The ve documented, "No change ay." der dated, 4/11/18 in the EMR echeck PT/INR level on 4/12/19. ant Record" dated, 4/12/19, ethe PT/INR test was 12/19. The form was dated current Coumadin dose 2.5 mg but the rest of the line ew of the nurse's note failed to b's note for 4/12/19. The test ed per the physician order dated MR and the physician directive the "Anticoagulant Record." hysician's orders revealed an 1/19 that documented 6 mg of day. The April 2019 MAR the resident received the on 4/24/19. The "Anticoagulant the condition of the PT/INR was 2.2 [below the identified goal of the resident at risk for clots]. The ve on the record documented,	F656				

STATEMENT O	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
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F656	resident received Coumadin, 6 mg physician order in Resident #189's The "Anticoagular documented the mg. The INR was physician directive (Coumadin) to 3 order in the EMR "Coumadin 3 mg anticoagulation." the May 2019 M/Order to start on receive any Coumphysician order in #189's Coumadin The "Anticoagular documented the mg INR 1.6 [beloophysician directive mg, recheck 1 win the EMR dated "Coumadin 4 mg evening for preventing for preventing for preventing to start on 5/21/11 failed to evidence Coumadin on 5/2 physician order in #189's Coumadin The "Anticoagular documented the "Anticoagular d	oril MAR failed to evidence the if the prescribed dose of on 4/25/19. There was no in the clinical record to hold Coumadin on 4/25/19. Int Record" dated, 5/12/19, current Coumadin dose as 5.5 is documented as 2.8. The re documented, "Decrease mg, recheck 1 wk." A physician it dated, 5/12/19, documented, by mouth in the evening for The order was transcribed to AR. The MAR documented the 5/13/19. The resident did not madin on 5/12/19. There was no in the EMR to hold Resident in on 5/12/19. Int Record" dated, 5/20/19, current Coumadin dose as 3 in the therapeutic goal]. The redocumented, "Increase to 4 k [week]." The physician order d, 5/20/19 documented, give 1 tablet by mouth in the ent dvt (deep vein thrombosis)." Documented the order above for mg. The order was documented 9. Further review of the MAR is the resident received any 20/19 and there was no in the EMR to hold Resident	F656			
	CIDEOTODIO CO COCI	DEGICUADI LED DEDDECENTATIVED OLOVA				

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' -	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED C	
İ		495109	B. W	VING	08/07/2019	
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		OULD BE COMPLETE	
F656	documented, "Ho EMR documente 6/27/19 to hold the 6/27/19. The number of the foliation of the physician ordinarion of the physician ordinarion of the physician ordinarion of the physician ordinarion. An interview was nurse) #5, the unp.m., regarding the foliation of the physician ordinarion. An interview was staff member (AS for Residents) as staff member (AS for Resident #18 asked if an order same day the PT does that order to should be initiate. An interview was 8/6/19 at 3:12 p. physician's order dose of Coumadi given as ordered always follow the asked if the physithe dose of Counobtained in the mose effective. R	d goal]. The physician directive old x1, recheck 6/27/19." The d physician orders dated he Coumadin and recheck on se practitioner note dated, inted in part, "INR today 4.6. On g qd., goal 2.5 - 3.5, hold x 1 7/19." Int Record" failed to evidence f the repeat INR on 6/27/19, per ler evidencing a delay in conducted with RN (registered at manager, on7/31/19 at 1:29 he purpose of the care plan, RN is out the plan of care while they be here." When asked if staff at and follow the comprehensive is stated, "Yes." In conducted with administrative is stated, "Yes." In conducted with administrative is conducted with administrative is stated, "Yes."	F656			
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	1	ring	C 08/07/2019	
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIF 2420 PEMBERTON RD RICHMOND, VA 23233	CODE	
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F656	dose change sho next day, RN #8 same day. That's morning so we carevening dose of Record" for Residual	n asked if the physician ordered buld be documented to start the stated, "No, it has to start the stated, "The "Anticoagulant dent #189, nurse's notes, and NP notes and orders from 7/29/19, was reviewed with RN edocumented concerns RN #8 was asked if staff hold a in, should there be a physicians fronic record. RN #8 sated, Id be an order anytime the di." It conducted with RN #8, the refined to implement the rventions to give medication as btain laboratory tests as multiple occasions as ove, RN #8 stated, "No, Ma'am." Ininistrator, ASM #2, the regional for, and ASM #3, the director of de aware of all of the above 19 at 5:19 p.m. Initiation was provided prior to exit. Isonary of Medical Terms for the lader, 5th edition, Rothenberg lage 55 ionary of Medical Terms for the lader, 5th edition, Rothenberg	F656			

STATEMENT OF DEFICIENCIES OF PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. B	MULTIPLE CONSTRUCTION UILDING		(X3) DATE SURVEY COMPLETED C	
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F656	Continued From and Chapman, p		F656				
	following website	ion was obtained from the e: us.gov/druginfo/meds/a682277.					
	following website This information https://vsearch.n bin/query- meta?v%3aproje medlineplus- bundle&query=la	ion was obtained from the e: was obtained from the website: Im.nih.gov/vivisimo/cgi- ect=medlineplus&v%3asources= aboratory%20tests%20for%20P %20of%20INR&2.					
	comprehensive of administration of ordered. Resident #91 wa 6/20/19 with diag	off failed to implement the care plan regarding the oxygen to Resident #91 as admitted to the facility on proses that included but were					
	obstructive pulmer for chronic, nonre	ncer and COPD (chronic onary disease - a general term eversible lung disease that is ation of emphysema and s) (1).					
	assessment, an assessment refe the resident as sinterview for mer was cognitively in Section O - Spec Programs, the re	MDS (minimum data set) admission assessment, with an rence date of 6/27/19, coded coring a "14" on the BIMS (brief ntal status) score, indicating he ntact to make daily decisions. In cial Treatments, Procedures and sident was coded as using esident in the facility.					
	/ DIDEATADIA AD DESI	DER/SUPPLIER REPRESENTATIVE'S SIGNAT					

AND PLAN OF CORRECTION IDENTIFICATION NUMBER			MULTIPLE CONSTRUCTION JILDING	(X3) DATE SURVEY COMPLETED		
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F656	respiratory comp (diagnosis) of CC "Interventions" di mediations & trea Monitor for ineffe adverse reaction the physician." Observation was of Resident #91 oxygen on via a tubing that insert an oxygen conceconcentrator was A second observ#91 on 7/30/19 a use by the reside was set at 3 LPN Observation was and 1:25 p.m. of oxygen on via th concentrator was surveyor verified. The physician or documented, "Ominute) via NC (shortness of breaminute) via NC (short	ficulty breathing and risk for lications R/T (related to) dx DPD, requires O2." The ocumented in part, "Administer atments per physician orders. In activeness, side effects and so, report abnormal findings to a made on 7/30/19 at 12:26 p.m. In his bed, asleep with his nasal cannula (a two-pronged is into the nose) connected to entrator. The oxygen is set at 3 LPM (liter per minute). In a set at 3 LPM (liter per minute) are to made on 7/31/19 at 8:38 a.m. Resident #91 in his bed with his e nasal cannula. The oxygen is set at 3 LPM. Another this. Indeed the dated, 7/26/19, 2 (oxygen) 2L/min (liters per nasal cannula) every shift for	F656			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. B	BUIL	JLTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE C	
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(X4) ID PREFIX TAG	((EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ACTION SHOULD BE TO THE APPROPRIATE			
F656	#5 reviewed the for oxygen and s When asked the #5 stated, "It lays (the residents) ar should follow and interventions, RN Administrative stradministrator, AS coordinator and / were made aware 8/2/19 at 2:00 p.r No further inform (1) Barron's Dict Non-Medical Rea and Chapman, p. 8. The facility state #71's care plant pharmacological administration of Resident #71 was (2) #71's most receive quarterly assessing reference date) of 71 as scoring a 1 mental status (BI being cognitively decisions. Section having pain frequence was second as the second paint frequence was second as the second paint frequence was second as second as second as second paint frequence was second as second paint frequence was second as second paint frequence was second	or Resident #91's oxygen. RN Resident #91's physician orders tated, "He should be on 2 LPM." purpose of the care plan, RN s out the plan of care while they re here." When asked if the staff d implement care plan d #5 stated, "Yes." aff member (ASM) #1, the SM #2, the regional clinical ASM #3, the director of nursing, e of the above concern on m. ation was provided prior to exit. ionary of Medical Terms for the ader, 5th edition, Rothenberg age 124. aff failed to implement Resident for the use of non- interventions prior to the as needed Tramadol (1). as admitted to the facility on a readmission on 01/02/2016, hat included but were not limited d, and paraplegia (3). Resident and MDS (minimum data set), a ment with an ARD (assessment of 06/13/19, coded Resident # 3 on the staff assessment for MS) of a score of 0 - 15, 13- intact for making daily on J coded Resident # 71 as	F656				
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	II IRE				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F656	the staff assess I needed pain med "Yes, they ask w When asked if the alleviate the pain medication Residement medication Residement medication Residement medication Residement medicated 10/20/2011 related to: muscle foot drop (5) ank gas/constipation. Revision on: 06/2 "Interventions", it relaxation technic comfort measure rubs, slow breath Date Initiated: 10 The POS (physic "07/31/2019" for "Tramadol HCL (50MG (milligram mouth every 8 (e0 Order date 02/27 The POS also do pharmacological administering PF pain. 1) Re-posi pack 3) Warm coelevation 6) deep as needed for panumber attempted date 07/24/2018. The eMAR (electrecord) dated "Jusame physician of the same physician of	Resident # 71. When asked if the pain before giving her an as dication Resident # 71 stated, where it is and how bad it is." e staff try other methods to before administering the pain dent # 71 stated, "No, they give when I need it." dive care plan for Resident # 71 documented, "Actual pain e spastisity [sic] (4), bilateral le contractures, paraplegia, Date Initiated 10/20/2017. 25/2019." Under documented, "Instruct in ques as needed and offer e such as: distraction, back hing, change of position, etc. 10/20/2017." cians order sheet) dated Resident # 71 documented, (hydrochloride) F/C (film coated) tablet Give 1 (one) tablet by sight) hours as needed for pain. (2017, Start date 09/21/2017." bocumented, "Document non-interventions prior to RN (as needed) medication for tioning, 2) Cold compress or ice ompress 4) Massage 5) or breathing or guided imagery and coument intervention ed. Order Date 07/24/2018 Start." tronic medication administration and (June) 2019" documented the orders as above in the POS.	F656		DEFICIENCY)		
LABORATORY		MAR revealed administration of	:				

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ') MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SURVEY COMPLETED	
William of the control of the contro		495109	B. V	VING	C 08/07/2	2019
	OVIDER OR SUPPLIER RELS OF UNIVERSI	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		DULD BE	(X5) COMPLETE DATE
F656	50MG on the foll "19:00 (7:00 p.m p.m.), and on 06. Further review far of non-pharmacod dates listed above Review of the number of non-pharmacological The eMAR (elect record) dated "Jusame physician of eMAR revealed a F/C 50MG on 07 Further review far of non-pharmacod date listed above Review of the number of non-pharmacod date listed above Review of the number of non-pharmacological On 07/31/19 at 4 conducted with L 17. LPN # 17 was procedure for the needed) pain met the patient is in printerventions, if the medication. I choose if it worked by When asked what LPN # 17 stated, creating a calm of the patient is a calm of the patient of the patient is in printerventions, if the patient is in printerventions, if the patient is a calm of the patient of the patient is a calm of the patient of the patient of the patient is a calm of the patient of the pa	hydrochloride) F/C (film coated) owing dates: On 06/03/19 at 1.), 06/09/19 at 23:54 (11:54 /30/19 at 14:08 (2:08 p.m.)." ailed to evidence documentation ological interventions for the ve on the eMAR. It is a progress notes and the ed 06/01/2019 through doto evidence documentation of gical interventions. It conic medication administration of gical interventions. It is a progress note and the end of 1 (July) 2019" documented the orders as above. Review of the endministration of Tramadol HCL (/23/19 at "23:49 (11:59 p.m.)." ailed to evidence documentation ological interventions for the end of 07/01/19 through 07/31/19 at 00/101/19 through 07/31/19 at 00/101/19 through 07/31/19 at documentation of non-interventions. If it is a progress notes and the end of 07/01/19 through 07/31/19 at 00/101/19 through 07/31/19 at documentation of non-interventions. If it is a progress note is and the end of order of progress is a saked to describe the endication. LPN # 17 stated, "If or pain, first I try to use they don't work then I give ency don't work then I giv	F656			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IDENTIFICATION NOMBER.	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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interphense "Ye can atter LP the (ele Re 17 wes that ref wes do Or coordinate the	narmacological struction be dod es." When ask are plan if there tempts for non-PN # 17 stated, e POS (physicilectronic medicesident # 71 day stated that no ere not docume amadol was act staff should fuses or if non-ere attempted a bocumented on the enurse know he the resident created for." Wontains an internarmacological aff be implementing the terventions on the coumented as colo." ASM # 3 reated June 2019 1 and stated that terventions should be propain medical enurse deep marked by the plant of the enurse who had been enurse the coumented as colo." ASM # 3 reated June 2019 1 and stated that terventions should be propain medical enurse who had been enurse w	e to instruct on non- interventions should this cumented, LPN # 17 stated, ted if staff is implementing the is no documentation of the pharmacological interventions, "I guess not." After reviewing an order summary) and eMAR ation administration record) for ted June and July 2019 LPN # n-pharmacological interventions ented for the dates that prn Iministered. LPN # 17 stated documented if the resident pharmacological interventions and refusals should be	F656			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F656	administrator, AS coordinator and / were made award were made award No further inform References: 1. Tramadol- is in opiate (narcotic) moderate to mod information was of https://medlineplu.html 2. Contracture destretchy (elastic) nonstretchy (elastic) nonstretchy (inelainformation was of https://medlineplu. 3. Paraplegia is a part of your body from the website: https://medlineplu. 4. Spasticity is a abnormal increas muscle, which mispeech, or be assipain. This inform website: https://w.Disorders/Spastic. 5. Foot drop is withe front part of your body in the https://medlineplu.	aff member) # 1, the SM # 2, regional clinical ASM # 3, director of nursing e of the findings. ation was provided prior to exit. In a class of medications called analgesics is used to relieve terately severe pain. This obtained from the website: us.gov/druginfo/meds/a695011. Evelops when the normally tissues are replaced by astic) fiber-like tissue. This obtained from the website: us.gov/ency/article/003185.htm. Ithe loss of muscle function in this information was obtained us.gov/paralysis.html condition in which there is an ise in muscle tone or stiffness of ght interfere with movement, sociated with discomfort or lation was obtained from the low.ninds.nih.gov/Disorders/All-city-Information-Page Then you have difficulty lifting our foot. This information was	F656			
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PRINTED: 09/18/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` `	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F657 F657 SS=E		g and Revision b)(2)(i)-(iii) rehensive Care Plans	F657 F657	ŀ	Ftag 657 Resident #93: Care plan has be		9/20/19
	be- (i) Developed will the comprehensi	an interdisciplinary team, that		NAME OF THE PERSON OF THE PERS	and revised to reflect the incide occurred on 2/13/19 and 7/8/19 negative outcome occurred as this practice. Resident #61: Care plan has be	9. No a result of	
	(A) The attending(B) A registered resident.				and revised to reflect the incide occurred on 7/8/19. No negativ occurred as a result of this practice. Resident #70: The fall interven	ent that e outcome ctice.	
	(D) A member of staff.(E) To the extent the resident and	food and nutrition services t practicable, the participation of the resident's representative(s).			has been added to the care pla negative outcome occurred as this practice.	in. No a result of	
	medical record if and their resider not practicable for resident's care p (F) Other approp disciplines as de	oriate staff or professionals in stermined by the resident's			Resident # 59: The incentive sinas been discontinued and the has been updated to reflect this No negative outcome occurred of this practice.	care plan s change.	
	(iii)Reviewed an team after each comprehensive	uested by the resident. d revised by the interdisciplinary assessment, including both the and quarterly review			Residents currently residing in have the potential to be affected	ed.	A CONTRACTOR OF THE CONTRACTOR
	assessments. This REQUIREM	/IENT is not met as evidenced			The DON or designee will educ nursing staff on care plan revis interventions and incentive spi and aggressive behaviors. The services department will be ed	sions for fall rometer use e social	
	review and clinic determined that and/or revise the four of 72 reside	nterview, facility document cal record review, it was the facility staff failed to review comprehensive care plan for ents in the survey sample, #61, #70 and #59).	Anna Anna Anna Anna Anna Anna Anna Anna		care planning abuse incidents/ The DON or designee will aud plans for resident FRIs that ha	allegations.	

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

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F657	revise Resident #after an employer 2/13/19. Resident #93 war 7/30/15. Resider were not limited to pressure and man Resident #93's moset), a quarterly a (assessment refet the resident's cook A FRI (facility repthe facility to the documented, "Redate: 2/13/19. Resident #93). In Allegation of abusincident, including Resident observer practical nursel) assistance. Housekeeper pictoplaced in chair as assistant) arrived struck the housekeeper struck the housekeeper was of the investigation. A final report sub SA on 2/18/19 do	staff failed to review and/or f93's comprehensive care plan, e hit the resident was on a sadmitted to the facility on the f93's diagnoses included but to heart disease, high blood for depressive disorder. The first part of 6/28/19, coded gration as severely impaired. The first part of 6/28/19, coded gration as severely impaired. The first part of form the first part of figures: No. Incident type: se/mistreatment. Describe glocation, and action taken: and by nurse (LPN [licensed soliding to floor. Nurse asked for sekeeper quickly came into an do this, no problem.' Nurse fied appropriately trained staff & first part of figures and the floor and solid control of the floor and solid part of the floor and solid pa	F657		since survey exit. Care plans f who have fallen in the last 30 d audited for interventions. Care residents who receive incentive treatment will be audited for ac Corrections will be made as ap DON or designee will monitor fallegations of abuse, resident to behaviors, and care planning. It designee will review care plans new falls 5 days a week and or Nursing administration will mor plans for new incentive spirome Monitoring will occur 5 days a week, 3 days a week for 2 wee for 4 weeks, and monthly for 3 Any variances will be corrected additional education or counse provided as needed Any concereported to the quality assurance committee monthly until resolved. Continued compliance will be intrough the facilitys quality assignogram. Additional education amonitoring will be initiated for a concerns. Completion Date: September 20, 2019	ays will be plans for expirometer curacy, propriate. or any president DON or for any expiror care exter orders, week for 1 ks, weekly months. and ling will be rns will be ceed. nonitored urance and	

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRU	JCTION	(X3) DATE SURVEY COMPLETED		
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	OVIDER OR SUPPLIER	Y PARK		STREET ADDRES 2420 PEMBE RICHMOND,		Ē		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTI (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPRODEFICIENCY)		OULD BE	(X5) COMPLETE DATE				
F657	filed on February abuse regarding (Resident #93) is female who resid diagnoses includ HTN (hypertensid (coronary artery coordinating move (myocardial infar Depressive Disorphysically and vehitting staff, throw statements, and (Resident #93) hose, her BIMS (Escore is 6/15 (inclimpairment). On #19), reported the housekeeper, hit suspended pend was assessed, a The LPN reported assisted to her classisted to h	page 147 ponse to our initial facility report 13, 2019 and an allegation of resident (Resident #93). an 84-year-old Caucasian les at the facility. Her le: dementia with behaviors, on [high blood pressure]), CAD disease), Ataxia (trouble rements), Hx (History) of MI lotion [heart attack]), and Major rder. She has episodes of rebally aggressive behavior, wing objects, making paranoid placing herself on the floor. las short and long term memory licating severe cognitive February 13, 2018 (sic), (LPN lat she witnessed (OSM #12), the resident. (OSM #12) was ling investigation, the resident and no injuries were observed. If that the resident was being mair from sitting on the floor. If the housekeeper and line housekeeper hit her back. Invoved from the situation. An inducted with (CNA #8) who was le situation. She reports that le housekeeper in the back and led the employee 'swinging back' led so quick, it could have been led the employee 'swinging back' led so quick, it could have been led the sound of a 'second hit' ling out of the room. An inducted with (OSM #12), she lesident hit her in the back and led the sound of a 'second hit' ling out of the room. An inducted with (OSM #12), she lesident hit her in the back and legether in	F657					

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
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	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F657	resident and the recall the inciden witnesses to the substantiate that resident. Despite aggressive behaving the housekeeper differently to behave the collection of the recollection of the Review of Reside (including nurses document informaticident. Review comprehensive or reveal evidence the and/or revised afformaticident and/or revised afformaticident with R #8 was asked if a reviewed and/or reviewed and/or by an employee, asked why, RN # the care plan materisident's care, to On 8/6/19 at 11:2 staff member) #1 (the regional clini (the director of nuabove concern. The facility policy Plan" documente dictated by change Reviews are done	riews were conducted with the roommate, but neither could not t. Based on interviews and incident, the facility can the employee hit back at the extensive vior history, the facility feels that could have responded aviors displayed, therefore been terminated. The resident cility at this time, and has no	F657				

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	JLTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		495109	1	G	C 08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) BY THE PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		OULD BE	(X5) COMPLETE DATE		
F657	Continued From No further inform exit. 1. b. The facility revise Resident after the resident 7/8/19. Resident #93 wa 7/30/15. Reside were not limited pressure and ma Resident #93's n set), a quarterly (assessment refethe resident's continued and the facility to the documented, "Red date: 7/8/19. Refersident, includin (Resident #93) s resident), unable noted"		F657		ROPRIATE	DATE
	12/4/18 docume actual behavior aggressive beha others" Furthe comprehensive care plan was resident slapped	nnted, "(Resident #93) has a (sic) problemShe exhibits physical viors such as hitting out at er review of Resident #93's care plan failed to reveal the eviewed and/or revised after the the other resident on 7/8/19. 4 p.m., an interview was				
	conducted with I #8 was asked if reviewed and/or	RN (registered nurse) #8. RN a resident's care plan should be revised if the resident hits. RN #8 stated, "Yes." When				

STATEMENT OF DEFICIENCIES D PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		JLTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		495109	B. V	VIN	G	C 08/07/	2019
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
F657	reason why a resident staff needs to do care plan because resident. On 8/6/19 at 11:2 staff member) #1 (the regional clini (the director of nuabove concern. No further information. No further information. 2. The facility staff Resident #61's continue that the resident was 7/8/19. Resident #61 was 5/7/11. Resident were not limited to posture and Alzhaffent and Alzhaffent were not limited to posture and Alzhaffent assessing reference date) of cognition as several A FRI (facility repute facility to the staffent was 1/8/19. Resident, including (name of another #61), unable to staffent was 1/8/19. Resident was	8 stated there could be a sident is aggressive and having ain times. RN #8 stated the cument and review/revise the se it helps staff plan care for the council to the administrator), ASM #2 cal coordinator) and ASM #3 ursing) were made aware of the council to the staff plan care for the council to the staff plan care plan after slapped by another resident on the staff plan care plan after slapped by another resident on the staff plan care plan after slapped by another resident on the staff plan care plan after slapped by another resident on the staff plan care plan after slapped by another resident the the staff plan care plan after slapped by another resident the the staff plan care plan after slapped by another resident the the staff plan care for the council to the staff plan care for the care plan after slapped by another resident the plan care plan care plan after slapped by another resident the plan care plan care plan after slapped by another resident the plan care plan	F657				
LABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	URE				

STATEMENT OF C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. B	UILE	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED C 08/07/2019	
	OVIDER OR SUPPLIER	495109 TY PARK		,	STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	<u> </u>	.015
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECT REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ACTION SHOULD BE COM TO THE APPROPRIATE DA			
F657	resident was slap On 8/5/19 at 3:4- conducted with F #8 was asked if a reviewed and/or another resident asked why, RN # plan could help thelp her in the fu On 8/6/19 at 11:: staff member) #7 (the regional clin (the director of n above concern.	d and/or revised after the oped on 7/8/19. 4 p.m., an interview was RN (registered nurse) #8. RN a resident's care plan should be revised if the resident is hit by RN #8 stated, "Yes." When #8 stated, "Because the care is. Maybe change her care, to	F657				,
	comprehensive interventions impoccurred on 07/2 Resident # 70 w 12/06/2018 with were not limited muscle weaknes most recent MD quarterly assess reference date) 70 as scoring a for mental status being severely in decisions. Resident processions of the severely in the sev	aff failed to revise the care plan for Resident # 70 with plemented after a fall that 11/2019. as admitted to the facility diagnoses, that included but to cerebral infarction (1), and as (generalized). Resident # 70's (minimum data set), a ment with an ARD (assessment of 06/15/19, coded Resident # 0 (zero) on the staff assessment as (BIMS) of a score of 0 - 15, 0-mpaired for making daily dent # 70 was coded as ive to total assistance of one rall ADLs (activities of daily					

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
		495109	1	ING	C 08/07/2	2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F657	Continued From living). The progress not (7:00 p.m.) docur at 5:50pm giving [medications] and the bed, on looking was noted lying of the bed, face down tucked to her storcall made aware guest to ER (emerguest to ER (emerguest to ER (emerguest to ER) (emerguest to	page 152 tes dated 07/11/2019 19:00 mented "writer was in the room roommate [sic] meds d noted that guest was not in ng over guest [Resident #70] on the floor on the left side of wn to the floor, r (right) arm mach,md (medical doctor) on at 6:15pm, order given to send ergency room), 911 was called uest at 6:40pmv/s (vital signs) e)-80 (pulse)- 18 (respirations)- essure)." pproximately 12:40 p.m., the gation was reviewed with ASM ursing. The fall investigation 1/2019 documented "found on The fall investigation ateral (one half) side rails to diate intervention for Resident # 019. Further investigation of documented the addition of a further intervention for live care plan for Resident #70 d documented, "[Name of s at risk for fall related injury ated to): history of falls,	F657	DEFICIENCY)	ROPRIATE	DATE
	transfers. Date in 06/24/2019." Fur failed to evidence interventions followed Resident # 70.	y needs, dependent for nitiated 12/19/2018 Revision on orther review of the care plan e bolsters and side rails as owing the fall on 7/11/19 for 10 p.m., an interview was				
LABORATORY	conducted with R	IN (registered nurse) # 4, MDS	n ipe			

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STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1) MULTIPLE CONSTRUCTION BUILDING		X3) DATE SURVEY COMPLETED	
		495109	1	WING	08/07/	/2019	
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP (2420 PEMBERTON RD RICHMOND, VA 23233	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETE DATE	
F657	plans. When asl updating care plap plans are update when there are non discharge ass is considered a rRN # 4 stated, "Vintervention adde # 70's care plans investigate to see On 08/01/19 at 4 Resident # 70 fe were added as a "The care plans needs to be revision 08/05/19 at a updated copy of was submitted by member) # 1, ad provided docume of Resident (#70 and falls R/T (rel Unaware of safe transfers." Under "Guest has bilate 08/01/2019. Rev	et) coordinator regarding care (sed about the process for ans, RN # 4 stated that care d on admission, as needed, lew orders, patient reviews and sessments. When asked if a fall eason to update the care plan, (es, there should be an ed." RN # 4 reviewed Resident and stated she would have to e if it was updated after the fall. :20 p.m., RN # 4 confirmed that II on 07/11/19 and half side rails n intervention. RN # 4 stated, hould have been updated, it sed." sepproximately 07:30 a.m., an the comprehensive care plan y ASM (administrative staff ministrator. Review of the copy ented on the care plan "[Name of the care plan of the c	F657				

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

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		JLTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
1		495109	В. V	VINC	3	C 08/07/	2019
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F657	brain stops. A str "brain attack." If than a few secon nutrients and oxy causing lasting d obtained from the	when blood flow to a part of the oke is sometimes called a blood flow is cut off for longer ds, the brain cannot get gen. Brain cells can die, amage. This information was	F657	•			
	59's care plan to	ff failed to revise Resident # include and reflect the use of ometer as ordered by the					
	05/22/2015 with	ns admitted to the facility on diagnoses that included but o: shortness of breath and					
	data set), a quart (assessment refe Resident # 59 as interview for men 0 - 15, eight - bei	nost recent MDS (minimum erly assessment with an ARD rence date) of 06/09/19, coded scoring a eight on the brief tal status (BIMS) of a score of ng moderately impaired of ing daily decisions.					
	07/31/19 at 8:55 observations of R an incentive spiro	205 p.m., 07/31/19 at 7:40 a.m., a.m., and at 3:06 p.m., desident # 59's room revealed by the process of the resident's bed.					
	# 59 dated July 2 spirometer 10xhr awake every shift	ian's order sheet) for Resident 019 documented, "Incentive (ten times per hour) while for atelectasis for 30 days. /2019. End Date: 08/08/2019."					
LABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	URF				

STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
		495109	B. W	/ING	C 08/07/2	2019
	VIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG			ID PREFI TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F657	with a revision day evidence docume incentive spirome. On 07/31/19 at 3 conducted with Finanager. When spirometer was a equipment, RN # about the purpos # 2 stated, "Goal know their orders different devises. On 07/31/19 at 3 conducted with Finanager different devises. On 07/31/19 at 3 conducted with Finanager different devises. On 07/31/19 at 3 conducted with Finanager different devises. On 07/31/19 at 3 conducted with Finanager different devises. On 07/31/19 at 1 conducted with Finanager devised asked to describing information for a stated, "We get the physician's order meeting, clinical observations any documentation with the reviewing Reside of an incentive signer in the facility's politicated by chank Reviews are dor 0 con 07/031/19 at 1 (administrative signer administrator, ASAM # 3, region made aware of the spirometer.	ive care plan for Resident # 59, ate of 12/28/2018 failed to entation for the use of an eter. :08 p.m., an interview was RN (registered nurse) # 2, unit asked if an incentive a piece of respiratory # 2 stated, "Yes." When asked to se of a resident's care plan, RN is for the patient and lets us a specific to them and the	F657			

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIP	PLE CONSTRUCTION	(X3) DATE SURV	
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F658 SS=E	commonly, all of by a blockage of bronchioles) or b lung. This inform website: https://medlinepletericterictericterictericterictericteri	of part or, much less a lung. Atelectasis is caused the air passages (bronchus or y pressure on the outside of the lation was obtained from the us.gov/ency/article/000065.htm. d Meet Professional Standards o)(3)(i) Inprehensive Care Plans vided or arranged by the facility, e comprehensive care plan, and standards of quality. ENT is not met as evidenced ation, staff interview, facility, and clinical record review, the to follow professional etice for transcribing physician ders in the electronic clinical of 72 residents in the survey is #189, #527, #45, #13, #129, he facility staff failed to ian directives for Coumadin and laboratory tests (PT a [international normalized in the electronic health record adequate monitoring and the on of Coumadin (anticoagulant esidents #189, #527, #45, #13,	F658	Ft Re out training at the contract of the cont	tag 658 esident #189: No negative out ccurred as a result of this praction of the properties of the presence	ctice. A stat sed the resident s were ager resides come ctice. A stat sed the resident s were come ctice. A stat sed the resident	9/20/19
LABORATORY	The findings inclu	ide: DER/SUPPLIER REPRESENTATIVE'S SIGNA	n ide		esident # 129: Resident has dom the facility.	lischarged	

						OIVID 110	. 0830-0331
STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
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	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F658	directives for Collaboratory test P (international nor "Anticoagulant R medical record o #189. On 8/13/19 directed increase order and onto the received on 5 mg 8/14/18.	off failed to transcribe physician dumadin dose changes and larged (prothrombin)/INR malized ration) on the ecord" into the electronic in multiple dates for Resident examples and the resident examples of Coumadin on 8/13 and	F658	3	Resident #8: No negative outco occurred as a result of this prace PT/INR was ordered and a revi Coumadin log was initiated for corresponding physician orders transcribed into the EMR. Resident #116: Resident no log in the facility.	ctice. A stat ised the resident s were	
	9/16/17, with a m 7/16/19 with diag not limited to: me high blood press fibrillation is a co and random con- causing irregular resulting in decre	ras admitted to the facility on most recent readmission on gnoses that included but were echanical heart valve, stroke, ure and atrial fibrillation. (Atrial ndition characterized by rapid traction of the atria of the heart beats of the ventricles and eased heart output and rmation in the atria)(1).			Residents receiving Coumadin potential to be affected. The DON or designee will educ nursing staff on the process for management and transcription into the EMR.	cate licensed Coumadin	
	assessment, a M with an assessm coded the reside BIMS (brief inter indicating the res to make daily de Medications, the receiving an anti the look back pe *Coumadin is an keeps your body The comprehens and revised on 3	anticoagulant/blood thinner that from forming blood clots. (2) sive care plan dated, 12/19/18 1/7/19, documented in part,			The DON or designee will audi logs and orders for residents re Coumadin for accuracy and conversion of the Coumadin for accuracy and conversion of the Coumadin logs 5 days 1 week, 3 days a week for 2 who for 4 weeks, and monthly for 3 Any variances will be corrected additional education or counse provided as needed Any concerported to the quality assurant committee monthly until resolv. Continued compliance will be rethrough the facilitys quality assurant and the conversion of the country of the continued compliance will be rethrough the facilitys quality assurant country of the country of the continued compliance will be rethrough the facilitys quality assurant country of the country o	gnee will a week for eeks, weekly months. d and ling will be erns will be ce ed. monitored surance	
		nt #189) is at risk for abnormal g R/T (related to) medication			program. Additional education monitoring will be initiated for a		

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	MULTIPLE CONSTRUCTION HILDING NG	(X3) DATE SURVEY COMPLETED C	
	OVIDER OR SUPPLIER	495109 TY PARK		STREET ADDRESS, CITY, STATE, ZIP 2420 PEMBERTON RD RICHMOND, VA 23233		7/2019
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
F658	fibrillation), strok documented in p ordered. Observ effects, report at physician. Obtain diagnostics as or findings to the pl physician PRN (symptoms) of co blood in urine, blood in urine, blood in urine, blood in urine, blood in stoon nausea, vomiting lethargy, bruising (shortness of brechanges in ment changes in v/s (wheart rate, respir petechiae (tiny reappearing on the hemorrhages will layers) (3), back nosebleeds." The nurse practif documented, "IN "Prothrombin tim measures the tin (plasma) of your in seconds. Most as what is called ratio)." "The most this test is to most taking a blood-th you are likely tablood clots. Norm seconds. Most or what is called IN ratio). If you are clots, your provided the provided that is called the ratio, and the provided that is called in the provided that is called that the provided that is called in the provided that the	int diagnosis of A-Fib (atrial e." The "Interventions" bart, "Administer medications as e for ineffectiveness and side prormal findings to the in labs (laboratory) and redered and report abnormal physician. Observe and report to as needed) s/sx (signs and amplications: blood tinges/frank lack tarry stools, dark or bright las, sudden severe headaches, g, diarrhea, muscle joint pain, g, blurred vision, SOB eath), loss of appetite, sudden rail status, significant or sudden rail status, significant or sudden ratal signs - blood pressure, rations), bleeding gums, eddish or purple flat spot eskin as the results of tiny thin the skin or subcutaneous to rabdominal pain and tioner note dated, 8/10/18, lik goal 2.5 - 3.5." The (PT) is a blood test that the it takes for the liquid portion blood to clot." "PT is measured to fithe time, results are given lNR (international normalized at common reason to perform the international normalized at common reason to perform the liquid portion and Results: PT is measured in fithe time, results are given as R (international normalized taking warfarin to prevent blood der will most likely, choose to	F658	concerns. Completion Date: September 20, 2019		

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STATEMENT OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BI	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED C	
		495109	B. W	ING	08/07/2019	
	OVIDER OR SUPPLIER	TY PARK	•	STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(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 CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F658	Resident #189's physician orders notes, and the m (MAR) were review 7/29/19. Resided Record" (a flow separately from the directives documented that we was reviewed from the electronic method transcribe physician that we was reviewed from the electronic method transcribe physician that we was reviewed from the electronic method transcribe physician that we was reviewed from the electronic method transcribe physician that we was reviewed from the electronic method the electronic method the electronic method to evidence the failed to evidence Coumadin on 7/2 the July 2018 M/2 record) revealed Coumadin on 7/2 the Anticoagula documented the [Coumadin] x 2 coumadin on 7/2 the electronic method to evidence transcribed to he and 7/21/18. Reviewed the residence to the electronic method to evidence transcribed to he and 7/21/18. Reviewed the residence to evidence transcribed to he and 7/21/18 was written the electronic method to evidence transcribed to he and 7/21/18 was written the electronic method to evidence the electronic method to evidence the electronic method to evidence the electronic method to evidence the electronic method to evidence the electronic method to evidence the electronic method the electronic method to evidence the electronic method to evidence the electronic method to evidence the electronic method the electronic method to evidence the electronic method to evidenc	clinical record including , nurse practitioner notes, nurse edication administration record ewed from 7/19/18 through int #189's "Anticoagulant sheet used by the facility for hadin that was maintained the clinical record with physician hented by the nurses and or here not signed by the doctor) om 7/19/18 through 7/29/19. The the following failure to his and irectives from the herord into the physician orders in	F658			

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

STATEMENT OF DEFICIENCIES JD PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION JILDING	(X3) DATE SURVEY COMPLETED C	
		495109	B. WI	NG	08/07/2019	
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F658	to 5.5 mg rechect documented physems, and no order Review of the Auther resident reces/13/18 and 8/14 documented und on anticoagulant. On the "Anticoagulant Courrent Was drecheck 8/28/18. Review of the EMphysician's order Resident #189's of the August MA "Hold" documented the recheck 8/30/18. dated, 8/28/18, dhocumented the recheck 8/30/18. dated, 8/28/18, dhocumented the recheck 8/29. The "Anticoagula documented the check 8/2	re, "Increase dose [Coumadin] k INR 8/17/18." There was no sician order transcribed into the the dose of Coumadin to 5.5 to recheck the INR on 8/17/18. gust 2018 MAR documented ived Coumadin 5 mg on /18, instead of the 5.5 mg as er the physician directive above log for 8/13/18. ulant Record" dated, 8/27/18, hadin dose was documented as 'Under "Action Taken By ocumented, "Hold today, AR failed to evidence a was transcribed to hold Coumadin on 8/27/18. Review AR revealed an "H" indicating, and on 8/27/18 for the 5.5 mg n on that date. Anticoagulant Record", physician directives, "Hold 'A nurse practitioner note ocumented in part, "On oday 5.2. Hold Coumadin x 1	F658			
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STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION	(X3) DATE SURVI	
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F658	Coumadin for Re 8/29/18, or an or to start the Coun The MAR for Aug Resident #189 re 8/30/18 and 8/31 directive on the "8/29/18. The September is the 8/29/18 phys "Anticoagulant R (every day) to state to evidence that Coumadin on 9/3 There were no nounced for the resident not above placing the development of I failed to evidence the resident not above dates. The nurse practice documented in point and may coumant to the receiving Coumant of the coument of the physician or mouth in the event the resident receiving Coumant of the physician or mouth in the event the resident receiving councils (11) and the councils (12) and the physician or mouth in the event the resident receiving councils (13) and the physician or mouth in the event the resident receiving councils (13) and the physician or mouth in the event the resident receiving councils (13) and the physician or mouth in the event the resident receiving councils (13) and the physician or mouth in the event the resident receiving councils (14) and the physician or mouth in the event the resident receiving councils (14) and the physician or mouth in the event the resident receiving councils (14) and the physician or mouth in the event the resident receiving councils (14) and the physician or mouth in the event the resident receiving councils (14) and the physician or mouth in the event the resident receiving councils (14) and the physician or mouth in the event the resident receiving councils (14) and the physician or mouth in the event the resident receiving councils (14) and the physician or mouth in the event the resident receiving councils (14) and the physician or mouth in the event the resident receiving councils (14) and the physician or mouth in the event the resident receiving councils (14) and the physician or mouth in the event the resident receiving councils (14) and the physician or mouth in the event the resident receiving councils (14) and the physician or mouth in the event the physician or mouth in the event the physician or mouth in the event	page 161 lecord" into the EMR to hold the esident #189, for one day on der for the physician's directive hadin 4 mg on 8/30/18. Igust 2018 failed to evidence that eceived any Coumadin on /18 per documented physician Anticoagulant Record" dated 2018 MAR failed to document lician's directive from the lecord" for Coumadin 4 mg qd art on 8/30/18. The MARs failed Resident #189 received any 1/18, 9/2/18, 9/3/18, and 9/4/18. The next documented INR levels from 8/29/18 The next documented INR level of 1.1 [below the identified goal resident at risk for the blood clots]. Review of the EMR e any documentation related to receiving the Coumadin on the liciner note dated 9/5/18, part, "Sub therapeutic INR - 1.1 din dailyOn Coumadin, INR crease dose to 4.5 mg daily and The note failed to evidence any egarding the resident not adin for six days on 8/30/18, 9/2/18, 9/3/18, and 9/4/18. Petruary 2019 MAR documented der for "Coumadin 5 mg by ening." The MAR documented der for "Coumadin 5 mg by ening." The MAR documented der for "Coumadin 5 mg by ening." The MAR documented der for "Coumadin 5 mg by ening." The MAR documented eved it as ordered every day of an 2/12/19. On 2/12/19, an "H"	F658			

STATEMENT OF DEFICIENCIES D PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	JLTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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F658	to "Hold/See Nur dated, 2/12/19 at "Dialysis nurse cof doctor) with dia for guest to have replaced before in MD (medical documented the [PT/INR] in 21 dated, 2/17/19, documented the (PT/INR) in 1 which election in 1 which election in 1 which election in 1 which election in 2 man in 1 which election	I for that day. An "H" indicates se Note." The nurse's note is 11:14 a.m. documented, alled writer, reported that (name alysis center has put in an order tunneled catheter removed and next dialysis appointment. Per stor), hold Coumadin today only, NPO (nothing by mouth) after ture is scheduled for 7 am at al)." Review of the EMR failed to cian order was transcribed to lin on 2/12/19. Int Record dated, 2/6/19, physician directive to "Recheck ays." Review of the EMR failed ysician order to recheck the INR 19). The Anticoagulant Record ocumented the PT/INR was	F658			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
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F658	The May 2019 M 5.5mg" and on 5. documented as a physician directive documented the dose as "HOLD." There was no now was no transcrib for the directive dold the Coumadin 5.5.m Coumadin was at the physician directive documented the dose as "HOLD." There was no now was no transcrib for the directive dold the Coumadin 5.5.m Coumadin was at the physician directive documented. "House of the directive documented." The May 2019 M Coumadin 5.5.m Coumadin was at the physician directive documented. "House of the physician directive documented." The May 2019 M Coumadin 4.5.5.m Coumadin was at the physician directive documented. "The facility policity titled Anticoum formation records. The facility policity for the "Are policy page 163 to hold the Coumadin on cribed from the "Anticoagulant EMR and onto the MAR inistration record). AR documented "Coumadin (8/19, the Coumadin was administered when the re on the "Anticoagulant nted to hold it on 5/8/19. Ant Record" dated, 5/10/19, resident's current Coumadin The INR was documented as aken by physician directive old today and recheck 5/11/19. Are se's note dated, 5/10/19. There ed physician order in the EMR on the "Anticoagulant Record" to din in the on 5/10/19. AR documented an order for g and documented the administered on 5/10/19, when ective on the "Anticoagulant ented to hold the Coumadin. Aroximately 10:45 a.m., ASM #1 ovide the anticoagulant policies. Proximately at approximately 2 administrator provide the coagulant Therapy. At titled, "ANTICOAGULANT sed 10/10) failed to document regarding the anticoagulant ility was not aware of or using a nicoagulant Record" which was trately from the clinical record	F658				

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
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F658	the team coordinadministrator and coordinator), ASI located a policy of the conducted with A When asked if the that was uncover process for the stand monitoring), nurses were not and they assume orders in the syst the nurses were (electronic medical An interview was (administrative stand practitioner for Real And Andrews and the coordinate of the coordinate of the coordinate of the coordinate of the coordinate of the was asked if the coordinate of the coordi	m., during a telephone call by ator with ASM #1, the ASM #2, (the regional clinical M #2 stated that they had on the "Anticoagulation Record." D.p.m., an interview was ASM #1, ASM #2 and ASM #3. ey were aware of the situation red (regarding the ineffective afe administration of Cournadin ASM #3 stated, "No. The necessarily doing the process of the doctor was putting the rem and the doctors assumed putting the order in the EMR	F658			

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F658	nurses take that into the compute changes but as fentered into the sask the assistant. An interview was nurse) #8, the as 8/6/19 at 3:12 p.process for obtaining the "Anticoagulant Rephysician will revite end column (The nurse is to the documented in the column regarding dose and/or whe into the compute "Anticoagulant Rorders for the ab RN #8. RN #8 shave been transmedical record." a physician's ordered the PT/IN The facility policy ADMINISTRATIO medications and administered, an with written physical responsibilities in Prescribing a plate.	stem. ASM #7 stated the information, and enter orders or system for medication for as how the orders are system would be a question to a director of nursing. It conducted with RN (registered sistant director of nursing, on m. When asked about the ining orders for Coumadin from the Record", RN #8 stated the eline INR and documents it in the ecord. The nurse practitioner or view the results and then write in (Action Taken by Physician). Then, transcribe what is the "Action Taken by Physician" or changes in the Coumadin on the PT/INR is to be repeated, or (EMR). Resident #189's record," MARs and physician tove dates were reviewed with tated, "Those orders should cribed into the electronic When asked if there should be let to hold Coumadin and to IR, RN #8 stated, "Absolutely." Ty titled, "MEDICATION ON" documented, "All treatments shall be initiated, ad/or discontinued in accordance sician orders (either written or	F658				

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION	N	(X3) DATE SURV COMPLETE	
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F658	Writing and signing of each visit and well as other doc federal regulation. On 8/6/19 at 10:1 which profession facility follows. As policies and use. According to "Full Lippincott, William" After you receive transcribe it onto by your health cacarefully, concentheck it when you ASM #1, the admicial coordinate nursing were macconcerns on 8/6/10 No further inform. (1) Barron's Diction Non-Medical Real and Chapman, page (2) This information website: https://medlineplu.html. (3) Barron's Diction Non-Medical Real and Chapman, page 20 Diction Non-Medical Real and Chapman, page 3 Diction Non-Medical Real And Chapman, page 3 Diction Non-Medical Real And Chapman, page 3 Diction Non-Medical Real A	diate and long term needs. 7. Ing a progress note at the time signing all physician's orders as auments required by state and ins" It is a.m., ASM #2 was asked al standard of practice the SM #2 stated, "We follow our Lippincott." Indamentals of Nursingmas and Wilkins 2007 page 169, a written medication order, a working document approved are facilityread the order trate on copying it correctly, u're finished. Ininistrator, ASM #2, the regional or, and ASM #3, the director of de aware of all of the above 19 at 5:19 p.m. ation was provided prior to exit. Indianal Terms for the ader, 5th edition, Rothenberg age 55 In was obtained from the us.gov/druginfo/meds/a682277.	F658		DEFICIENCY)		
	website: https://v	search.nlm.nih.gov/vivisimo/cgi-	***				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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F658	Continued From 3asources=medil bundle&query=la T%20calculation information was part of the Anticoagulan Resident #527 re on 7/12/19 with diagular Resident #527 with Anticoagulan Resident #52	page 167 ineplus- iboratory%20tests%20for%20P %20of%20INR&2.No further provided prior to exit. Iff failed to follow professional ctice for the transcription of for the monitoring and Coumadin (1), a high-risk isident #527. The facility staff be the provider's directive to (prothrombin time/international (2) laboratory test on 7/20/19, scribe a Coumadin dosage (milligram) to start on (7/17/19) gulant (3) Record to Resident ctronic health record). Staff PT/INR on 7/20/19 and provided only Coumadin 2 mgs 1/21/19, instead of 3 mg. staff failed to clarify an unclear, tive from the physician/NP on the Record on 7/15/19. It is admitted to the facility on proses including, but not limited oken arm, broken hip which had of recent surgery, and a history of thrombosis) (4) and PE tolism) (5). On the most recent to an ARD (assessment to 7/19/19, Resident #527 was the severely cognitively impaired for aking, having scored 3 out of 15 ef interview for mental status). This assessment, she was coded anticoagulant on all seven days	F658			
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	TUDE			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1) MULTIPLE CONSTRUCTION BUILDING	COMPLETE	(X3) DATE SURVEY COMPLETED	
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F658	observed in the ticovered with clot wounds visible or Resident #527's physician orders, notes, and the m (MAR) were revie "Anticoagulant Rethe facility for momaintained separation with physician din nurses and or physician din nurses and or physician din nurses and or physician din nurses and or physician din nurses and or physician din nurses and or physician din nurses and or physician din nurses and or physician din nurses and or physician din nurses and or physician din nurses and Dose," "Warfarin 3 mg M Friday); Warfarin Thursday, Saturd PT/INR was doct column "Action T documented "3 m [PT/INR] 7/20."(6) A review of the E for July 2019 for evidence that the 7/20/19 Anticoagurecord review review recommendation 7/20/19 was trans anticoagulant recommended in evidence further review #5 revealed no evidence further review #5	20 a.m., Resident #527 was herapy gym. Both arms were hing. There were no bruises or in her hands. clinical record including nurse practitioner notes, nurse edication administration record ewed. Resident #527's ecord" (a flow sheet used by intoring Coumadin that was rately from the clinical record ectives documented by the sysician that were not signed by eviewed. The review revealed 7's Anticoagulant Record dated olumn "Current Anticoagulant the record documented IWF (Monday, Wednesday, 2 mg T TH S S (Tuesday, lay, Sunday)." The resident's imented as "22.2/1.9." In the aken by Physician," the recording QD (every day). Re [check]	F658	DEFICIENCY)			
	-	e physician/NP on the					

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F658	nurses' initials on (medication admithat Resident #25:00 p.m. on 7/18 (Sunday) instead A review of Resident the following: "[Rabnormal bleedir medication use. A 8/1/19. Created cactive bleeding the medications as of tests] and diagnormal finding." On 7/31/19 at 2:3 conducted with Amember) #5 (Resfacility). ASM #5 must be monitored (levels) could quit because the medications as why the medical ASM #5 was ask be obtained to monitoring of Costated they are dook (anticoagulorders for Course communicated, A in the anticoagulorders write actual orders."	cord for 7/17/19. By way of a these dates, the MAR inistration record) documented for received Coumadin 2 mg at 8/19 (Thursday), and 7/21/19 of 3 mg daily. Ident #527's comprehensive don 7/12/19 revealed, in part, esident #527] is at risk for ag/bruising R/T (related to): AnticoagulantDate Initiated on 8/1/19Will have no signs of arough next reviewAdminister arderedObtain labs [laboratory astics as ordered and report is to the physician." 36 p.m., an interview was as a sked why Coumadin and ASM #5 stated Coumadin and ASM #5 stated Coumadin and ASM #5 stated this ation has to be monitored. The edications. ASM #5 stated this ation has to be monitored. The edication and Stated the patient and other variables. The staff document umadin and PT/INRs, ASM #5 ocumented in the Coumadin ant record). When asked how adin changes and PT/INRs are ASM #5 stated those are written ant record and she does not res for those.	F658	3			
LABORATOR	practitioner, was	5 a.m., ASM #6, a nurse interviewed. When asked about	مند جنور وفواد				

STATEMENT OF DEFICIENCIES D PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
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F658	Coumadin for DV said goal is usual On 8/1/19 at 3:15 nurse) #3 was infloor nurse who fishe usually work: a.m. until 3:30 p. 527's Anticoagula MAR (medication (treatment administration reif she saw eviden obtained on 7/20 stated she could "must not have b stated she could "must not have b stated she could the 7/17/19 and t Record. She state was definitely not stated it was not transcribe the din Record to a provi She stated she n practice to require she saw evidence increased to 3 mg Resident #527 had ordered, LPN #3 stated the flow she mgs every day. Since she was the completing the Almaking the chang probably thought	NR range for a resident taking /T prevention, she sated the	F658			

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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	
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F658	Record revealed column "Action I documented "[In [check] in 2 d (da On 8/1/19 at 3:1: She reviewed Re Record. When a directive for 7/15 out. They are ille missing from the doesn't say how You have to know You have you have you have you have you have you have you have You have You have You have You have You have You have You have You have You have You have You have You have You have You have You have you have You have You have You have You have You have You have yo	Resident #527's Anticoagulant an entry on 7/15/19. In the Taken by Physician," the record crease] Coumadin 3 mg q Reays)." 5 p.m., LPN #3 was interviewed. esident # 527's Anticoagulant sked about the physician 6/19, she stated, "I can't make it egible." When asked what was edirective, LPN #3 stated, "It often to give the 3 milligrams. We that." 10 p.m., an interview was ASM #1, ASM #2 and ASM #3. The were aware of the situation ared (regarding the ineffective safe administration of Coumadin ASM #3 stated, "No. The necessarily doing the process ed the doctor was putting the stem and the doctors assumed putting the order in the EMR cal record)." 18 a.m. administrative staff #2, the regional clinical asked what standard of lity follows for the monitoring of ASM #2 stated, "We follow our	F658	3			
LABORATORY	DIRECTOR'S OR PROV	IDER/SUPPLIER REPRESENTATIVE'S SIGNA	ATURE		· · · · · · · · · · · · · · · · · · ·	<u>-</u>	

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F658	"After you receive transcribe it onto by your health cat carefully, concern check it when yo for order duplicat patient to receive On 8/6/19 at 11: staff member) #1 the regional clinic the director of nutconcerns. No further inform (1) "Warfarin (get prevent blood clot larger in your blot information is take of Health website https://medlineple." "Coumadin: Main Prothrombin time normalized ration used to monitor to Coumadin. The times the control the INR are deterprovider. Obtain ordered. Couma achieve the desirn Preventing Bleed antidotes to rever Warfarin-phytona AquaMEPHYTO!	ms and Wilkins 2007 page 169, e a written medication order, a working document approved are facilityread the order natrate on copying it correctly, but e finished. Be sure to look a medication in error" 15 a.m., ASM (administrative a medication in error" 15 a.m., ASM (administrative a medication, and ASM #2, cal coordinator, and ASM #3, arsing, were informed of these mation was provided prior to exit. In the administration of these mation was provided prior to exit. In the interior of the second of t	F658		DEFICIENCY)		
		ants. Follow instructions					

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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F658	up dose". This in Lippincott Manual (2) "Prothrombin international nort tested to assess thrombosis and the anticoagulant the information is take of Health website https://www.ncbi.569083/. (3) Anticoagulant that it thins the befrom forming." The National Institute https://ghr.nlm.niresistance. (4) "Thrombosis formation of a bledeep vein thrombeforms in one of the through the musually occurs in is taken from the website https://www.ncbi (5)"A pulmonary blockage in a lur when a when a lur when a when a lur travels through the https://medlinepil.	ose is missed, do NOT double formation is taken from all of Nursing Practice. time (PT) and the associated malized ratio (INR) are routinely the risk of bleeding or to monitor response to erapy in patients." This ten from the National Institutes are inlined. In the National Institutes are in the National Institutes are in the National Institutes are in the National Institutes are in the National Institutes are in the National Institutes are in the National Institutes are in the National Institutes are in the National Institutes of Health in the National Institutes of Health in Inm.nih.gov/books/NBK425364/ The Market National Institutes of Health in Inm.nih.gov/books/NBK425364/ The Market National Institutes of Health in Inm.nih.gov/books/NBK425364/ The Market National Institutes In the Indianal Institutes Indianal Institutes In the Indianal Institutes In the Indianal Institutes In the Indianal Institutes Indianal Institutes Indianal Institutes Indianal Institutes Indianal Institutes Indianal Institutes Indianal Institutes Indianal Institutes Indianal Institutes Indianal Institutes Indianal Institutes Indianal Institutes Indianal Institutes Indianal Institutes Institutes Indianal Institutes Insti	F658			

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
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F658	Continued From necessitates free adjustment to pre hemorrhages and thrombosis/pulmover or under and is taken from the website https://www.ncbi.887034/ 3. The facility sta physician/NP (nu 8/1/18 for a PT/lift time/international to be performed it to transcribe an in Coumadin dosag directed by the planticoagulant Refacility staff failed directive for PT/lift Anticoagulant Reference and Nationally, the sincomplete directive 8/1/18 and 9/lift Resident #45 was 12/14/13, with dialimited to, a historof a prosthetic (at most recent MDS quarterly assessing a prosthetic (at most recent MDS quarterly assessing and prosthetic (at most recent M	page 174 puent monitoring and dose event fatal consequences of d recurrent venous onary embolism from either ticoagulation." This information National Institutes of Health .nlm.nih.gov/pmc/articles/PMC2 If failed to transcribe the arse practitioner) directive on NR (prothrombin I normalized ratio) (2) blood test in three weeks [8/22/18]. Failed increase in Resident #45's is e on 3/15/19 and 3/22/19, as hysician/NP from the ecord to orders in the EHR. The I to transcribe the provider's NR monitoring from the ecord to Resident # 45's EHR a record) on multiple dates in November 2018, and in ry, March, and June of 2019. staff failed to clarify an unclear, ive from the physician/NP on	F658	DEFICIENCY)	OPRIATE	DATE
APOPATORY	coded as having daily decision ma BIMS (brief interv section N of this a	no cognitive impairment for king, having scored 15 on the view for mental status). In assessment, he was coded as	eg grange			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED C	
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F658	days of the look on 8/6/19 at 10: observed lying of were closed. The were no wounds Resident #45's ophysician orders notes, and the m (MAR) were reviewanticoagulant R the facility for momaintained sepa with physician dinurses and or physician, and the following: On Resident #45's ophysician dinurses and or physician dinurses and or physician dinurses and or physician, the following: On Resident #45's ophysician, the massident's PT/INI the "Action Take was documented [PT/INR] in 3." A review of Resi 8/2/18 revealed, order for Couma IN 3 WEEKS left party)." The next entry of dated 8/22/18. To fine columns follows. On 9/4/18 ophysician, on 9/4/18 ophy	an anticoagulant on all seven back period. 15 a.m., Resident #45 was in his back in bed. His eyes bere was no bruising and there visible on his skin. Ilinical record including, nurse practitioner notes, nurse redication administration record ewed. Resident #45's ecord" (a flow sheet used by onitoring Coumadin that was rately from the clinical record rectives documented by the hysician that were not signed by reviewed. The review revealed of the second documented the R on 8/1/18 as 29.8/2.5. Under in by Physician", the following did, "[No change]. Re [check] Ident #45's nurses' note dated in part, the following: "New din (sic) 5mg recheck PT/INR is message for RP (responsible on the Anticoagulant Record was there was no information in any for this date; the entire line was the in the "Action Taken by ecord documented" No	F658			
I ABORATORY	DIRECTOR'S OR PROV	IDER/SUPPLIER REPRESENTATIVE'S SIGNA	ATURE			

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

	D PLAN OF CORRECTION I IDENTIFICATION NUMBER:		1 ` `	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F658	for August 2018 evidence that the physician/NP on record, and docu note, was ever or record review revents and the physician/NP directly and the physician/NP directly and the physician/NP directly and the physician/NP directly and the physician/NP directly and the physician dated 11/23 following: "BLEEI bleeding/bruising useDate Initiat 11/23/17Will hab bleedingAdminiObtain labs as findings to the physician date of the phys	iHR (electronic health record) for Resident #45 revealed no e PT/INR directed by the 8/1/18 on the Anticoagulation imented in the 8/2/18 nurses' completed on 8/22/18. This realed no evidence that the ective to perform a PT/INR on scribed as an order into the dent #45's comprehensive care /17 revealed, in part, the D101: At risk for abnormal if R/T (related to)anticoagulation ed: 11/23/17. Created on ave no signs of active ister medications as ordered ordered. Report abnormal rysician." 36 p.m., an interview was aSM (administrative staff sident #45's physician at the was asked why Coumadin ed. ASM #5 stated Coumadin ckly become out of control lication can variably react with redications. ASM #5 stated this ation has to be monitored. ed how often PT/INRs should onitor Coumadin and stated the patient and other variables. For the staff document umadin and PT/INRs, ASM #5 ocumented in the Coumadin ant record). When asked how adin changes and PT/INRs are ask #5 stated those are written ant record and she does not	F658				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ' ') MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SURV COMPLETE	
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F658	nurse) #1 was in findings. LPN #1 Anticoagulant Relaboratory test reasked if she coul Resident #45 rec PT/INR on 8/22/not. When asked patient, LPN #1 sINR need to be book (anticoagulathis is important, could be too thic from the test." SI Anticoagulant Fla 8/31/18, she was realized the 8/22 and she went ah 8/31/18. When a 9/4/18 entry, LPI doesn't say when should be reches should be reches column "Current the record docum "Action Taken by documented: "[In (milligrams) QD 3/22." A review of the revealed, in part (diagnosis): prosource Coumadin: 3.5 recommended:	page 177 25 a.m., LPN (licensed practical terviewed regarding these reviewed Resident #45's ecord, providers' orders, and cords for August 2018. When defind any evidence that seived a laboratory test for 18, LPN #1 stated she could if this was concerning for the stated, "Oh yes. The PT and lone as they are written in the ant record)." When asked why she stated, "The patient's blood k or too thin. We have to know he stated that, in looking at the bw Sheet, it appeared that on a caring for Resident #45 and 18 PT/INR had not been done, ead and performed the test on sked about the directive on the N #1 stated, "It's unclear. It in it [Resident #45's PT/INR] cked. It needs to be clarified." If Resident #45's Anticoagulant an entry on 3/15/19. In the Anticoagulant Drug and Dose," mented, "3 mg." In the column y Physician," the record increase Coumadin] 3.5 mg (every day). Recheck [PT/INR] The following: "INR: 1.9. DX sthetic heart valve. Previous at 3 mg daily. New Ordering. Recheck date: 3/22/19."	F658			

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
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F658	revealed no evide Coumadin dosage as directed by the Anticoagulant Retained the next test date. A review of Reside Record revealed column "Current the record docum "Action Taken by documented: "[In Recheck [PT/INF] A review of Reside revealed no evide Coumadin dosage as directed by the Anticoagulant Retained results for the new 32.9/2.7. Further review of MAR (medication revealed, by way dates, that the resident of the review of the review of the modulation of the Anticoagulation of the Anticoagula	dent #45's EHR for March 2019 ence that Resident #45's le was increased to 3.5 mg daily e physician/NP on the cord. The PT/INR results for a, 3/22/19, were 20.5/1.7. dent #45's Anticoagulant an entry on 3/22/19. In the Anticoagulant Drug and Dose," hented, "3.5 mg." In the column Physician," the record crease Coumadin] 4 mg QD. a) 4/3." dent #45's EHR for March 2019 ence that Resident #45's e was increased to 4 mg daily, e physician/NP on the cord, until 3/27/19. The PT/INR ext test date, 4/3/19, were Resident #45's March 2019 administration record) of nurses' initials on these sident received Coumadin 3 mg ay from 3/15/19 through ew of the MAR also revealed received Coumadin 4 mg daily ugh the end of the month. the EHR failed to reveal any directives from the erenced on 3/15/19 and 3/22/19 se changes were transcribed gulant Record to the EHR as	F658			
	-	DEDICH UDDI LED DEDDESENTATIVEIS SIGNAT				

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STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` "	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVI	
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F658	providers' orders administration re asked if she coul Resident #45's Cincreased as dire record on 3/15/1' she could not. We the lack of evider we missed these medication was a I don't see anyth. A review of Resiner Record revealed laboratory tests in 9/4/18, 9/20/18, 2/21/19, 3/15/19 A review of Resiner referenced dates evidence that the directives on providers' orders. On 8/6/19 at 10: member (ASM) and coordinator, was practice the facilianticoagulants, in policies and Lipp. On 8/6/19 at 10: interviewed regard reviewed, Resid providers' orders referenced dates asked if the directive Record should be order, she states	nt #45's Anticoagulant Record, and MAR (medication cord) for March 2019. When id find evidence to verify that coumadin dosages were exted in the Anticoagulant 9 and 3/22/19, LPN #1 stated then asked the significance of ince, LPN #1 stated, "It looks like increases. I don't think the given like it was supposed to be ing else." Ident #45's Anticoagulant that on the following dates, that for PT/INR were performed: 11/15/18, 11/23/28, 1/24/19, 3/22/19, and 6/26/19. Ident #45's EHR for the above in 2018 and 2019 revealed no ese tests were transcribed from the Anticoagulant Record to in the EHR. Is a.m. administrative staff #2, the regional clinical asked what standard of ity follows for the monitoring of ASM #2 stated, "We follow our	F658			

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		JLTIPLE CONSTRUCTION DING	(X3) DATE SUR\ COMPLETE C	
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F658	now." On 8/6/19 at 11:1 administrator, AS coordinator, and were informed of No further inform 4. The facility sta in Resident #13's orders on 8/6/18, directed by the pl on the Anticoagu documented directed administer Coum starting 8/6/18, C8/16/18, and Cou 8/27/18. Residen 2 mg by mouth expression of the Anticoagu documented directed by the pl on the Anticoagu documented directed by the pl on the Anticoagu documented directed by the pl on the Anticoagu documented directed by the pl on the Anticoagu documented directed by the pl on the Anticoagu documented by the Anticoagu documented by the Anticoagu documented by the Anticoagu documented by the Anticoagu documented by the Anticoagu documented by the Anticoagu documented by the Anticoagu documented by the Anticoagu documented by the Anticoagu documented by the Anticoagu documented by the Anticoagu documented by the Anticoagu documented by the	been doing it. We are doing it 15 a.m., ASM #1, the 15 M #2, the regional clinical ASM #3, the director of nursing, 15 these concerns. 16 failed to transcribe increases 16 Coumadin dosage to physician 18/16/18, and 8/27/18, as 19/16/18, and 8/27/18,	F658	8	DEFICIENCY		
LABORATORY	through 8/30/18. transcribe the pro (prothrombin time (3) monitoring fro orders in Resider record) on multiple September 2018, May 2019. Resident #13 was 10/6/11, and mos 6/19/17, with diag to cerebral palsy thrombosis) (3). (minimum data sean ARD (assessing Resident #13 was intact for making searce)	madin 4 mg daily from 8/21/18 The facility staff also failed to ovider's directive for PT/INR e/international normalized ratio)] m the Anticoagulant Record to nt #13's EHR (electronic health le dates in July, August, and and in February, March, and s admitted to the facility on nt recently readmitted on noses including, but not limited and history of DVT (deep vein On the most recent MDS et), a quarterly assessment with nent reference date) of 4/23/19, s coded as being cognitively daily decisions, having scored	TURE				

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STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION		(X3) DATE SURV COMPLETE	
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F658	mental status). In he was coded as all seven days of On 8/6/19 at 10:: observed lying in arms were outsid was pulled up to or other wounds Resident #13's ophysician orders notes, and the m (MAR) were revi "Anticoagulant R the facility for momaintained sepawith physician dinurses and or phythe doctor) was the following: On Resident #13's ophysician dinurses and or phythe doctor) was the following: On Resident #13's ophysician dinurses and or phythe doctor) was the following: On Resident #13's ophysician dinurses and or physician," the colorug and Dose, "Coumadin 2 mg by Physician," the [check] [PT/INR] 3 mg (milligrams) A review of Resi (electronic health that Resident #1 increased to 3 m physician/nurse Record. The PT date, 8/16/18, w	the BIMS (brief interview for a Section N of this assessment, a receiving an anticoagulant on the look back period. 12 a.m., Resident #13 was bed. His eyes were closed, his de the blanket, and the blanket his chin. There was no bruising visible on his arms. Ilinical record including, nurse practitioner notes, nurse predication administration record ewed. Resident #13's tecord" (a flow sheet used by ponitoring Coumadin that was prately from the clinical record rectives documented by the physician that were not signed by reviewed. The review revealed alumn "Current Anticoagulant the record documented, g." In the column "Action Taken the record documented, "Re 1 week. Increase Coumadin to	F658				

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED C	
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F658	the record document the column "Actic record document 8/20/18. [Increas (every day)." A review of Resid revealed no evide Coumadin dosag as directed by the on the Anticoagu results for the ne 19.8/1.7. Further review of Record revealed column "Current the record document [mg]. Re [check] A review of Resid revealed no evide Coumadin dosag as directed by the on the Anticoagu results for the ne 74.2/6.2. By way of nurses further review of MAR (medication revealed that the mg by mouth eace 8/20/18. The MAI received Coumact through 8/20/18.	page 182 Anticoagulant Drug and Dose," nented. "Coumadin 3 mg." In on Taken by Physician," the ted, "Re [check] [PT/INR] se Coumadin to] 3.5 [mg] QD dent #13's August 2018 EHR ence that Resident #13's pe was increased to 3.5 mg daily e physician/nurse practitioner slant Record. The PT/INR ext test date, 8/20/18, were Fresident #13's Anticoagulant an entry on 8/27/18. In the Anticoagulant Drug and Dose," nented, "Coumadin 4 mg." In on Taken by Physician," the sed, "[Increase Coumadin to] 4.5 [PT/INR] 8/31/18." Ident #13's August 2018 EHR ence that Resident #13's see was increased to 3.5 mg daily e physician/nurse practitioner lant Record. The PT/INR ext test date, 8/31/18, were I initials on these dates, a Resident #13's August 2018 administration record) resident received Coumadin 2 ch day from 8/1/18 through R documented that the resident din 4 mg daily from 8/21/18 This review of the resident's 2018 revealed no evidence that	F658			
		tions to increase the Coumadin				

STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
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F658	A review of Resiplan dated 11/13 following: "BLEE bleeding/bruising useDate Initial 11/13/17Will haAdminister med On 7/31/19 at 2:3 conducted with A member) #5 (Refacility). ASM #5 must be monitore (levels) can quick because the med food and other morders for Coumacommunicated, A in the anticoagul write actual order on 8/6/19 at 10:3 member (ASM) #5 coordinator, was practice the facil anticoagulants, A policies and Lipp On 8/6/19 at 10:3 nurse) #1 was in findings. LPN #1 Anticoagulant Refacil MAR for August find evidence to Coumadin dosagin the Anticoagulant Refacil anticoagul	Anticoagulant Record were ders into the EHR. dent #13's comprehensive care /17 revealed, in part, the D101: At risk for abnormal R/T (related to)anticoagulation ded: 11/13/17. Created on ave no signs of active bleeding dications as ordered." 36 p.m., an interview was asked (administrative staff sident #13's physician at the was asked why Coumadined. ASM #5 stated Coumadined. ASM #5 stated Coumadined asked why adding changes and PT/INRs are asked who asked how adding changes and PT/INRs are asked what standard of ity follows for the monitoring of ASM #2 stated, "We follow our	F658			

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
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F658	Continued From LPN #1 stated, "increases. I don't like it was supported in the continued From LPN #1 stated, "Increases. I don't like it was supported in the continued Fr/INR laborator 7/19/18, 8/6/18, 9/2/18, 9/19/18, 5/20/19. A review of Reside referenced dates evidence that the physician/NP directly described from the continued From Record to provide From From From From From From From From	page 184 It looks like we missed these It think the medication was given sed to be." dent #13's Anticoagulant that on the following dates, y tests were performed: 7/5/18, 8/16/18, 8/20/18, 8/27/18, 2/16/19, 2/18/19, 3/25/19, and dent #13's EHR for the above in 2018 and 2019 revealed no ese tests were transcribed from ectives on the Anticoagulant ers' orders. 25 a.m., LPN #1 was rding these findings. LPN #1 nt #13's Anticoagulant Record, , and MAR for the above in 2018 and 2019. When stives on the Anticoagulant e transcribed to a provider's ated, "Well, that's not how we ore [this survey], but I know it's ave been doing it. We are doing damentals of Nursing- ms and Wilkins 2007 page 169, e a written medication order, a working document approved are facilityread the order trate on copying it correctly, u're finished. Be sure to look ions that could cause your	F658			NOTINIE	DATE
	On 8/6/19 at 11:1 administrator, AS	a medication in error" 5 a.m., ASM #1, the M #2, the regional clinical					

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	VIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CO 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
F658	No further inform (1) "Warfarin (ge prevent blood clot larger in your blot information was institutes of Heal https://medlinepl.html. "Coumadin: Mai Prothrombin time normalized ratio used to monitor to Coumadin. The times the control the INR are dete provider. Obtain ordered. Couma achieve the desi Preventing Bleed antidotes to reve Warfarin-phytoma AquaMEPHYTO Health Maintena taking anticoaguicarefully and tak prescribed; if a dup dose." This in Lippincott Manual (2) "Anticoagulat blood, preventing information is tal of Health website."	ASM #3, the director of nursing, these concerns. ation was provided prior to exit. neric for Coumadin) is used to obs from forming or growing od and blood vessels." This taken from the National th website us.gov/druginfo/meds/a682277. Intaining Clotting Profiles: a (PT) and international (INR) are the coagulation tests the anticoagulation effects of patient's INR should be 2 to 3.5. Note: the desired levels of rmined by the health care PT/INR levels daily or as adin dose will be adjusted to red level of anticoagulation. Ing: Have on hand the arse anticoagulants being used: adione (vitamin K, N). Patient Education and nace: Instruct patient about lants. Follow instructions e medications exactly as lose is missed, do NOT double of formation is taken from all of Nursing Practice.	F658			

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	-	ULTIPLE CONSTRUCTION LDING	(X3) DATE SUR\ COMPLETE	
		495109	В. V	WIN	le	C 08/07/	2019
	OVIDER OR SUPPLIER	Y PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E.	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	FIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	CTION SHOULD BE O THE APPROPRIATE	
F658	deep vein thrombe forms in one of the through the muse usually occurs in is taken from the website https://www.ncbi. (4) "Prothrombin international normational normational normational normation is taken of Health website https://www.ncbi.569083/. (5) "The target level disease specific and 3.0 has long range for DVT/PE necessitates frequency adjustment to prehemorrhages and thrombosis/pulmo over or under anties taken from the website https://www.ncbi.1887034/ 5. The facility staff standards of pracephysician orders that administration of medication to Resident in the staff of the standards of pracephysician orders that administration of medication to Resident in the staff of the standards of pracephysician orders that administration of medication to Resident in the standards of pracephysician orders that administration of the standards of pracephysician orders that administration of the standards of pracephysician orders that administration of the standards of pracephysician orders that administration of the standards of pracephysician orders that administration of the standards of pracephysician orders that administration of the standards of pracephysician orders that administration of the standards of pracephysician orders that administration of the standards of pracephysician orders that administration of the standards of pracephysician orders that administration of the standards of pracephysician orders that administration of the standards of pracephysician orders that administration of the standards o	a blood clot in a blood vessel. In posis (DVT), the blood clot in elarger, deeper veins that run cles. Deep vein thrombosis the lower leg." This information National Institutes of Health inlm.nih.gov/books/NBK425364/ time (PT) and the associated inalized ratio (INR) are routinely the risk of bleeding or in monitor response to rapy in patients." This en from the National Institutes	F658	8			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. B	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		495109	B. V	VIN	G	08/07/2	2019
	OVIDER OR SUPPLIER	Y PARK	***************************************		STREET ADDRESS, CITY, STATE, ZIP COE 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F658	MAR (Medication as a result admir Resident #129 or Warfarin (also known coumadin) is prevent and trea may be prescribe of irregular heart lungs, and patier device implants warfarin must be working effective Achieving the county difficult but is extinguished warfarin is too his serious bleeding ratio] target rang provider. It is typ basic blood-thing may vary based conditions. An Intarget range may while an INR belincrease the risk Resident #129 w 6/25/19, diagnos limited to: acute from the site who in the body when new location and (2) and thromboright lower extre vein deep in the diabetes and hy	onic Medical Record) and the Administration Record), and histered the Coumadin to in these dates. Hown by the brand names a blood thinner prescribed to the blood clots. Warfarin therapy and for patients with certain types beat, blood clots in the legs or into who have certain medical such as artificial heart valves. It is an antificial heart valves. It is and being used safely. If the dose of we the patient is at risk of full blood clots. If the dose of we the patient may be at risk of full blood clots. If the dose of we the patient may be at risk of full blood clots. If the dose of we the patient may be at risk of full blood clots. If the dose of we the patient may be at risk of full blood clots. If the dose of we have the patient provided in the range on a patient's specific we have the patient-specific we increase the risk of bleeding, ow the target range may and developing a blood clot. [1] was admitted to the facility on the target range may are it formed to another location are it can lodge in an artery at the diblock the flow of blood there] sis of unspecified deep veins of mitty [a blood clot that forms in a body] (3), fracture of one rib,	F658	3			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ILTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
		495109	B. W			C 08/07/	2019
	OVIDER OR SUPPLIER	Y PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	Ē	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	EFIX (EACH CORRECTIVE ACTION SHOULD BE		OULD BE	(X5) COMPLETE DATE
F658	ARD (assessmer coded the reside the BIMS (brief in score, indicating In Section N- Mer coded as receiving seven days of the Resident #129's record maintainer record with physician order, physician order, physician order, physician order, physician order, physician order, physician order, physician order, physician order, physician ordered. The comprehens documented in particle of the comprehens ordered. Observe effects, report ability of the physicians order documented, "On P.M.) Communica Summary: Couma (Warfarin Sodium evening related to THROMBOSIS OVEINS OF RIGHT On 7/5/19 Reside Record" documer Anticoagulant Drupt 39.3 INR 3.3; ang (milligrams)	page 188 yment assessment, with an at reference date) of 7/9/19, at as scoring a 6 out of 15 on aterview for mental status) severe cognitive impairment. dications, the resident was ag an anticoagulant for the elook back period. "Anticoagulant Record [A diseparately from the clinical clan directives documented by a physician that were not signed at electronic record including physician and nurse practitioner less and the MAR (medication cord) was conducted. In the care plan dated 7/10/19, art, "Need": (Resident #129) "is all bleeding/bruising related to be Administer medications as a for ineffectiveness and side normal findings to the sheet) for June 2019, der Date: 6/25/19, 18:29 (6:29 ation Method: Phone, Order adin Tablet 5MG (milligram) and Give 1 tablet by mouth in the DACUTE EMBOLISM AND OF UNSPECIFIED DEEP TLOWER EXTREMITY." Int #129's "Anticoagulant and the first of taken by physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the excurption of the physician Take and (every day) and recheck on the physician Take and (every day) and recheck on the excurption of the physician Take and the physician Take and the physician Take and the physician	F658				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. B	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 08/07/2019	
	OVIDER OR SUPPLIER	495109 TY PARK		24:	EET ADDRESS, CITY, STATE, ZIP CODE 20 PEMBERTON RD CHMOND, VA 23233		.015
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F658	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F658			ROPRIATE	DATE
	dates. In additio	to Resident #129 on these n, there was an order e electronic medical record to test on 7/10/19.]	THE THE PARTY OF T	\$AAA			

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
:		495109	B. V	WIN	IG	08/07/	2019
	IDER OR SUPPLIER	Y PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
	administration redocumented, "Co Sodium) give 4 m The MAR further the Coumadin on physician's direct and administered resident. The "Anticoagula "7/10/19 Coumad INR 4.9; action tarecheck 7/12/19" An interview was LPN for Resident When asked abounticoagulation of LPN #1 stated, "I know their baseling get PT/INR the not policy and programme anticoagulation, I may have their or [Note the facility of the "Anticoagusurvey. A policy facility was notified when asked about and enter it into the and enter it into the and enter it into the physician comes, information. The transcribed into the hold Resident #15	by 2019 MAR (medication cord) for Resident #129 burnadin Tablet 4 MG (warfarining by mouth in the evening. documented staff failed to hold 7/8/19 and 7/9/19, per the give on the anticoagulant log I Coumadin 4 mg to the anticoagulant log Interest of the matter of the m	F658	3			

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	FATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109		A. 8	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 08/07/2019	
	OVIDER OR SUPPLIER		1		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F658	reviewed and co stated we are no EMR (electronic documentation of On 8/6/19 at 10: member (ASM) and coordinator, was practice the facilianticoagulants, Apolicies and Lipp According to "Lipp Practice", pg. 15 part, "Inappropricannot automatic unsafe, you cannot un	e anticoagulant record was infirmed with LPN #1, LPN #1 w doing both the book and the medical record) for fresults and all orders". 18 a.m. administrative staff #2, the regional clinical asked what standard of ity follows for the monitoring of ASM #2 stated, "We follow our bincott". 19 pincott Manual of Nursing the following is documented in ate Orders: 2. Although you cally follow an order you think is not just ignore a medical order, the attending physician, discuss ith him, obtain appropriate fy all involved medical and the involved medical and the involved medical and the involved medical and (ASM) #3 the director of ade aware of the above 1/19 at 3:15 pm That ion was provided prior to exit. In the involved medical-inguistics/warfarin-inr-test-meters on was retrieved from the involved f					

Facility ID: VA0249