	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE CONSTRUCTION ILDING	(X3) DATE SURV	
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F658	standards of prace physician orders administration of medication to Refailed to transcrib decrease Reside (milligram) a day "Anticoagulant Refelectronic health (medication admireceived 6 mg of every day from 5 the 5mg of Coumaddition, facility sprovider's directive the Anticoagulant (electronic health June, July, Augus January, Februar 2019. Resident # 8 was 08/14/2015 and a with diagnoses the to: deep vein throdisorders of veins Resident # 8's meset), a quarterly a (assessment referesident # 8 as a interview for men 0 - 15, seven - be cognition for mak "Medications" cool	page 192 aff failed to follow professional office for the transcription of for the monitoring and Coumadin (1), a high-risk sident #8. The facility staff ie a physician directive to nt #8's Coumadin from 6 mg to 5mg every day, from ecord" into an order in the EHR instration record. Resident #8. Coumadin at 1700 (5:00 p.m.) /2 through 5/14/19 instead of radin (1) ordered for 12 days. In taff failed to transcribe the re for PT/INR monitoring from the Record to Resident #8's EHR instrand Cotober 2018 and in the st, and October 2018 and in the st, and October 2018 and in the profession on 01/08/2019 and included but were not limited ombosis (1), other specified is and high cholesterol. Dest recent MDS (minimum data assessment with an ARD rence date) of 04/19/19, coded for ing a seven on the brief tal status (BIMS) of a score of eing severely impaired of ing daily decisions. Section Noted Resident #8 as receiving in the past seven days.	F658	DEFICIENCY)		
LADODATODY	DIDECTADIO AD DOOLUE	EDICHODHED DEDDECENTATIVE'S CIONAL				

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SU COMPLE		
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F658	dated 02/05/2019 (Resident # 8) is bleeding/bruising use. Anticoagula (gastrointestinal) "Interventions", ii "Administer med for effectiveness abnormal finding initiated: 02/05/20 tests) and diagna abnormal finding initiated 02/05/20 Resident #8's cli orders, nurse pra and the medicati were reviewed. Record" (a flow monitoring Counseparately from directives documphysician that was reviewed. T failure to transcranticoagulant re the electronic materials and the medical of the electronic materials. The electronic materials are documented, "Coumadin 6 mg 2.1" Under "Action of the electronic of the elect	ive care plan for Resident # 8 9 documented, "Need. at risk for abnormal p R/T (related to): medication ant. Hx (history) of GI bleeding." Under t documented in part, ications as ordered. Observe and side effects, report s to the physician. Date 019, Obtain labs (laboratory ostics as ordered and report s to the physician. Date 019." mical record including physician actitioner notes, nurse notes, on administration record (MAR) Resident #8's "Anticoagulant sheet used by the facility for nadin that was maintained the clinical record with physician mented by the nurses and or ere not signed by the doctor) he review revealed the following ibe physician directives from the cord into the physician orders in				

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING		(X3) DATE SURVEY COMPLETED C	
		495109	B. W	ing	***	08/07/	2019
	OVIDER OR SUPPLIER RELS OF UNIVERSI	TY PARK		STREET ADDRESS, CITY, STA 2420 PEMBERTON RD RICHMOND, VA 23233	TE, ZIP COD	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 ((EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHO TO THE APP	OULD BE	(X5) COMPLETE DATE
F658	dated 5/03/19, si staff member) # p.m. documented Stable. 5MG concheck INR 5/10/19 Review of the "A evidence results Date 5/10/19 was Anticoagulant Rewas written besid documented, "MI (no new order)." Review of the Ma "Coumadin Table 6 mg by mouth o coagulant. Start p.m.), -Hold Date p.m.) -05/02/201	page 194 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." nticoagulant Record" failed to of a PT/INR for 05/10/19. The scrossed out with a line on the ecord. A hand written notation de the crossed out date 5/10/10, D (medical doctor) aware NNO 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 e) 1444 (2:44 p.m.). This order I as discontinued on 5/15/19.	F658	DEFICI	ENCY)		
	received 6 mg of every day from 5 the 5mg of Coundays. On 5/15/11 for the dose of C indicates hold se Review of the Elfailed to evidence transcribed for the Coumadin to 5mg directive on the Resident # 8 received from 05/03/19 the days.	ARR revealed Resident #8 Coumadin at 1700 (5:00 p.m.) /2 through 5/14/19 instead of nadin ordered for a total of 12 9, the MAR documented a"5" oumadin 6mg per the eMAR a 5 e nurses notes. HR (electronic health record) e a physician's order was be reduction of Resident # 8's g per the 5/3/19 physician Anticoagulant Record". Percentage of 12 Anticoagulant Record of 12					

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

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` '	(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	
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F658	for Resident # 8 checks under the Physician" on 06 08/20/18, 08/27, 01/11/19, 01/31/ 05/01/19, 05/02/ Review of the physician's telep through 06/25/19 physician's direct anticoagulant recomplysician's order [Note the facility of the "Anticoagus urvey. A policy facility was made On 8/5/19 at 2:3 conducted with / When asked if the that was uncove process for the seand monitoring), nurses were not and they assume orders in the system orders in the system (electronic media) On 8/5/19 at 3:4 conducted with le physician's order PT/INRs should physician's order dose of Coumac is due should be facility process for written, RN #8 search	cility's "Anticoagulant Record" documented PT (2)/INR (3) he heading of "Action Taken By 1/28/18, 07/05/18, 07/13/18, 18, 08/30/18, 10/11/18, 19, 02/04/19, 03/25/19, 19, 05/03/19 and on 06/25/19. The process and hone orders dated 06/28/18 of failed to evidence the tives from Resident # 8's cord were transcribed to rs for the dates listed above. Idid not have a policy for the use ulant Record" at the time of the was not obtained until after the example aware of the concerns]. Op.m., an interview was ASM #1, ASM #2 and ASM #3. The were aware of the situation and (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	F658	3			
	(DIDECTODIC OD DDO)	ADEDICHOOLIED DEDDECENTATIVE'S SICAL	TUDE				

Facility ID: VA0249

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
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F658	conducted with A for Resident # 8. directives written Physician" column have the full weig #7 stated, "Yes." are expected to the documented in the column and enter physician's order system. ASM #7 information and esystem for medic how the orders a would be a quest of nursing. ASM on the directives anticoagulant record sign the directives anticoagulant records with the computer system for her to ASM #7 stated if the computer system display for her to ASM #7 was ask PT/INR document records should be 'Yes." ASM #7 stated if the computer system for her to ASM #7 was ask PT/INR directives anticoagulant records should be 'Yes." ASM #7 stated if the computer system for her to a computer system of the computer system of the conducted with R assistant director of the conducted with R assistant director in the conducted with R assistant dir	As a.m., an interview was as M #7, the nurse practitioner ASM #7 was asked if the in the "Action Taken By in on the anticoagulant records that of a physician's order. ASM ASM #7 was asked if nurses ake the information in "Action Taken By Physician" in that information onto a written into the computer the nurses take that enter orders into the computer ation changes but as far as are entered into the system ion to ask the assistant director #7 was asked if she signs off the nurses write on the cords. ASM #7 stated she does atives but she thought most of the state the directives and ders into the computer system, the directives are entered into the manner and the orders will sign. The difference of the next due are followed. ASM #7 stated, the followed. ASM #7 stated, the followed on the cords are entered into the as actual orders or if the irectives in the anticoagulant.	F658			
LADODATOD	CORPECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	TIDE	· · · · · · · · · · · · · · · · · · ·		

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ''	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F658	Resident # 8's EI RN # 8 stated, "Torder to recheck changed, if a recomedication is hell When informed of "Anticoagulant Rabove, RN # 8 stated." On 08/06/19 at 3 was unable to fir PT/INRs and that transcribed into I According to "Fu Lippincott, Willia" "After you receiv transcribe it onto by your health cacarefully, concercheck it when you on 08/05/19 at 5 staff member) # regional clinical of (director of nursi above concern. No further informexit. References: (1) Deep vein thobtained from the https://medlinepication.	e anticoagulant record to HR (electronic health record). There should be a physician's the PT/INR. If the dose is heck is requested and if the id there should be an order." of the dates for PT/INRs on the ecord" for Resident # 8 listed rated she would check progress in the orders were not record. Resident # 8's electronic record. Indamentals of Nursingman and Wilkins 2007 page 169, is a written medication order, is a working document approved are facilityread the order intrate on copying it correctly, but re finished." 1.3:10 p.m., ASM (administrative in administrator, ASM # 2, coordinator and ASM #3 ng) were made aware of the mation was presented prior to rombosis: This information was e website: lus.gov/ency/article/000156.htm. 1.3:10:10:10:10:10:10:10:10:10:10:10:10:10:	F658				

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

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE		
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F658	preferred test of vitamin K antago to assess the risk status of the patie anticoagulants are adjust the VKA d between patients prothrombin time ratio of the patier standardized for thromboplastin re Health Organizat formula: This informula: This informul	normalized ratio (INR) is the choice for patients taking nists (VKA). It can also be used to of bleeding or the coagulation ents. Patients taking oral re required to monitor INR to oses because these vary. The INR is derived from (PT) which is calculated as a nits 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/ If failed to transcribe the rse practitioner) directive for oring from the anticoagulant int #116's EHR (electronic 6/5/19 for 6/8/19. Intercord is a tracking by facility staff without a policy sheet should be used for oring. The sheet includes the coagulant drug and dose, the nurse who completed the strip lot number, quality control ine used to test for the PT/INR, isician was notified and action	F658				
LABORATORY		(blood clot) and thrombosis	'LIRE				

STATEMENT OF C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ILTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE C	
		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	
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F658	MDS (minimum of assessment with reference date) of being cognitively Resident #116 at anticoagulant me seven days. Resident #116's 6/14/19 document is at risk for abnowment of the comment of the comme	Resident #116's most recent data set), a 30 day Medicare an ARD (assessment of 7/2/19, coded the resident as intact. Section N coded in the shaving received an edication seven out of the last comprehensive care plan dated inted, "(Name of Resident 116) ormal bleeding/bruising R/T coagulant useObtain labs and redered" Lent #116's anticoagulant record entation dated 6/5/19 that current Anticoagulant Drug and (Coumadin) (2) 5 mg held 6/2, 3 & 4. PT: 31.9. INR: en By Physician: restart mg QD (every day) re (check) (sic)" If Resident #116's clinical record cian's order dated 6/5/19 for en (milligrams) in the evening but a transcribed physician's order in T/INR on 6/8/19. 36 p.m., an interview was ASM (administrative staff is sident #116's physician). ASM ow orders for Coumadin MINRs are communicated, ASM are written in the anticoagulant does not write actual orders for 6 a.m., an interview was	F658		DETIGIENO ()		
		RN (registered nurse) #1. RN					

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
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F658	PT/INRs from the transcribed into pRN #1 stated she computer for a C thought orders for are only docume record. On 8/5/19 at 3:44 conducted with R physician's order PT/INRs should be facility process for written, RN #8 standard be review On 8/6/19 at 7:53 conducted with A ASM #7 stated the (containing antick in the facility and day Monday throif the directives we have the full weight #7 stated, "Yes." are expected to the documented in the column and enterphysician's order system. ASM #7 information and esystem for medic how the orders at the column and enterphysician's order system. ASM #7 information and esystem for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the full weight at the column and enterphysician's order system for medic how the orders at the column and enterphysician's order system for medic how the order at the column and enterphysician's order system for medic how the order at the column and enterphysician's order for the column and enterphysician's orde	page 200 ohysician/NP directives for anticoagulant records are ohysician's orders in the EHR. It would put an order into the oumadin dose change but she or PT/INRs are not written and onted in the anticoagulant. If p.m., an interview was the strength of the next PT/INR that written. RN #8 stated is to hold Coumadin, change a in, and for the next PT/INR that written. When asked the or ensuring the orders are atted the anticoagulant records and each morning. If a.m., an interview was some of the next PT/INR that written. When asked the or ensuring the orders are atted the anticoagulant records and each morning. If a.m., an interview was some of the nurse practitioner is a "Coumadin book" or agulant records) on each unit the books are checked each unit the books are checked each unit the books are checked each or in the "Action Taken By an on the anticoagulant records into the anticoagulant records in the information on the anticoagulant records and the information onto a written into the computer that information onto a written into the computer the nurses take that enter orders into the computer ation changes but as far as a re entered into the system ion to ask the assistant director	F658			
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F658	directives the nurecords. ASM ## directives but she nurses take the corders into the corders into the corders into the computer system orders under her display for her to asked if PT/INR anticoagulant recomputer system stated she did not On 8/6/19 at 10:3 anticoagulant recomputer system stated she did not on 8/6/19 at 10:3 anticoagulant recomputer system stated she did not on 8/6/19 at 10:3 anticoagulant recomputer system of the sys	ed if she signs off on the reses write on the anticoagulant 7 stated she does not sign the e thought most of the time, the directives and enter them as imputer system. ASM #7 ctives are entered into the n, then they will be entered as name and the orders will sign. When ASM #7 was directives documented on the cords are entered into the n as actual orders ASM #7 of know. 54 a.m., Resident #116's cord was reviewed with LPN all nurse) #1. LPN #1 was are supposed to transcribe f/INR directives from the cord to physician's orders in the lated prior to the survey, nurses d to do so. 25 a.m., ASM #1 (the ISM #2 (the regional clinical ISM #3 (the director of late aware of the above late in takes for the liquid portion blood to clot." This information	F658			

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION JILDING	(X3) DATE SURVEY COMPLETED	
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F658 F684 SS=D	further information (2) "Warfarin (Cooptained from the https://medlineplentml *"Warfarin (Count bleeding. Regular This information reference: Nursir	ntion%20of%20INR&2.No on was provided prior to exit. sumadin): This information was exebsite: us.gov/druginfo/meds/a682277. madin) can cause major or fatal arly monitor INR in all patients." was obtained from the 19 2016 Drug Handbook 2016, p.1495) Black Box	F658	Ftag 684 Resident #338: The resident n	o longer	9/20/19
	Quality of care is applies to all trea facility residents. assessment of a ensure that resid in accordance wi practice, the comcare plan, and the This REQUIREM by: Based on observed document review was determined in provide care and professional stan comprehensive or residents in the series #8, and #189. The Coumadin to Rest the physician on	a fundamental principle that the the the the the the the the the th		resides in the facility. Resident # 8: No negative out occurred as a result of this pra PT/INR was ordered and a rev Coumadin log was initiated for corresponding physician order transcribed into the EMR. Resident #189: No negative of occurred as a result of this pra PT/INR was ordered and a rev Coumadin log was initiated for corresponding physician order transcribed into the EMR. Residents receiving Coumading potential to be affected. The DON or designee will edu	come ctice. A stat rised the resident s were utcome ctice. A stat rised the resident s were	

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
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NAME OF PRO	OVIDER OR SUPPLIER	493103		STREET ADDRESS, CITY, STATE, ZIP COD	L	
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F684	for Resident #8 on 4/12/19, 6/26/ The findings incli	malized ratio) laboratory tests on 11/10/18 and Resident #189 /19 and 7/27/19. ude:	F684	nursing staff on the process for management and transcription into the EMR. The DON or designee will audi	of orders t Coumadin	
		off failed to administer Coumadin 338 as prescribed by the 0/18.		logs and orders for residents re Coumadin for accuracy and co		
	6/29/18. Reside but were not limi removal, asthma Resident #338's data set) (prior to assessment with reference date) of as being cognitive Resident #338 a	ras admitted to the facility on nt #338's diagnoses included ted to revision of left total knee and high blood pressure. most recent MDS (minimum o discharge), a 14 day Medicare an ARD (assessment of 7/13/18, coded the resident rely intact. Section N coded s having received an edication seven out of the last		Nursing administration or design monitor Coumadin logs 5 days 1 week, 3 days a week for 2 we for 4 weeks, and monthly for 3 Any variances will be corrected additional education or counse provided as needed Any concereported to the quality assurant committee monthly until resolv Continued compliance will be a through the facilitys quality assurant. Additional education	a week for eeks, weekly months. d and ding will be erns will be ce ed. monitored surance	
	revealed a physi Coumadin- 2 mg evening for DVT prophylaxis. Re 2018 eMAR (ele administration re was administere evidenced by a l mark and nurse medication was	•		monitoring will be initiated for any identifie concerns. Completion Date: September 20, 2019		
	documented "Ar beside) Observe bleeding, report care plan failed	baseline care plan (no date) aticoagulant- (a check mark a S/S (signs or symptoms) of as indicated" The baseline to document information adin administration.				

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
	495109	1	/ING	C 08/07/	2019
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERS	ITY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
7/11/18 docume abnormal bleed useIntervention ordered" The nurse responsive formation to Responsive formation of the available for intervention of the available for intervention of the administration of the administration of the administration of the administration of the available for intervention of the administration of the administered of th	s comprehensive care plan dated ented, "BLEED101: At risk for ing R/T (related to) anticoagulant ens: Administer medications as consible for administering esident #338 on 6/30/18 was not erview during the survey. 44 p.m., an interview was RN (registered nurse) #8. RN ow nurses evidence medication RN #8 stated, "They verify the the pills, sign off after the med administered and click in the When asked what is meant if a off signed off, RN #8 stated, "It stered unless there is another es." as' notes dated 6/30/18 failed to a was administered to Resident 25 a.m., ASM (administrative 1 (the administrator), ASM #2 nical coordinator) and ASM #3 nursing) were made aware of the y titled, "MEDICATION ON" documented, "All I treatments shall be initiated, ad/or discontinued in accordance sician orders9. Administer the Initial the guest's Medication Record (MAR) immediately	F684	<u> </u>		
	nation was presented prior to	1105			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (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	DE	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	10ULD BE	(X5) COMPLETE DATE
F684	blood clots from your blood and people with cert people with promechanical) her suffered a heard treat or prevent blood clot in a viblood clot in the medications call thinners'). It wo ability of the blood btained from the https://medlinep.html (2) "Deep vein the clot that forms in deep vein clots the vein swells, thrombophlebiti break loose and lung, called a prinformation was https://vsearch.bin/query-meta?v%3Apromedlineplus-bundle&query=11.1565615930	oumadin) is used to prevent forming or growing larger in blood vessels. It is prescribed for tain types of irregular heartbeat, sthetic (replacement or art valves, and people who have tattack. Warfarin is also used to venous thrombosis (swelling and rein) and pulmonary embolism (a lung). Warfarin is in a class of led anticoagulants ('blood rks by decreasing the clotting red." This information was		1			
		VIDED/SLIPPLIED DEDDESENTATIVE'S SIGN		_	1		

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVE COMPLETED	
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	OVIDER OR SUPPLIER	Y 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 LSC IDENTIFYING INFORMATION)	ID PREFII TAG		OULD BE	(X5) COMPLETE DATE
F684	with diagnoses the total deep vein through disorders of veins. Resident # 8's maset), a quarterly a (assessment referenced for mental of the facility's "Nursesident # 8 date (administrative standard for the facility's "Nursesident # 8 date (administrative standard for the facility's "Nursesident # 8 date (administrative standard for the facility's "Nursesident # 8 date (administrative standard for the facility's "Nursesident # 8 date (administrative standard for the facility's "Nursesident # 8 date (administrative standard for the facility's "Nursesident # 8 date (administrative standard for the facility's "Nursesident # 8 date (administrative standard for the facility's "Nursesident # 8 date (administrative standard for the facility "Nursesident	page 206 a readmission on 01/08/2019 nat included but were not limited ombosis (3), other specified is and high cholesterol. Ost recent MDS (minimum data assessment with an ARD brence date) of 04/19/19, coded is coring a seven on the brief ital status (BIMS) of a score of eing severely impaired of ding daily decisions. Section N ded Resident # 8 as receiving in the past seven days. The Practitioner's Note" for red 11/09/18 and signed by ASM aff member) # 7, nurse of 11/09/18 and signed by ASM aff member) # 7, nurse of 12/09/18 and signed by ASM aff member) # 7, nurse of 12/09/18 and signed by ASM aff member) # 7, nurse of 12/09/18 and signed by ASM aff member) # 7, nurse of 12/09/18 and signed by ASM aff member) # 7, nurse of 12/09/18 and signed by ASM and for DVT. INR: 3.5. Goal 2-00 6 (six) mg daily. No s/sx of 12/09/18 at 17:14 (5:14 p.m.) and recheck of 12/09/18 at 17:14 (5:14 p.m.) and recheck of 12/09/18 at 17:14 (5:14 p.m.) and recheck of 12/09/18 at 17:14 (5:14 p.m.) are thod: Phone." Documented of 12/09/18 at 17:14 (5:14 p.m.) are of 12/09/18 at 12/09/18 at 12/09/18 at 12/09/19/19/19/19/19/19/19/19/19/19/19/19/19	F684			

STATEMENT OI AND PLAN OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109	(X2) MULTIPLE CONSTRUCTION A. BUILDING 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)				(X5) COMPLETE DATE	
F684	Resident # 8 date Current Anticoag "Coumadin 6 mg 41.6." Under "Ad documented, "Ha 11/10/18." Furth Record" failed to for 11/10/18 as of The facility's "Nu dated 11/09/18 a Coumadin 6MG recheck PT/INR cont (continue) for review failed to a documenting wh on 11/10/18 as of documentation an notified the labor LPN # 3 was ask laboratory [lab] In LPN # 3 stated, in drawn." An interview was nurse) #8, the as 8/6/19 at 3:12 p. for Resident #18 When asked abor completed, RN # as ordered and in be notified and to they may give. On 08/05/19 at 8 staff member) # regional clinical	ticoagulant Record" for ed 11/09/18 documented, julant Drug and Dose: (milligrams)" "PT 3.5 INR: ction Taken by Physician" it old x 1 (times one day) re-check er review of the "Anticoagulant evidence results of a PT/INR ordered by the physician. rse's Note" for Resident # 8 at 7:25 p.m. documented, "Hold (milligrams) today 11/09/18 on SAT (Saturday) 11/10/18 will or monitor guest." Further evidence nurses notes by the PT INR was not obtained ordered by the physician and no evidencing the physician was ratory testing was not obtained. Red what it meant if the esults weren't written on the log. "It means that the lab wasn't be conducted with RN (registered esistant director of nursing, on m. The "Anticoagulant Record" is was reviewed with RN #8. Out the PT/INRs that were not it is stated, they should be done of not done the physician should then we follow any order that the lab wasn't in the physician should then we follow any order that it is coordinator and ASM #2, coordinator and ASM #3 ang) were made aware of the	F684				

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/	2019
	OVIDER OR SUPPLIER	TY 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 R 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
F684	exit. References: (1) A blood test to for the liquid port clot. This information website: https://medlineplet(2) International repreferred test of evitamin K antago to assess the risk status of the patic anticoagulants an adjust the VKA definition.	ation was presented prior to that measures the time it takes ion (plasma) of your blood to ation was obtained from the us.gov/ency/article/003652.htm. normalized ratio (INR) is the choice for patients taking nists (VKA). It can also be used to of bleeding or the coagulation ents. Patients taking oral re required to monitor INR to oses because these vary	F684			
	prothrombin time ratio of the patier standardized for thromboplastin re Health Organizat formula: This info website: https://www.ncbi. (3) A condition th forms in a vein de mainly affects the and thigh, but cal such as in the arr was obtained from https://medlineplus.	The INR is derived from (PT) which is calculated as a att's PT to a control PT the potency of the pagent developed by the World ion (WHO) using the following formation was obtained from the nlm.nih.gov/books/NBK507707/ at occurs when a blood clot peep inside a part of the body. It is large veins in the lower leg in occur in other deep veins in the website: us.gov/ency/article/000156.htm. If failed to obtain Resident ordered PT (prothrombin)/				

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIP NOF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		ULTIPLE CONSTRUCTION	ING COMPLETE			
		495109	1		G	C 08/07/2	2019
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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 CORREI (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F684	the physician to administration of Coumadin. Resident #189 w 9/16/17, and was 7/16/19, with diamont limited to: me high blood press fibrillation is a cound random contraction in a country in the most recent assessment, a N with an assessment, a N with an assessment oded the reside BIMS (brief interindicating the resto make daily de Medications, the receiving an antitude look back per *Coumadin is an keeps your body The comprehens and revised on 3 "Focus: (Resided bleeding/bruising use, anticoagula fibrillation), strok documented in pordered. Observeffects, report all physician. Obtai	In and 7/26/19 as ordered by monitor and ensure the safe the anticoagulant medication as admitted to the facility on a most recently readmitted 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) MDS (minimum data set) Iledicare five day admission, ent reference date of 7/23/19, ent as scoring a "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	F684	1			

STATEMENT OF DEFICIENCIES D PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ·) MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
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F684	Continued From findings to the ph		F684			
	The nurse practitioner note dated, 8/10/18, documented, "INR goal 2.5 - 3.5."					
	measures the tim (plasma) of your in seconds. Most 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 of what is called INI ratio). If you are clots, your provid keep your INR be Review of Reside Record" which we facility revealed: The "Anticoagula"	the (PT) is a blood test that the it takes for the liquid portion blood to clot." "PT is measured to for the time, results are given INR (international normalized of common reason to perform nitor your levels when you are inning medicine called warfarin. As with the smedicine to prevent nal Results: PT is measured in for 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." (4) The sent #189's "Anticoaugulant as maintained separately by the lant Record" dated, 4/11/19,				
	mg, INR 2.3, [bel resident at risk fo and bleeding for					
		r dated, 4/11/18 in the EMR echeck PT/INR level on 4/12/19				
	evidence the PT/ 4/12/19. The form current Coumadi but the rest of the nurse's note faile 4/12/19. The test	'Anticoagulant Record" failed to INR test was performed on mas dated 4/12/19 with the n dose documented as 2.5 mg e line was empty. Review of the d to evidence a nurse's note for twas not completed per the				

STATEMENT OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 08/07/2019		
	OVIDER OR SUPPLIER	FY 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
F684	documented the mg. The INR was than the identifie documented, "Ho The nurse practife documented in p Coumadin 5.5.m goal 2.5 - 3.5, ho The EMR documented to be a few forms of the image of	'Anticoagulant Record" current Coumadin dose as 5.5 s documented as 4.3 [higher d goal]. The physician directive old x1, recheck 6/27/19." tioner note dated, 6/26/19, art, "INR today 4.6. On g (milligram) qd. (every day), old x 1 and recheck 6/27/19." nented physician orders dated the Coumadin and recheck on ant Record" failed to evidence that Resident #189's INR was 1/19, as ordered by the art in the EMR dated, 7/25/19, T/INR on 7/26/19, notify MD of "Anticoagulant Record" current Coumadin dose of 5 the line was blank and there was mented. The PT/INR for 1/25/19 are not obtained as ordered by There were no nurse's notes for 1/25/19, and interview was 1/25/19,	F684				

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` `	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
-		495109	B, V	VING	C 08/07/2019	
	OVIDER OR SUPPLIER	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		ULD BE	(X5) COMPLETE DATE
F684	An interview was nurse) #8, the as 8/6/19 at 3:12 p.r for Resident #189 When asked abo completed, RN # as ordered and if be notified and they may give. We follow the docum physician order, laways follow the ASM #1, the admiclinical coordinate nursing were macconcerns on 8/6/2001. No further inform (1) Barron's Dictional Residual Chapman, page (2) This informatifollowing website https://vsearch.nlbin/query-meta?v%3Aproje=medlineplus-bun (3) Barron's Dictional Residual	ation has to be monitored. conducted with RN (registered sistant director of nursing, on m. The "Anticoagulant Record" 9 was reviewed with RN #8. But the PT/INRs that were not 8 stated, they should be done into done the physician should be not done the physician should be not done if not done the physician should be not done if not done the physician should be not done if not done the physician directive or a RN #8 stated, "Yes, we should ented physician directive or a RN #8 stated, "Yes, we should physician order." 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. In onary of Medical Terms for the ader, 5th edition, Rothenberg age 55. In on was obtained from the interpretation of Medical Terms for the ader, 5th edition, Rothenberg and Pothenberg in the page 55.	F684			

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
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F684	Continued From	page 213	F684			
F686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii)		F686	Ftag 686		9/20/19
	483.25(b) Skin Integrity 483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide care and treatment for pressure injuries for one of 72 residents in the survey sample, Resident #62. The facility staff failed to implement pressure injury treatment for Resident #62 from 7/24/19 through 7/30/19. The findings include: Resident #62 was admitted to the facility on 2/17/17. Resident #62's diagnoses included but were not limited to difficulty swallowing, fractured left arm and repeated falls. Resident #62's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/6/19, coded the resident's			Resident #62: Treatment is be administered as ordered. The continues to heal. No harm or result of this practice. Residents with pressure ulcers potential to be affected. DON or designee will educate nursing staff on pressure ulceridentification and interventions will include obtaining treatmer pressure ulcers.	area ccurred as a s have the licensed	
				DON or designee conducted a of current residents and review for residents with pressure uld made as appropriate. Skin as will be reviewed in the clinical meeting. DON or designee will monitor assessments and new admiss a week for 4 weeks for any new ulcers and corresponding treat Random treatment observation conducted on residents with pulcers 2 times a week for 4 we variances will be corrected an education or counseling will be needed. Any concerns will be the quality assurance commit	wed orders ers. Updates sessments operations skin sions 5 days ew pressure trent orders. ns will be eressure eeks. Any d additional e provided as e reported to	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION JILDING	(X3) DATE SURVEY COMPLETED	
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]	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CO 2420 PEMBERTON RD RICHMOND, VA 23233	DE	
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LABORATORY	coded Resident injuries. Resident #62 dis 7/19/19, and re-a 7/23/19. Wound 7/23/19 revealed following skin are a stage I pressu ankle measuring by 0.5 cm in widt a stage II pressu measuring 2 cm 0.2 cm in depth right buttock exceleft buttock exceleft buttock exceleft buttock exceleft buttock exceleft brown and physician's ord documented, "CL 7/23/19- APPLY OUTER ANKLE / (3) DRSG (dress sleep) DX (diagn MEASURES." The completed on the A physician's ord documented, "CL 7/23/19- CLEANS WOUND CLEAN COVER WITH OF DX: WOUND be completed on A physician's ord documented, "CL 7/23/19- APPLY BUTTOCKS Q SI DX: EXCORIATION COVER WITH OF COVER WITH O	charged to the hospital on admitted to the facility on /Skin healing records dated the resident presented with the eas: re injury (1) to the left outer 0.5 cm (centimeters) in length house injury (1) to the sacrum in length by 0.4 cm in width by coriation with no measurement riation with the excitation with no measurement riation with no measurement riation with no measurement riation with the excitation with no measurement riation with the excitation richard richard record richard ric	F686	until resolved. Continued compliance will be through the facilitys quality as program. Additional education monitoring will be initiated for concerns. Completion Date: September 20, 2019	surance and	

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

STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		DING	(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	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)	CTION SHOULD BE O THE APPROPRIATE	
F686	Continued From	page 215	F686	~			
	Review of Resident #62's July 2019 MAR (medication administration record) failed to reveal evidence of treatment for the above pressure injuries/excoriation.						
	(treatment admir reveal any evide for the above wo 7/30/19 (as evide nurses' initials in	ent #62's July 2019 TARs nistration records) failed to nce that treatment was provided bunds from 7/23/19 through enced by a check mark and dicating the treatments were but only a "X" on all other					
	notes from 7/23/ reveal document	s' notes and wound/skin healing 19 through 7/30/19 failed to tation regarding the wounds and wounds except for 7/23/19.					
	documented, "Pi	paseline care plan dated 7/23/19 ressure Sores (injuries)/Skin ility skin care protocol. dered"					
	conducted with I #2 (the nurse when the 3:00 p.m. to 7/28/19). LPN # had any wounds his finger and had LPN #2 was ask other wounds. I resident had exceed to deprovided for Resistated she compresident's finger bottom. When a	21 p.m., an interview was LPN (licensed practical nurse) no cared for Resident #62 during 11:00 p.m. [evening] shift on ½ was asked if Resident #62 s. LPN #2 stated the resident bit ad a wound on the nail bed. Led if Resident #62 had any LPN #2 stated she believed the coriation on his bottom. LPN #2 escribe any wound care she sident #62 on 7/28/19. LPN #2 bleted a dressing change on the and applied cream to his asked if she provided any other N #2 stated, "I can't remember					
I ABORATOR		IDER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE				

Facility ID: VA0249

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	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 CODI 2420 PEMBERTON RD RICHMOND, VA 23233	I	_
(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)	OULD BE	(X5) COMPLETE DATE
F686	asked how nurse provide, LPN #2 treatments off on how nurses woul treatment, they we LPN #2 stated the MAR if not on the Resident #62's Ji wound care orde treatment schedule done on the 3 LPN #2 stated it: On 7/31/19 at 4:3 conducted with Lefor Resident #62 p.m. [evening] shasked how nurse treatment, they we LPN #13 stated, no way I would ke floater (meaning LPN #13 was ask wounds. LPN #1 wound on his fing wound he was ask he had provided finger wound care resident was re-a 7/23/19. LPN #1 one." On 7/31/19 at 5:0 conducted with Resistant director the wound care of effective since 7/2 explain the order completing Resident was re-a floater to the wound care of effective since 7/2 explain the order completing Resident was re-a floater to the wound care of effective since 7/2 explain the order completing Resident was re-a floater to the wound care of effective since 7/2 explain the order completing Resident was re-a floater to the wound care of effective since 7/2 explain the order to the wound care of effective since 7/2 explain the order to the wound care of	head. No." When LPN #2 was as evidence the treatments they stated the nurses sign the the TARs. LPN #2 was asked d know if there was a vere supposed to complete. TAR. LPN #2 was shown uly 2019 TAR with the above rs dated 7/31/19 and asked if a uled on the evening shift should :00 p.m. to 11:00 p.m. shift.	F686			

AND PLAN OF CORRECTION IDENTIFICATION NUM		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109	A.B	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(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 PREFI TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F686	the resident did repressure injuries completed treatments to re-admission or the pressure injuries. When ask treatments to conthe physician ap #8 was asked whorders on 7/31/1 since 7/23/19. Fewound care on some sure applied to RN #8 was made included dressing shifts, the #8 stated she as applying triad creatments who care evening shifts, the #8 stated she as applying triad creatments. On 8/1/19 at 10: pressure injuries measured by AS #7 (the nurse pron the left outer pressure injury of stage II by ASM (length) by 0.5 co. On 8/6/19 at 11: staff member) # (the regional clirity of the regional clirity for the regio	page 217 //sician's orders, she saw that not have treatment orders for his //excoriation. RN #8 stated she nents for Resident #62's //excoriation either on the day of the day after, and on this date 8 stated she thought the were completing treatments for ries/excoriation on all the other ried how she knew what mplete, RN #8 stated she used proved facility skin protocol. RN hy she wrote the clarification 9 and dated them to be effective RN #8 stated she knew she did some days and she knew the riad cream to the excoriation. e aware the clarification orders gs and per interviews with two red for Resident #62 during the ney did not apply dressings. RN resumed the nurses were eam. When asked about her red other nurses were applying 8 stated she could not account 42 a.m., Resident #62's s were observed with and sM (administrative staff member) actitioner). The pressure injury ankle was healed. The on the sacrum was verbalized as #7 and measured 0.5 cm rem (width) (with no depth). 25 a.m., ASM (administrative 1 (the administrator), ASM #2 nical coordinator) and ASM #3 nursing) were made aware of the	mass				

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION IILDING	(X3) DATE SURVEY COMPLETED C	
		495109	B, W	NG	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	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	N SHOULD BE COM	
F686	Continued From	page 218	F686			
F686	The facility docur ULCER (injury) II TREATMENT PH definition of the s multiple intervent turning/reposition the monitoring of and various treat pressure injuries. No further inform exit. (1) "A pressure ir skin and underlyi bony prominence device. The injury an open ulcer an occurs as a resul pressure or press The tolerance of shear may also b nutrition, perfusio of the soft tissue. Stage 1 Pressure erythema of intac localized area of which may appea pigmented skin. F erythema or char or firmness may	ment titled, "PRESSURE DENTIFICATION AND ROTOCOLS" documented the stages of pressure injuries, sions (including ling, dietary consultations and labs) that can be implemented ment options for all stages of ation was presented prior to a light provided a labs) that can be implemented ment options for all stages of ation was presented prior to a light provided a labs of the labs of the labs of the light provided a labs of the	F686			
	discoloration; the pressure injury. Stage 2 Pressure	nclude purple or maroon se may indicate deep tissue Injury: Partial-thickness skin				
	dermis. The would moist, and may a	loss of skin with exposed nd bed is viable, pink or red, lso present as an intact or				
		Illed blister. Adipose (fat) is not				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SUF	ED
		495109	B. W	ing	— 08/0°	7/2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, ST. 2420 PEMBERTON RE RICHMOND, VA 23233)	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE O TO THE APPROPRIATE CIENCY)	(X5) COMPLETE DATE
F686	Granulation tissus present. These in adverse microcling the pelvis and shaped moisture association including inconting (IAD), intertriging adhesive related traumatic wound abrasions)." This the website: http ym.com/resource_stages.pdf (2) "SKIN-PREP that, upon applice protective film to removal of tapes was obtained from http://www.smithnephew.com/prowound-manager (3) An Optifoam wounds. This in website:https://wam-Adhesive-Formal protective film to removal of tapes was obtained from http://www.smithnephew.com/prowound-manager (3) An Optifoam wounds. This in website:https://wam-Adhesive-Formal protective film to removal of tapes was obtained from http://www.smithnephew.com/prowounds. This in website:https://wam-Adhesive-Formal paste is information was https://www.med.	er tissues are not visible. le, slough and eschar are not njuries commonly result from mate and shear in the skin over lear in the should not be used to describe ated skin damage (MASD) mence associated dermatitis ous dermatitis (ITD), medical skin injury (MARSI), or s (skin tears, burns, s information was obtained from s://cdn.ymaws.com/npuap.site-e/resmgr/npuap_pressure_injury is a liquid film-forming dressing ation to intact skin, forms a help reduce friction during and films." This information in the website: Infessional/products/advanced-ment/skin-prep/# dressing is used to treat formation was obtained from the www.medline.com/product/Optifo fram-Wound-Dressings/Foam-	F686			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER	TY 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 R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F687 F687 SS=D	Continued From page 220 Foot Care CFR(s): 483.25(b)(2)(i)(ii) 483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review and clinical record review, it was determined the facility staff failed to ensure foot care was provided for one of 72 sampled		F687		Ftag 687 Resident #76: Nails were trimmed. No negative outcome as occurred from this practice. All residents have the potential to be affected. DON or designee will educate CNASland licensed nursing staff on nail care and when to refer to podiatry services. DON or designee conducted an assessment of toenails for residents currently in the facility. Nail care will be provided as needed, and podiatry services will be coordinated as needed. Nail care has been provided.		9/20/19
	feet extending overesidents nails had licensed nurse as podiatrist. The findings inclusive field from the findings inclusive field from the findings inclusive field from the field from	erved with the toenails on both are the edge of his toes. The ad not been trimmed by a and he had not been seen by the lude: Is admitted to the facility on moses that included but were loke, dementia, diabetes and lure. The most recent MDS let) assessment, a quarterly an assessment reference date the resident as scoring a "10" on interview for mental status)			assurance committee monthly resolved. Continued compliance will be n through the facilitys quality assurance. Additional education a	2 weeks, weekly for 4 weeks, ly for 3 months. Any variances rected and additional education ing will be provided as needed rns will be reported to the quality committee monthly until compliance will be monitored a facility quality assurance	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 -		LTIPLE CONSTRUCTION DING	(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
F687	make daily cogni was coded as recone staff member daily living. Observation was on 8/2/19 at 2:45 and visible. His treated and visible. His treated and recone of an inch over the pointed sharp cone. The first toe on reddened are was deformed an right foot was lor of the toe. The comprehens documented in prisk for fluctuation (related to) dx (dmellitus)." The "I part, "Check body care/showers and physician. Inspendental open areas, sore edema or redness and when asked how CNA #3 stated, "need it during All an showers." Wit diabetic, who cu	he was moderately impaired to tive decisions. The resident quiring extensive assistance of r for most of his activities of made of Resident #76's toes in p.m. His feet were uncovered one ails on both feet were needge of his toes. The third was approximately one quarter needge of the toe with a mer that was resting on the first is were observed and there were as. The big toe on the left foot and not long. The big toe on the ag and extending over the edge sive care plan dated, 1/10/19, eart, "Focus: (Resident #76) is at in in blood sugar levels R/T iagnosis) of DM (diabetes interventions" documented in ly for breaks in skin during did treat promptly as ordered by ct feet during care/showers for es, pressure areas, blisters,	F687		Completion Date: September 20, 2019		
		s conducted with RN (registered					

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COL 2420 PEMBERTON RD RICHMOND, VA 23233)E	
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F687	When asked who stated, "If they are CNAs can cut the residents get reference cannot cut the naworker handles to nurses." RN #5 w #76's toenails. We toenails were in referral to the population or the facility policy Diabetic," docum foot care for diabet the licensed nurse order. The nails of trimmed by nursi The licensed nurse order. The nails of trimmed by the population of the population of the population of the population of the population. The facility policy Diabetic, docum foot care for diabet the licensed nurse order. The nails of trimmed by nursi The licensed nurse order. The nails of trimmed by the population of the population of the population. The population of the population.	lanager, on 8/2/19 at 11:43 a.m. or cuts resident's toenails, RN #5 re not a diabetic, the nurses and em." When asked if the erred to a podiatrist if the staff ails, RN #5 stated, "The social the list that she gets from the was asked to observe Resident then asked if the resident's need of cutting, RN #5 stated, try list for the past several ested. 20 p.m., other staff member social worker, presented the ed 6/20/19, 7/11/19, 7/26/19 dent #76 did not appear on the et OSM #11 stated she had put the list today. 21, "Nail Care - Fingers, Toes & ented in part, "Policy: Nail and etic guests will be provided by the as directed by the physician's of diabetic guest will not be ng assistantsDiabetic Care: se should give nail and/or foot tic guest unless otherwise hysicianBefore completing are, the licensed nurse should cian for guest with Peripheral et (PVD), localized conditions tions, bleeding cuticles, etc.) is, or ingrown toenails. Make diatrist at the director of a	F687			

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STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SUR\ COMPLETE	
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	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COI 2420 PEMBERTON RD RICHMOND, VA 23233	DE	
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F687	Continued From 8/2/19 at 2:00 p. No further inform		F687			
F695 SS=E	Respiratory/Trac CFR(s): 483.25(i	heostomy Care and Suctioning)	F695	F695		9/20/19
	tracheostomy ca The facility must needs respirator care and trachea care, consistent practice, the con care plan, the re- and 483.65 of th This REQUIREM by: Based on observinterview, facility record review, it staff failed to pro services consists of practice, the co care plan for five sample; (Reside #1). The facility is per physician or and #1, failed to use of BiPAP (B Pressure), failed treatment per or to Resident #91	ration, resident interview, staff document review, clinical was determined that the facility vide respiratory care and ent with professional standards comprehensive person-centered of 72 residents in the survey nt #526, # 91, # 96, #59, and Staff failed to administer oxygen ders for Residents #526, #91, obtain orders for Resident #96's i-level Positive Airway to administer a nebulizer ders and professional standards and failed to store respiratory canitary manner for Resident #		Resident #526: No longer residentity Resident #91: No longer residentity Resident #96: Bipap orders we and the mask is being stored negative outcome occurred as this practice. Resident #59: The incentive se was stored properly. No negate occurred as a result of this practice as a result of this practice. Resident #1: Oxygen has been the correct settings. No negate has occurred as a result of this practice as a result of this practice. Resident #1: Oxygen has been the correct settings. No negate has occurred as a result of this practice as a result of this practice. DON or designee will educate nursing staff on obtaining and physician orders for oxygen and the proper storage of resequipment. DON or designee will audit residney.	es in the ere obtained properly. No s a result of pirometer tive outcome actice. n placed on ive outcome s practice. hebulizer, treatments ed. e licensed following nd BiPAP, piratory	

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

	F DEFICIENCIES 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	Y PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
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	Continued From 1. The facility sta #526's oxygen ac orders. Resident #526 w 7/26/19, with diag limited to, left hip blood pressure a recent admission had not yet, beer "Nursing Admissi Resident #526 w place, and person assistance for toi and bed mobility; bowel. On 7/30/19 at 12 and 5:28 PM, an oxygen, concentr Resident #526's w was observed at during each obse A review of the cl physician's order part the following cannula SOB (sh for SOB/Wheezin A review of the cl (Treatment Admir 2019, documents start date of 7/26	page 224 ff failed to administer Resident coording to the physician's as admitted to the facility on gnoses including but are not fracture, lung cancer, high and pacemaker. Due to the the MDS (Minimum Data Set) a completed. According the fon" note dated 7/26/19, as alert and oriented to time, are requires extensive leting; total care for transfers and continent of bladder and construction of Resident #526's rator's flow rate was made. Expression of Resident #526's rator's flow rate was made. Expression. Sinical record revealed a dated 7/26/19, documented in the coverage of the continents of breath), every shift		CROSS-REFERENCED TO THE APP	ns orders tory perly. residents on bulizers, ers for for 1 week, eekly for 4 ths. Any I additional provided as eported to be monthly monitored and	
	A review of the cl	inical record failed to reveal a gen administration.				
LABODATODA	conducted with L	8 PM, an interview was PN (Licensed Practical Nurse)	TI IDE			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. E	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C	
		495109	B. V	VINC	3 <u></u>	08/07/	2019
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F695	ensure the oxyge physician's order check the orders concentrator to not by the line numb ball. The ball wo When LPN #3 woxygen not being rate right rate, LF failure, shortness breathing), and le LPN #3 was asked the oxygen concestated, "You have the lines." LPN #3 stated, "The ball knob and you puline that is ordered on 7/31/19 at 3:1 #5 was conducted what the process concentrator flow	As was asked the process to en flow meter is set at the red rate, LPN #3 stated, "You, then you check the nake sure it is at the right rate er on the flow meter and the ruld be at the center of the line." as asked about residents' as est at the physician ordered PN #3 stated, "Respiratory of breath, tachypnea (rapid ow oxygen saturation." When ed to demonstrate how to set entrator's flow meter, LPN #3 et o get at eye level and look at #3 then pointed to each line and the and there is 5." LPN #3 then would move as you turn the the ball to the center of the ed." 34 PM, an interview with LPN ed. When LPN #5 was asked to make sure the oxygen or meter is at, the right rate is,	F695				
	the physician's or rate should be for stated, "Three." demonstrate how concentrator's for getting down to a When LPN #5 when LPN #5 when LPN and was set at, L pointed to the 2 the knob and more and the following part, "DO No state in part, "	You look at the dial and set it to rders." When asked what the or Resident #526, LPN #5 When LPN #5 was asked to we to read the oxygen ow meter, LPN #5 demonstrated eye level with the flow meter. as asked where the flow meter. LPN #5 stated, "2 1/2" and 1/2 line. LPN #5 then touched oved the flow meter ball. acility's operator's manual for yen Concentrators" documented DT change the L/min setting on aless a change has been					

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
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	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 CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	CTION SHOULD BE O THE APPROPRIATE	
F695	the setting prescritherapist. Note: locate the prescriflowmeter. Next, rises to the line. L/min. line prescrimed to the line. L/min. line prescrimed to the line. L/min. line prescrimed to the line oxygen should the location of the survey. According to Funded to the line oxygen should the line oxygen toxicity (Torug, the dosage should be continus should routinely overify that the clie oxygen concentrated medication administration." On 8/2/19 at 1:48 Member) #1, the Director of Nursin Clinical Coordinated findings. No further information of the survey. 2. a. The facility oxygen per the plus oxygen per the plus oxygen per the plus oxygen to the limited to: can obstructive pulmost.	ur physician or the: 1. Turn the flowrate knob to ribed by your physician or To properly read the flowmeter, ibed flowrate line on the turn the flow knob until the ball Now, center the ball on the	F695			
LAROPATORY		DER/SUPPLIER REPRESENTATIVE'S SIGNAT	TIPE			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
			1		DING	C 08/07/2	· .
NAME OF PRO	OVIDER OR SUPPLIER	495109	<u></u>	Γ	STREET ADDRESS, CITY, STATE, ZIP COD	<u> </u>	2019
	RELS OF UNIVERSIT	TY PARK			2420 PEMBERTON RD RICHMOND, VA 23233		
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F695	Continued From usually a combin chronic bronchitic The most recent assessment, an assessment refe the resident as s interview for mer was cognitively in Section O - Spectory Frograms, the resoxygen while a mosygen on via a tubing that insert an oxygen concentrator, flooper minute). A section the concentrator oxygen was in unoxygen concentrator. PM. Observation was and 1:25 p.m. of oxygen on via the concentrator, flooper minute) was and 1:25 p.m. of oxygen on via the concentrator, flooper minute) via NC (shortness of bree the comprehend documented in particular potential for direspiratory comprehend the comprehend documented in particular for direspiratory comprehend the comprehend documented in particular for direspiratory comprehend the comprehend documented in particular for direspiratory comprehend the comprehend comprehend comprehend comprehend the comprehend comprehe	page 227 lation of emphysema and s) (1). MDS (minimum data set) admission assessment, with an rence date of 6/27/19, coded coring a "14" on the BIMS (brief intal status) score, indicating he intact to make daily decisions. In cial Treatments, Procedures and esident was coded as using esident in the facility. Is made on 7/30/19 at 12:26 p.m. in his bed, asleep with his inasal cannula (a two-pronged its into the nose) connected to entrator. The oxygen we rate was set at 3 LPM (liters econd observation was made of 7/30/19 at 4:15 p.m. The se by the resident and the rator, flow rate was set at 3 LPM. Is made on 7/31/19 at 8:38 a.m. Resident #91 in his bed with his in its nasal cannula. The oxygen we rate was set at 3 LPM. Is made on 7/31/19 at 8:38 a.m. Resident #91 in his bed with his in its nasal cannula. The oxygen we rate was set at 3 LPM. Is reder dated, 7/26/19, 2 (oxygen) 2L/min (liters per (nasal cannula) every shift for	F695			ROPRIATE	DATE
LABORATORY	Y DIRECTOR'S OR PROV	IDER/SUPPLIER REPRESENTATIVE'S SIGNA	TURE				

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	•	JLTIPLE 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 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
F695	mediations & treat Monitor for ineffer adverse reactions the physician." On 7/31/19 at 1:2 observation of Reconducted with Resident #91's of the flow rate of occurrently receiving flow rate and state at 3 LPM [liters per morning." RN #5 physician order for oxygen and side at 3 LPM physician order for oxygen and side at 3 LPM physician order for oxygen and side administrative state administrative state administration, AS coordinator and Awere made aware 8/2/19 at 2:00 p. The facility side and Chapman, part of the prepared resident requested on the MAR (medical resident requested on the MAR (medical resident requested on the MAR (medical resident resident requested on the MAR (medical resident requested on the MAR (medical resident resident requested on the MAR (medical resident resident requested on the MAR (medical resident	coumented in part, "Administer atments per physician orders. ctiveness, side effects and s, report abnormal findings to 29 p.m., an interview and esident #91's flow rate was tN (registered nurse) #5, the N #5 was asked to view xygen concentrator and state xygen the resident was g. RN #5 observed the oxygen ted, "It's [oxygen flow rate] set ter minute]. I checked it this was asked to verify the or Resident #91's oxygen. RN Resident #91's oxygen. RN Resident #91's physician orders tated, "He should be on 2 LPM." 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	F695	5			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVI	
		495109	B. V	VINC	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 PREFI TAG		(EACH CORRECTIVE ACTION SHO	VIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F695	Continued From	page 229	F695	}		and the second s	
	on 7/31/19 at 1:2 observed hangin stored in a bag.	made of Resident #91's room 25 p.m. The nebulizer mask was g off the nebulizer machine, not Liquid was present in the ation storage container, going ontainer.					
	documented, "ip - 2.5 MG (milligra inhale orally ever (nebulizer)." Ipra used to prevent chest tightness,	der dated, 6/20/19, ratroplum-Albuterol solution, 0.5 ams)/3 ML (milliliters) 3 ML ry 6 hours for COPD give via jet tropium-Albuterol Solution is wheezing, difficulty breathing, and coughing in people with ve pulmonary disease COPD.					
	(MAR) documen	ledication Administration Record ted the above physician order. 2:00 p.m., the medication was ministered.					2
	documented in p a potential for di respiratory comp (diagnosis) of Co "Interventions" d mediations & tre Monitor for ineffe	sive care plan dated, 7/3/19, part, "Focus: (Resident #91) has fficulty breathing and risk for plications R/T (related to) dx OPD, requires O2." The locumented in part, "Administer atments per physician orders. ectiveness, side effects and his, report abnormal findings to					
	nurse) #5 on 7/3 asked to view R and medication if there was med stated, "Yes, tha	s conducted with RN (registered 11/19 at 1:29 p.m. RN #5 was esident #91's nebulizer mask storage container. When asked dication in the container, RN #5 at looks like a dose of the ere." When asked if the solution	The state of the s				

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STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		495109	B. W	VINC	<u> </u>	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		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F695	be there. The resistarting the treatring the treatring the treatring the treatring the treatring there right before eat his lunch." LF going to do it but lunch." LPN #2 sithe medication froback after lunch." The "Medication documented in proposition of the medication. (Note administering or a consumption). 10 Administering or a consumption). 10 Administration Refollowing administration reason on the band administration responses to the medication of traguest's mouth. 10 compressor. 11. In breaths with a slight inhalation. Guest respiratory rate. The medication is dep 10 -15 minutes."	RN #5 stated, "No, it should not sident should be observed ment." conducted with LPN (licensed £2, on 7/31/19 at 2:03 p.m. he gave Resident #91 his ent today, LPN stated, "I put it in £12:00 p.m. He requested to PN #2 stated, "He was initially then realized it was close to tated, "I should have removed om the nebulizer and taken it." Administration" policy art, "9. Administer the ex Remain with the guest while all medications to verify their or initial the guest's Medication ecord (MAR) immediately stration. 11. Record any sions including date, time, and ck of the Medication	F695				

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109		А. В	MULTIPLE CONSTRI JILDING ING	UCTION	(X3) DATE SURVEY COMPLETED C 08/07/2019	
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 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	(EACH C	/IDER'S PLAN OF CORRECTIVE ACTION SHO EFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F695	coordinator and were made awar 8/2/19 at 2:00 p.i. On 8/6/19 at 10: which profession facility follows. A policies and use No further inform (1) Barron's Dic Non-Medical Reand Chapman, p. (2) This informat following website https://medlinepl.html 2. c. The facility #91's nebulizer in During multiple onebulizer mask is strap from the noin a bag. Observation was a nebulizer mask in a bag. Observation was the strap on the bag was noted to nightstand next. A second observation. A third 7/31/19 at 1:25	SM #2, the regional clinical ASM #3, the director of nursing, e of the above concern on m. 18 a.m., ASM #2 was asked all standards of practice the SM #2 stated, "We follow our Lippincott." Ination was provided prior to exit. tionary of Medical Terms for the ader, 5th edition, Rothenberg age 124. ion was obtained from the	F695		DEFICIENCY		

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

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURV COMPLETE	
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Į.	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 PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F695	nurse) #5, the unp.m. When show empty bag sitting #91's room, RN # a bag when not in The facility policy Administration" d Disassemble nebshake dry or place Once unit is dry, Administrative standministrator, AS consultant and Awere made award 8/2/19 at 2:00 p.r. No further inform 3. The facility stander for Resider failed to store the sanitary manner. Resident # 96 wa 07/04/2019 with owere not limited to obstructive sleep Resident # 96's in data set), a quart (assessment refered Resident # 96 as interview for men 0 - 15, 15 - being daily decisions.	it conducted with RN (registered it manager, on 7/31/19 at 1:29 in the nebulizer mask and the on the nightstand in Resident 55 stated, "It should be stored in use." "", "Aerosolized Medication ocumented in part, "15. oulizer set, rinse with water, and se on paper towel to air dry. place in bag." aff member (ASM) #1, the SM #2, the regional clinical SM #3, the director of nursing e of the above findings on m. ation was provided prior to exit. aff failed to obtain a physician's at # 96's use of a BIPAP and a residents BiPAP mask in a mas admitted to the facility on diagnoses that included but or respiratory failure (1),	F695			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495109	1	VING	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 R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETE DATE
F695	Continued From Resident # 96 for On 07/30/19 at 2 10:20 a.m., observealed she was Resident # 96's to (bi-level positive sitting on top of to On 08/01/19 at 8 Resident #96 revolved a Bi-PA dresser uncovered her Bi-PAP mask stated, "Yes." We to place the mask use, Resident # was their (the number of the POS (physic 2019 failed to ever Bi-PAP. The comprehens with a revision of "Need. (Resider difficulty breathing complications R/Obstructive Sleer machine. Guest times. Revision of On 08/01/19 at a request was mask taff member) # 2, regional clinic physician's order Bi-PAP.	page 233 r the use of oxygen. :40 p.m., and on 07/31/19 at rvations of Resident #96 s lying in bed. Observations of bedside table revealed a Bi-PAP airway pressure) (3) mask the dresser uncovered. :40 a.m., observation of realed she was lying in bed. tesident # 96's bedside table aP mask sitting on top of the ed. When asked if she removes to by herself, Resident # 96 fhen asked if she staff instructed k in a bag when it was not in e96 stated, "No, they told me it rse's) job to do that." Stan order sheet) dated July idence an order for the use of a sive care plan for Resident # 96 to 08/01/2019 documented, and # 96) has potential for engand risk for respiratory Truelated to): dx (diagnosis) of the papea. Requires Bi-PAP removes Bi-PAP mask at	F695	DEFICIENCY)		
L	<u> </u>					1

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STATEMENT OF DEFICIENCIES VD PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
1		495109		B. WING		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	(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)	ULD BE	(X5) COMPLETE DATE
F695	have a physician use of a BiPAP a obtaining an order ASM # 1 provided physician's telephysician's telephysician orders order and bailing a	urveyor that the facility did not is order for the Resident # 96's and that they were currently er. At approximately 2:00 p.m., in this surveyor a copy of the hone order dated 08/02/2019. In the ented, "BIPAP ON QHS (every OFF IN THE AM (a.m.) - BIPAP in LITERS OF OXYGEN DX EP APNEA every evening and EEP APNEA." pproximately 5:55 p.m., a let to ASM (administrative staff a policy regarding the storage 18 a.m., administrative staff a policy regarding the storage 18 a.m., administrative staff a policy regarding the storage 18 a.m., administrative staff a policy regarding the storage 18 a.m., administrative staff a policy regarding the storage 18 a.m., administrative staff a policy regarding the standard of	F695				
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	IURE				

Event ID: PZ4N11

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED C	
		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	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHO	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F695	(administrative si administrator, AS	page 235 approximately 5:10 p.m., ASM taff member) #1, the SM #2, director of nursing, and nade aware of the above	F695	5			
	No further inform	nation was provided prior to exit.				•	
	lungs into your b obtained from th	ough oxygen passes from your lood. This information was e website: nih.gov/medlineplus/respiratoryf					
THE PROPERTY OF THE PROPERTY O	in which your bre This occurs beca airways. This in website:	leep apnea (OSA) is a problem eathing pauses during sleep. ause of narrowed or blocked formation was obtained from the us.gov/ency/article/000811.htm.					, ,
	and is very simile CPAP machine of pressure). Similar machine is a not patients suffering machine types of mask to the patients the throat reducing obstruct CPAP and BiPA breathe easily a night. This inform website: https://www.alasbipap-therapy-mpressure.	-level Positive Airway Pressure, ar in function and design to a (continuous positive airway ar to a CPAP machine, A BiPAP n-invasive form of therapy for g from sleep apnea. Both leliver pressurized air through a ent's airways. The air pressure muscles from collapsing and ctions by acting as a splint. Both P machines allow patients to nd regularly throughout the mation was obtained from the skasleep.com/blog/what-is-nachine-bilevel-positive-airway-					

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

Event ID: PZ4N11

Facility ID: VA0249

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

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` `	MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495109	B. W	VING	C 08/07/2019	
	OVIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, ZIP CO 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		OULD BE	(X5) COMPLETE DATE
F695	05/22/2015 with were not limited to atelectasis (1). Resident # 59's redata set), a quarter (assessment reference Resident # 59 as interview for men 0 - 15, eight - being cognition for maken on 07/30/19 at 5 and on 07/31/19 Resident # 59's respirometer (2) unbed table next to On 07/31/19 at 8 conducted with Resident # 59's respirometer with the incentive sometimes." On 07/31/19 at 3 Resident # 59's respirometer uncoverable next to the incentive sometimes. The POS (physic # 59 dated July 2 spirometer 10xhres awake every shift Order Date: 07/08/08/2019." On 07/31/19 at 3 conducted with Resident # 10xhres awake every shift Order Date: 07/08/08/2019."	as admitted to the facility on diagnoses that included but to: shortness of breath and most recent MDS (minimum terly assessment with an ARD prence date) of 06/09/19, coded a scoring a eight on the brief stal status (BIMS) of a score of ng moderately impaired of sing daily decisions. 305 p.m., 07/31/19 at 7:40 a.m. at 8:55 a.m., observations of com revealed an incentive acovered sitting the over-the-the resident's bed. 355 a.m., an interview was desident # 59 regarding the use pirometer. When asked if she efter, Resident # 59 stated,	F695			

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

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. Bi	MULTIPLE CONSTRUCTION UILDING VING	(X3) DATE SURVEY COMPLETED C	
		495109			08/07/2	2019
	OVIDER OR SUPPLIER RELS OF UNIVERSIT	Y PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 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 PREFI) TAG		ULD BE	(X5) COMPLETE DATE
F695	Continued From When how the in when not in use, bag when not in On 07/031/19 at (administrative stadministrator, AS ASM # 3, were refindings. On 08/05/19 at a request was made member) # 1 for of an incentive spondinator, was practice the facility follow our policies. A review of the faction of the facti	page 237 centive spirometer is stored RN # 2 stated, "It is stored in a use." approximately 6:05 p.m., ASM taff member) #1, the SM #2, director of nursing, and hade aware of the above approximately 5:55 p.m., a le to ASM (administrative staff a policy regarding the storage	F695	DEFICIENCY)		
		ny after surgery or when you				

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

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		495109	B. W	/ING	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	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F695	the incentive spir take slow deep by your lungs well-in heal and helps pin pneumonia. This the following well-in heal and helps pin pneumonia. This the following well-in heal and helps://medlineplicood/1.htm 5. The facility state to Resident # 1 aphysician. Resident # 1 was 5/12/2011 with a with diagnoses the to heart failure (1 respiratory failure Resident # 1's metal), a significant ARD (assessment for metal), a significant ARD (assessment for metal) daily decisions. The procedures, and Resident # 1 as metal cannula concentrator. Rewas running and (one) and 2 (two). An additional obs p.m., 07/31/19 at	ss, such as pneumonia. Using cometer teaches you how to creaths. Deep breathing keeps affated and healthy while you revent lung problems, like information was obtained from osite: us.gov/ency/patientinstructions/ aff failed to administer oxygen at the flow rate prescribed by the sadmitted to the facility on readmission on 10/19/2017, nat included but were not limited), pneumonia (2), and acute	F695			
		*				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		495109	B. W	VING		08/07/2019	
	IDER 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)	ACTION SHOULD BE TO THE APPROPRIATE	
	"[name of resider cardiac output Richard failure) w/ (blood pressure), Initiated 01/29/20 Under "Intervention O2 (oxygen) as cominute), obtain Cominute), obtain Cominute), obtain Cominuted: 01/29/20 The POS (physical "07/31/2019" for 2 (two) liters con (oxygen delivery Dr (doctor) if pulso Order Date: 05/005/08/2018." On 7/31/19 at 2: conducted with Left 16, regarding the #16 stated, "We correct level that staff set the flow stated, "You set number that the at the ball at eye lines on the flow "The lines on the flow "The lines on the flow atted that each On 7/31/19 at 2: made with LPN; concentrator. Left concentrator and half] (liters per midown, sometime)	wive care plan for Resident # 1, nt] is at risk for decreased /T (related to): CHF (congestive (with) oxygen use, HTN (high history of CVA (stroke) Date 219 Revision on: 01/29/2019." ions" it documented, "Provide ordered 2lpm (two liters per 22 sats (saturations) as ordered cian of abnormal findings. Date	F695				

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	•	JLTIPLE CONSTRUCTION DING	(X3) DATE SUR\ COMPLETE	
		495109	B. W			08/07/	2019
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	Æ	
(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
F695	asked if Residen as ordered to Re the oxygen was a ordered by the please ordered oxygen (ASM) as practice the facility follow our policie. The manufacture oxygen concentration or documents the flowrate known your physician or flowmeter, locate the flowmeter. No hall rises to the ling Lymin (liters per resident oxygen concentration." On 07/31/19 at a (administrative standministrator, AS coordinator and A were made award were made award to pump oxygen-body efficiently. The condition in what to pump oxygen-body efficiently. The condition is the please ordered to the p	minute) at eye level. When t #1's oxygen was administered sident #1, LPN # 16 stated that not being administered as hysician. 18 a.m. administrative staff £2, the regional clinical asked what standard of ty follows. ASM #2 stated, "We start and Lippincott." 18 ard Lippincott." 19 ard Lippincott." 19 ard Lippincott." 10 ard Lippincott." 10 ard Lippincott." 11 ard Lippincott." 12 ard Lippincott." 13 ard Lippincott." 14 ard Lippincott." 15 ard Lippincott." 16 ard Lippincott." 17 ard Lippincott. Turn to the setting prescribed by the prescribed flowrate line on ext, turn the flow knob until the ne. Now, center the ball on the ninute) line prescribed." 15 ard Lippincott, page 242, read in part: ment and Interventions: 3. In in the appropriate 16 ard Lippincott, page 242, read in part: ment and Interventions: 3. In in the appropriate 17 ard Lippincott, page 242, read in part: ment and Interventions: 3. In in the appropriate	F695				

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STATEMENT OF	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION JILDING	(X3) DATE SURV COMPLETED	
		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	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 SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F695	obtained from the gov/ency/article/d 2. Pneumonia An infection in or germs, such as because pneumoniby inhaling a liquid was obtained fro //medlineplus.gov 3. Respiratory fallur blood doesn't hamuch carbon dioboth problems. It take in oxygen. It blood, which carbor gans, such as oxygen-rich blood breathing is remetted blood and breathon dioxide in carbon dioxide in ca	ody. This information was a website: https://medlineplus. 000158.htm. The or both of the lungs. Many pacteria, viruses, and fungi, can a. You can also get pneumonia id or chemical. This information in the website: https: v/pneumonia.html. The illure are is a condition in which your ve enough oxygen or has too exide. Sometimes you can have when you breathe, your lungs the oxygen passes into your ries it to your organs. Your your heart and brain, need this d to work well. Another part of oving the carbon dioxide from the organic ormation was obtained from the	F695			
F698 SS=D	gov/respiratoryfa Dialysis CFR(s): 483.25(ailure.html	F698	Ftag 698		9/20/19
	require dialysis r with professiona comprehensive p the residents' go	ensure that residents who receive such services, consistent I standards of practice, the person-centered care plan, and hals and preferences.		Resident #63: No negative our occurred as a result of this pre has sent a memo to the dialyst educating them on the important returning communication form	actice. NHA is center ance of s.	
	by:	MENT is not met as evidenced		Residents receiving dialysis he potential to be affected by this		

A95109 STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233 SUMMARY STATEMENT OF DEFICIENCIES GACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREPIX TAG PROVIDER STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233 F698		F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	•	LTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
THE LAURELS OF UNIVERSITY PARK 2420 PEMBERTON RD RICHMOND, VA 23233			495109	B. V	VING		C 08/07/	2019
F698 Continued From page 242 Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide dialysis care consistent with professional standards of practice, and the comprehensive person-centered care plan for one of 72 residents in the survey sample, Resident #63. The findings include: The facility staff failed to ensure adequate communication and collaboration for care with Resident #63's hamodialysis (1) center. Resident #63's was admitted to the facility on 2/18/17. Resident #63's diagnoses included but were not limited to end stage renal (kidney) disease, diabetes and history of stroke. Resident #63's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/8/19, coded the resident as being cognitively intact. Section O coded Resident #63's comprehensive care plan dated 2/18/19 documented, "(Name of Resident #63) is at risk for complications R/T (related to) needs dialysis survices within the last 14 days. Resident #63's comprehensive care plan dated 2/18/19 documented, "(Name of Resident #63) is at risk for complications R/T (related to) needs dialysis care consistent with professional standards of practice, and following up with dialysis centers if communication should not return. DON or designee will audit communication books for residents receiving dialysis during the clinical operations meeting, NHA will educate current dialysis centers being used on the importance of return communication. DON or designee will audit communication books for residents receiving dialysis during the clinical operations meeting. NHA will educate current dialysis centers being used on the importance of return communication or counseling will monitor dialysis books 5 times a week for 1 weeks, weekly for 4 weeks and monthly for 3 months. Any variances will be corrected and additional education or counseling will be provided as needed. Any concerns will be reported to the quality assurance program. A			TY PARK			2420 PEMBERTON RD	E	
Based on staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide dialysis care consistent with professional standards of practice, and the comprehensive person-centered care plan for one of 72 residents in the survey sample, Resident #63. The findings include: The facility staff failed to ensure adequate communication and collaboration for care with Resident #63's hemodialysis (1) center. Resident #63's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/8/19, coded the resident as being cognitively intact. Section O coded Resident #63's comprehensive care plan dated 2/18/19 documented, "(Name of Resident #63's comprehensive care plan dated 2/18/19 documented, "(Name of Resident #63) is at risk for complications R/T (related to) needs dialysis due to: End Stage Renal Disease, (Sic.) Requires HemodialysisHemodialysis and ordered" The care plan documented the address and phone number of the dialysis	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI	OULD BE	(X5) COMPLETE DATE
communication and collaboration for care with Resident #63's hemodialysis (1) center. Resident #63 was admitted to the facility on 2/18/17. Resident #63's diagnoses included but were not limited to end stage renal (kidney) disease, diabetes and history of stroke. Resident #63's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/8/19, coded the resident as being cognitively intact. Section O coded Resident #63's a having received dialysis services within the last 14 days. Review of Resident #63's clinical record revealed a physician's order for hemodialysis every Monday, Wednesday and Friday. Resident #63's comprehensive care plan dated 2/18/19 documented, "(Name of Resident #63) is at risk for complications R/T (related to) needs dialysis due to: End Stage Renal Disease, (Sic.) Requires HemodialysisHemodialysis as ordered" The care plan documented the address and phone number of the dialysis	F698	Based on staff in review and clinical determined that the dialysis care constandards of praceperson-centered residents in the staff.	terview, facility document al record review, it was the facility staff failed to provide sistent with professional ctice, and the comprehensive care plan for one of 72 survey sample, Resident #63.	F698		nursing staff on completing communication forms, sending the dialysis book with residents, and following up with dialysis centers if communication should not return. DON or designee will audit communication books for residents receiving dialysis during the clinical operations meeting.		
disease, diabetes and history of stroke. Resident #63's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/8/19, coded the resident as being cognitively intact. Section O coded Resident #63 as having received dialysis services within the last 14 days. Review of Resident #63's clinical record revealed a physician's order for hemodialysis every Monday, Wednesday and Friday. Resident #63's comprehensive care plan dated 2/18/19 documented, "(Name of Resident #63) is at risk for complications R/T (related to) needs dialysis due to: End Stage Renal Disease, (Sic.) Requires HemodialysisHemodialysis as ordered" The care plan documented the address and phone number of the dialysis	- The state of the	communication and collaboration for care with Resident #63's hemodialysis (1) center. Resident #63 was admitted to the facility on 2/18/17. Resident #63's diagnoses included but were not limited to end stage renal (kidney) disease, diabetes and history of stroke. Resident #63's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/8/19, coded the resident as being cognitively intact. Section O coded Resident #63 as having received				NHA will educate current dialysis centers being used on the importance of return communication.		
revealed a physician's order for hemodialysis every Monday, Wednesday and Friday. Resident #63's comprehensive care plan dated 2/18/19 documented, "(Name of Resident #63) is at risk for complications R/T (related to) needs dialysis due to: End Stage Renal Disease, (Sic.) Requires HemodialysisHemodialysis as ordered" The care plan documented the address and phone number of the dialysis						books 5 times a week for 1 week week for 2 weeks, weekly for 4 monthly for 3 months. Any variable corrected and additional educounseling will be provided as concerns will be reported to the assurance committee monthly	ek, 3 times a weeks and ances will ucation or needed. Any e quality	
information regarding communication with the dialysis center.		revealed a physician's order for hemodialysis every Monday, Wednesday and Friday. Resident #63's comprehensive care plan dated 2/18/19 documented, "(Name of Resident #63) is at risk for complications R/T (related to) needs dialysis due to: End Stage Renal Disease, (Sic.) Requires HemodialysisHemodialysis as ordered" The care plan documented the address and phone number of the dialysis center but failed to document specific information regarding communication with the				Continued compliance will be not through the facilitys quality ass program. Additional education monitoring will be initiated for a concerns. Completion Date:	urance and	
Review of Resident #63's dialysis communication book (a book that contained LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		communication b	ook (a book that contained					

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(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.	
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F698	staff, sent with the returned with document any side of the fact of that was supposed facility staff. The contained areas Resident #63's vince the last diatests of intake, activity physician's order regimen since lassessment, died of intake, activity physician's order regimen since lassection of the fordialysis center st given during dial completion, transidialysis, post diachanges in mediand next dialysis. Further review of book failed to recommunications 5/22/19, 5/31/19 7/10/19, 7/12/19 7/12/19, 7/24/19 On 8/5/19 at 3:4 conducted with Fregarding the face Resident #63's of RN #8 stated the take Resident #6 them at the top of morning before to the face of	perms to be completed by facility be resident to dialysis and commented communication from per) revealed multiple forms from May 2019 through forms contained a top section ed to be completed by the stop section of the forms for the facility staff to document ital signs, significant changes lysis session, labs [laboratory e last dialysis session, physical effluid order and brief summary level, compliance with so and changes in medication set dialysis visit. The bottom ms contained areas for the aff to document medications yes, dressing change sfusion complications during lysis weight/vital signs, labs, cation, food/fluids consumed	F698			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
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F698	been obtained. I complete the top form is sent to the communication be dialysis center is bottom section of supposed to be responsible for clocumented by communication of the dialysis center bottom section of returns to the fact the forms is not composed to communication be dialysis of fax their patient the facility. RN #8 propatient-treatment June 2019 and June 2	page 244 abs [laboratory tests] that have RN #8 stated after facility staff portion of the form, and the e dialysis center in the dialysis book. RN #8 stated staff at the supposed to complete the f the form and the form is returned to the facility after stated the facility nurses are hecking the communication dialysis center staff at the m. RN #8 stated sometimes, or staff does not complete the f the forms, but if Resident #63 dility and the bottom section of completed the facility nurses are tact the dialysis center to make any pertinent information that is stated usually when the nurses tenter, the dialysis center will reatment record form to the resented multiple dialysis center to the forms was 8/2/19. RN #8 ms were just requested and (Note-review of Resident ford [nurses' notes] and dialysis book failed to reveal facility communication with the another above dates and failed to dialysis patient treatment the above dates). RN #8 stated ent, treatment record form testion such as Resident #63's while receiving dialysis and the fulling removed from Resident is. When RN #8 was asked ion was important, RN #8	F698			
LABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	TI IDE			

STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
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F698	how much fluid w #63 could go into much fluid being Resident #63 had dialysis access so the resident returns site and the dialy documents if a dialysis center. On 8/6/19 at 11:2 staff member) #1 (the regional clin (the director of n above concern. The facility policy COORDINATION "Procedure: 1. U hemodialysis, the communication r -Dialysis Guest I -A copy of the cu including hemod -Current Care plank Progress -Blank Progress -Blank Pacility D -A copy of the gu 2. The Facility D be completed by with the guest to 3. The Facility D may contain the -Change in gues last exam -Guest's mental/ dialysis appointr -Oral intake since	ortant for facility nurses to know yas removed because Resident to respiratory distress due to too removed. RN #8 further stated a history of bleeding from her ite. RN #8 stated sometimes ms without a dressing over the resis, communication form ressing was applied at the 25 a.m., ASM (administrative (the administrator), ASM #2 ical coordinator) and ASM #3 ursing) were made aware of the 4 titled, "HEMODIALYSIS-N OF SERVICES" documented, pon receiving an order for e charge nurse will initiate a notebook that will include: information Sheet irrent physician's orders, ialysis orders an Notes ialysis Communication form will the charge nurse to be sent the dialysis center (Sic.). ialysis Communication form following information: t's physical assessment since demotional state since last nent e last appointment ice last appointment	F698			

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. Bi	MULTIPLE CONSTRUCTION JILDING	(X3) DATE SURVEY COMPLETED C	
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F698	-Most recent vita -Most recent weit reatments -Guest's complia -Other appropria 4. The communic the guest to the of 6. The nurse ass the communicati dialysis center at the guest's physic and other ancilla No further inform exit. (1) "When your k your blood. They your bones stron your kidneys fail, the work your kid have a kidney tra treatment called There are two manifilter your blood t wastes, extra sal Hemodialysis us called an artificia special clinic for week." This info	last appointment Il signs ght if weighed between Ince with plan of care te comments cation notebook will be sent with dialysis center igned to the guest will review on/Progress Notes from the nd communicate information to ician, staff caring for the guest, ry departments as needed" Interest and your blood healthy. When you need treatment to replace lineys used to do. Unless you ansplant, you will need a dialysis. ain types of dialysis. Both types o rid your body of harmful	F698			
F700 SS=E	Bedrails CFR(s): 483.25(r	n)(1)-(4)	F700	Ftag 700		9/20/19
	alternatives prior If a bed or side ra	ails. attempt to use appropriate to installing a side or bed rail. ail is used, the facility must stallation, use, and		Resident #62: No negative or occurred as a result of this prephysical device evaluation has completed to reflect entrapmentals vs. benefits have been in	ractice. The as been ent risk and	
LABORATOR	/ DIDECTODIO OD DOOM	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	1100			L

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STATEMENT C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
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F700	limited to the following the fo	bed rails, including but not owing elements. sess the resident for risk of bed rails prior to installation. view the risks and benefits of eresident or resident and obtain informed consent prior sure that the bed's dimensions for the resident's size and low the manufacturers' as and specifications for aintaining bed rails. MENT is not met as evidenced and interview, staff interview, t review and clinical record elemined the facility staff failed to bedrail requirements for 18 of the survey sample, Residents 193, #118, #112, #97, #107, #26, 1489, #526, #488, #84, #70, and loude: aff failed to evidence Resident ed for the use of bed rails. In the consent of the risks and use of side rails and consent	F700		actice. The s been not risk and eviewed and exiewed actice. The sbeen	



F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '				
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with diagnoses the comprehension of is spread primarity transmission has t	nat included but were not limited epeated falls, and hepatitis C the liver. similar to hepatitis B. It ly through blood, though sexual been described.) (1). MDS (minimum data set) uarterly assessment, with an rence date of 6/6/19, coded the ng a "3" on the BIMS (brief stal status) score, indicating the erely impaired to make daily ns. In Section G - Functional ent was coded as requiring since of one staff member for left by the bed was observed a rails and half-bed rails were der dated, 7/23/19, you 1/2 side rails up as an obed." It ive care plan, dated, 12/20/18 //2/19, documented in part, at #62) has an ADL (activities of Care Performance Deficit and since with ADLs and mobility r/t ared balance, limited mobility red balance, limited mobility The "Interventions" documented in SIDE RAILS - two half rails an order for safety during care sist with bed mobility. Observe pment related to side railed PRN (as needed) to avoid	F700		risks vs. benefits have been reconsent has been obtained. Resident #96: No negative out occurred as a result of this prace physical device evaluation has completed to reflect entrapment risks vs. benefits have been reconsent has been obtained. Resident # 59: No negative out occurred as a result of this prace physical device evaluation has completed to reflect entrapment risks vs. benefits have been reconsent has been obtained. Resident #489: Resident no lonat the facility. Resident #526: Resident no lonat the facility. Resident #488: No negative out occurred as a result of this prace physical device evaluation has completed to reflect entrapment risks vs. benefits have been reconsent has been obtained. Resident # 84: No negative out occurred as a result of this prace physical device evaluation has completed to reflect entrapment risks vs. benefits have been reconsent has been obtained. Resident # 70: No negative out occurred as a result of this prace physical device evaluation has completed to reflect entrapment risks vs. benefits have been reconsent has been obtained.	come ctice. The been t risk and viewed and come ctice. The been t risk and viewed and decome ctice. The been t risk and viewed and come ctice. The been t risk and viewed and come ctice. The been t risk and viewed and come ctice. The been t risk and viewed and come ctice. The been t risk and viewed and	
				Completed to reflect entrapmen	LINK allu	
	SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From with diagnoses the to: depression, received primaring transmission has The most recent assessment, a quassessment referesident as scoring interview for meresident was seven cognitive decision Status, the resident extensive assistated mobility. On 7/30/19 at 3:10 observed lying in with two half-side up. The physician or documented, "Two enabler when in the comprehens and revised on 8. "Focus: (Resider daily living) Self (required assistant (related to) impair and glaucoma." The part, "12/20/18 up as per physicip provisions, to assist for injury or entra use. Reposition Finjury."	DOUDER OR SUPPLIER RELS OF UNIVERSITY PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 248 with diagnoses that included but were not limited to: depression, repeated falls, and hepatitis C (inflammation of the liver. similar to hepatitis B. It is spread primarily through blood, though sexual transmission has been described.) (1). The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/6/19, coded the resident as scoring a "3" on the BIMS (brief interview for mental status) score, indicating the resident was severely impaired to make daily cognitive decisions. In Section G - Functional Status, the resident was coded as requiring extensive assistance of one staff member for bed mobility. On 7/30/19 at 3:15 p.m., Resident #62 was observed lying in bed; the bed was observed with two half-side rails and half-bed rails were up. The physician order dated, 7/23/19, documented, "Two 1/2 side rails up as an enabler when in bed." The comprehensive care plan, dated, 12/20/18 and revised on 8/2/19, documented in part, "Focus: (Resident #62) has an ADL (activities of daily living) Self Care Performance Deficit and required assistance with ADLs and mobility r/t (related to) impaired balance, limited mobility and glaucoma." The "Interventions" documented in part, "12/20/18 - SIDE RAILS - two half rails up as per physician order for safety during care provisions, to assist with bed mobility. Observe for injury or entrapment related to side railed use. Reposition PRN (as needed) to avoid	DONDER OR SUPPLIER RELS OF UNIVERSITY PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 248 with diagnoses that included but were not limited to: depression, repeated falls, and hepatitis C (inflammation of the liver. similar to hepatitis B. It is spread primarily through blood, though sexual transmission has been described.) (1). 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DOUDER OR SUPPLIER RELS OF UNIVERSITY PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RESOULTOMY OR LSC IDENTIFYING INFORMATION). Continued From page 248 with diagnoses that included but were not limited to: depression, repeated falls, and hepatitis C (Inflammation of the liver. similar to hepatitis B. It is spread primarily through blood, though sexual transmission has been described.) (1). The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment, a quarterly assessment, with an assessment reference date of 6/6/19, coded the resident was severely impaired to make daily cognitive decisions. In Section G - Functional Status, the resident was coded as requiring extensive assistance of one staff member for bed mobility. On 7/30/19 at 3:15 p.m., Resident #62 was observed with two half-side rails and half-bed rails were up. The physician order dated, 7/23/19, documented, "Two 1/2 side rails up as an enabler when in bed." The comprehensive care plan, dated, 12/20/18 and revised on 8/2/19, documented in part, "Focus: (Resident #82) has an ADL (activities of daily living) Self Care Performance Deficit and required assistance with ADLs and mobility and glaucoma." The "Interventions" documented in part, "Focus: (Resident #82) has an ADL (activities of daily living) Self Care Performance Deficit and required assistance with ADLs and mobility and glaucoma." The "Interventions" documented in part, "Focus: (Resident #82) has an ADL (activities of daily living) Self Care Performance Deficit and required assistance with ADLs and mobility or to reflect entrapmen risks vs. benefits have been reconsent has been obtained. Resident #488: No negative out occurred as a result of this prace to the facility. Resident #488: No negative out occurred as a result of this prace to the facility. Resident #488: No negative out occurred as a result of this prace to the facility. Resident #489: Resident no lor at the facility. Resident #489: No negative out occurr	DIADRECTION NUMBER: 495109 A BULIDING 8. WING SUMMARY STATEMENT OF DEFICIENCIES (CACH DEFICIENCY WITE PER PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 248 F700 The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/6/19, coded the resident was severely impaired to make daily cognitive decisions. In Section G - Functional Status, the resident was coded as requiring extensive assistance of one staff member for bed mobility. On 7/30/19 at 3:15 p.m., Resident #62 was observed lying in bed; the bed was observed with two half-side rails and half-bed rails were up. The physician order dated, 7/23/19, documented, "Two 1/2 side rails up as an enabler when in bed." 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STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPLE CONSTRUCTION LDING	(X3) DATE SURV COMPLETE	
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	OVIDER OR SUPPLIER	TY PARK	Liver story and the	STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233		Anni Anni Anni Anni Anni Anni Anni Anni
(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
F700	could be used. T for entrapment a versus benefits, to obtained for Res from administratic administrator. An interview was nurse) #5 on 8/1, about the proces #5 stated, "If son turning and positive restraint assessment for turning and positive resident's mover assessment for the located, RN #5 s RN #5 was asked consent for the uthe risks and ber and the risk of en would have to character of nursing asked how the fause of side rails, maintains the macompleted. We consure they are asked where the documents the rifor the use of side the resident and ASM #3 stated, I will get back with the side of side talls, I will get back with the side of side talls.	s and other alternatives that he initial assessment of the risk and the explanation of risks with informed consent that was ident #62, was a requested ve staff member (ASM) #1, the conducted with RN (registered /19 at 8:44 a.m. When asked is for the use of side rails, RN meone wants side rails for ioning, we complete a prement form. We only use half side leck to see if the rails restrict the ment. Then we put the paper." When asked where the he risk of entrapment was tated she would have to check if of the signed informed in the signed i	F700	risks vs. benefits have been reconsent has been obtained. Resident # 65: No negative out occurred as a result of this pray physical device evaluation has completed to reflect entrapmer risks vs. benefits have been reconsent has been obtained. Residents with side rails in the the potential to be affected. DON or designee will educate nursing staff on the updated potential and entrapment, to physical device evaluation, risk and consent. DON or designee has conduct of current resident beds. The uphysical device evaluation will completed for every resident, represent the physical device evaluation will completed for every resident, represent the physical device evaluation will completed for current resident be obtained for current for for side for for for for side for for for for f	dicome office. The been of risk and viewed and dicensed olicy/process of include of vs. benefit of the disks vs. consent will office. The worders of the disks vs. consent will office o	
	On 8/1/19 at 8:5	8 a.m., RN #5 returned to this			·	

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/	2019
	OVIDER OR SUPPLIER RELS OF UNIVERSIT	TY PARK		STREET ADDRESS, CITY, STATE, ZI 2420 PEMBERTON RD RICHMOND, VA 23233	PCODE	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
F700	form. They are the facility." On 8/2/19 at 1:30 administrator, production Eval Resident #62. No provided prior to The policy on the entrapment were administrator on The facility presep.m. The policy, 'Spacing' docume company) facilities free from areas of may pose a risk of Review of the possessment of the risk and benefits. ASM #1, the admiclinical coordinate nursing were may on 8/6/19 at 5:19 No further inform (1) Barron's Dictional Regard Chapman, possessment, page 2. The facility stars assesses addition, failed to risks and benefits.	nd the pre-restraint reduction he only forms we have at the pre-restraint reduction he only forms we have at the property of p.m. ASM #1, the poided a "Pre-Restraint reduction" dated, 8/23/17 for of further documents were exit. It is use of bed rails and the risk of requested from ASM #1, the 8/6/19 at 1:50 p.m. Inted a policy on 8/6/19 at 4:25 "Bed/Mattress/Side rail ented in part, "(Name of es will ensure that all beds are of possible entrapment which of hazards or serious injury." licy failed to evidence he resident and explanation of effits or a consent for use of side on, and ASM #3, the director of de aware of the above concerning. ation was provided prior to exit. onary of Medical Terms for the ader, 5th edition, Rothenberg	F700		y assurance ation and	

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STATEMENT O AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVI COMPLETED	
		495109	B. W	ING	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 ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F700	Resident #51 wa 2/9/19 with diagr limited to: demer fractures of the rimited to: demer fractures of the research, a quassessment, a quassessment refethe resident as sinterview for mer resident was more cognitive decision Status, the resident supervision of or the bed. An interview was on 7/31/19 at 8:5 wheelchair but on When asked if sl	ained prior to use. Is admitted to the facility on noses that included but were not notia, high blood pressure, and ibs. MDS (minimum data set) uarterly assessment, with an rence date of 5/26/19, coded coring a "12" on the BIMS (brief ntal status) score, indicating the derately impaired to make daily ns. In Section G - Functional ent was coded as requiring ne staff member for moving in a conducted with Resident #51 a.m. She was in her ne-half rail was up on the bed. The uses the side rail, Resident	F700			
	She only needs of The physician or documented, "Twenabler when in The comprehens documented in pan ADL self-care requires assistarimpaired mobility "Interventions" of MOBILITY - Resumple assistance of on bed. SIDE RAILS physician orders with bed mobility	der dated, 2/18/19, wo 1/2 side rails up as an				

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 ' '		LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
•		495109		VING		C 08/07/2019	
	OVIDER OR SUPPLIER	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		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F700	Continued From PRN (as needed		F700)			
	On 7/31/19 at 12 need for side rail could be used. To for entrapment are versus benefits, to obtained for Resi from administrator. On 8/2/19 at 1:30 administrator, pro Evaluation" dated further document ASM #1, the administrator document as were made on 8/6/19 at 5:19 No further inform 3. The facility sta #76 was assessed addition, failed to risks and benefits consent was obtained by the facility of the most recent assessment, a quassessment referresident as scorir interview for men	:55 p.m., the assessment of the s and other alternatives that he initial assessment of the risk and the explanation of risks with informed consent that was ident #51, was a requested we staff member (ASM) #1, the ovided a "Physical Device d, 2/19/19 for Resident #91. No is were provided prior to exit. Ininistrator, ASM #2, the regional or, and ASM #3, the director of de aware of the above concern p.m. ation was provided prior to exit. If failed to evidence Resident and for the use of bed rails. In evidence that a review of the sofor the use of side rails and ained prior to use. Is admitted to the facility on noses that included but were oke, dementia, diabetes and					
	decisions. In Sec	tion G - Functional Status, the	F1 15 5				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		DING	(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 PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F700	assistance of one bed. Observation was	page 253 led as requiring extensive e staff member for moving in the made on 7/31/19 at 11:31 l45 p.m. and 8/2/19 at 11:43	F700)			
	a.m., of Resident rails in the up po	t #76 in his bed with both side					
A STATE OF THE STA	documented, "Tv enabler when in	vo 1/2 side rails up as an bed every shift."					
	documented in p an ADL self-care requires assistar limited mobility." documented in p requires extensive reposition and tu half rails up as p while in bed, to a Observe for injur	art, "Focus: (Resident #76) has art, "Focus: (Resident #76) has performance deficit and noe with ADLs and mobility r/t. The "Interventions" art, "BED MOBILITY - Resident re assistance of two staff to rn in bed. SIDE RAILS - Two er physician orders for safety assist with bed mobility. The resident related to side ion PRN (as needed) to avoid					
	On 7/31/19 at 12 need for side rail could be used. T for entrapment a versus benefits, obtained for Res	2:55 p.m., the assessment of the ls and other alternatives that the initial assessment of the risk and the explanation of risks with informed consent that was ident #76, was a requested ive staff member (ASM) #1, the					
	administrator, pr Evaluation" date	0 p.m. ASM #1, the ovided a "Physical Device d, 12/19/18 for Resident #76. nents were provided prior to					

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
		495109	B. V	VING	08/07/	2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COE 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	X (EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F700	clinical coordinat nursing were ma on 8/6/19 at 5:19 No further inform 4. The facility sta #93 was assessed addition, failed to risks and benefits consent was obtance of the consent was obtance of failed to the consent was obtance of one bed. Clinical coordinate massessed was assessed to the consent was severely implications. In Section 1. Section 1. In Section	ninistrator, ASM #2, the regional for, and ASM #3, the director of de aware of the above concern p.m. ation was provided prior to exit. Iff failed to evidence Resident ed for the use of bed rails. In a evidence that a review of the sofor the use of side rails and ained prior to use. Is admitted to the facility the use of the solution was admitted to the facility the lood pressure, depression	F700			
	position. The physician or documented, "Twenabler when in less than the control of the control	-				
	•	ive care plan dated 12/4/18 and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495109	B. WING		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 APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F700	(Resident #93) h performance def ADLs and mobili impaired balance mobility." The "In part, "BED MOB extensive assista and turn in bed. as per physician assist with bed nentrapment relat PRN to avoid injuiced for side rail could be used. The for entrapment a versus benefits, obtained for Resfrom administration. On 8/2/19 at 1:3 administrator. On 8/2/19 at 1:3 administrator, properice Usage" on No further docur exit. ASM #1, the addrelinical coordinal nursing were made on 8/6/19 at 5:15. No further information for the facility start addition, failed to the same and the same assess addition, failed to the same and the same and the same assess addition, failed to the same and the same a	19, documented in part, "Focus: as an ADL self-care icit and requires assistance with ty r/t muscle weakness, e., decreased strength, functional atterventions" documented in ILITY - Resident requires ance of one staff to reposition SIDE RAILS - Two half rails up order for safety while in bed, to nobility. Observe for injury or ed to side rail use. Reposition ury." 2:55 p.m., the assessment of the is and other alternatives that the initial assessment of the risk and the explanation of risks with informed consent that was ident #93, was a requested ive staff member (ASM) #1, the ovided a "Determination of lated, 7/31/15 for Resident #93. ments were provided prior to ministrator, ASM #2, the regional tor, and ASM #3, the director of ade aware of the above concern	F700			

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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		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
F700	Resident #118 w 5/25/19 with diag not limited to: mu diabetes, and bra	ained prior to use. as admitted to the facility on proses that included but were altiple fractures, dementia, ain hemorrhage.	F700			
	assessment, a si with an assessm coded the reside (brief interview for indicating the resto make daily cog Functional Status requiring extensionember for movi					
	7/30/19 at 4:15 p rails that were bo The physician or	made of Resident #118 on .m. in her bed with two half-side oth in the up position. der dated, 5/25/19, yo 1/2 side rails up as an bed."				
	documented in partial has an ADL self-requires assistant dementia, repeat "Interventions" do MOBILITY - Resi assistance of one bed. SIDE RAILS physician order for with bed mobility.	ive care plan dated, 6/6/19, art, "Focus: (Resident #118) care performance deficit and ce with ADLs and mobility r/t ed falls and rib fractures." The ocumented in part, "BED dent requires extensive e staff to reposition and turn in 3 - Two half rails up as per or safety while in bed, to assist . Observe for injury or ed to side rail use. Reposition ary."				
		:55 p.m., the assessment of the				
LABORATORY	DIDECTORIC OR DROVE	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	T1 1555			

ENDOINTON! DINECTON'S ON FROMDENSOFFEIEN REFRESEITATIVE'S SIGNATURE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED C	
		495109	B. W	ING	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 R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F700	could be used. T for entrapment a versus benefits, to obtained for Res from administration. On 8/2/19 at 1:30 administrator, proceeding the form administrator, and admission/5-day an ARD (Assess coded the reside ability to make admission/5-day an ARD (Assess coded the reside ability to make admission/5-day an ARD (Assess coded the reside ability to make admission/5-day an ARD (Assess coded the reside ability to make admission/5-day an ARD (Assess coded the reside ability to make admission/5-day an ARD (Assess coded the reside ability to make admission/5-day an ARD (Assess coded the reside ability to make admission/5-day an ARD (Assess coded the reside ability to make admission/5-day an ARD (Assess coded the reside ability to make admission/5-day an ARD (Assess coded the reside ability to make admission/5-day an ARD (Assess coded the reside ability to make admission/5-day an ARD (Assess coded the reside ability to make admission/5-day and adm	s and other alternatives that the initial assessment of the risk and the explanation of risks with informed consent that was ident #118, was a requested ve staff member (ASM) #1, the D. p.m. ASM #1, the ovided a "Physical Device dated 6/25/19 for Resident documents were provided prior ministrator, ASM #2, the regional for, and ASM #3, the director of de aware of the above concern	F700			



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

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	MULTI	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		495109	B. V	VING_		C 08/07/2019	
	OVIDER OR SUPPLIER	TY PARK		24	REET ADDRESS, CITY, STATE, ZIP COD 420 PEMBERTON RD ICHMOND, 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
F700	PM, and on 7/31 observations were On each observations room or was in hobserved in bed. side rails on both position.	proximately 11:45 AM, 2:15 /19 at approximately 9:30 PM, re made of the resident's room. ation she was either not in the er wheelchair. She was not The bed was noted to have a sides of the bed in the up	F700				
	physician's order (half) side rails upon A review of the converse and ADL (active performance defined ADL's and mobility and the intervention, Bilateral half rails safety during carmobility. Observed to side rangeded) to avoid Further review of "Physical Device completed on 6/2 section 2, "Bed/S Assist Bar, 2. Full 1/2 Side Rail, 5. Used." Item 4 arresident. Section "Reason for Enal Repositioning/Sumbbility, 3. Enhalm."	linical record revealed a dated 6/28/19 for "Two 1/2 p as an enabler when in bed." omprehensive care plan led 6/29/19 for "(Resident #112) vities of daily living) self care licit and requires assistance with lity" This care plan included dated 7/12/19, for "Side Rails: a up as per physician orders for le provision, to assist with bed le for injury or entrapment lit use. Reposition PRN (as injury." If the clinical record revealed a Evaluation" form that was 28/19. This form documented in 13 Side Rail, 3. 3/4 Side Rail, 4. Both Up, 6. One Up, 7. Not led 5 were checked for this led 4 of this form documented, bler Device Use: 1. Import, 2. Enable/Increase Bed lince Mobility, 4. Enable/Increase All 4 reasons were checked for					
	DISCOTODIO OD COO E	DER/SLIPPLIER REPRESENTATIVE'S SIGNA	FUDE	L_			

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

Event ID: PZ4N11

Facility ID: VA0249

If continuation sheet Page 259 of 491

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

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109		A. E	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 08/07/2019	
	OVIDER OR SUPPLIER	Y PARK	_ I		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 APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F700	an evaluation of and benefits and prior to the use of t	idence in the clinical record that risk of entrapment, review risks informed consent was obtain if bed rails. O AM in an interview with LPN actical Nurse), when asked if sees the handrails on her bed, at she does use them. O AM, ASM (administrative staff Administrator, were made ings. No further information aff failed to assess Resident if side rails and failed to ensure is were explained, and a signed if prior to the use of the side s admitted to the facility on diagnoses of but not limited to failure, stroke, hemiplegia, high diabetes, atrial fibrillation, attack, and cardiac defibrillator. day MDS (Minimum Data Set) sessment Reference Date) of e resident as being cognitively make daily life decisions. The led as extensive care for all	F700				

THE LAURE	VIDER OR SUPPLIER	495109	B. W	ING	08/03	
THE LAURE			B. WING		00,0,	7/2019
THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE 2420 PEMBERTON RD RICHMOND, VA 23233	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
F700	physician's order (half) side rails up A review of the conveyed and that an ADL (active performance defined ADL's and mobilithe intervention, and Bilateral half rails safety during care mobility. Observerelated to side raineeded) to avoid Further review of "Physical Device completed on 6/1 section 2, "Bed/S Assist Bar, 2. Ful 1/2 Side Rail, 5. I Used." Item 4 was Section 4 of this fembler Device L2. Enable/Increas Mobility, 4. Enablitem 5 was listed, 7. Improves Emolisted) 9. Able to Safety Awarenes checked for this remaining the remaining th	linical record revealed a dated 6/12/19 for "Two 1/2 p as an enabler when in bed." comprehensive care plan and 6/25/19 for "(Resident #97) wities of daily living) self care acit and requires assistance with ty" This care plan included dated 6/25/19, for "Side Rails: a up as per physician orders for a provision, to assist with bed a for injury or entrapment all use. Reposition PRN (as injury." The clinical record revealed a Evaluation" form that was 12/19. This form documented in the Rails and Assist Bars: 1. Il Side Rail, 3. 3/4 Side Rail, 4. Both Up, 6. One Up, 7. Not as checked for this resident. Form documented, "Reason for Use: 1. Repositioning/Support, as Bed Mobility, 3. Enhance de/Increase Independence, (no) 6. Improves Physical Status, ational Status (no item 8 was Participate in Activities, 10. is". All of these reasons were	F700		CY)	
	completed, review	w risks and benefits and t was obtained prior to the use				

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 COD 2420 PEMBERTON RD RICHMOND, VA 23233	Æ	
(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 CORRECTIVE ACTION SHOOTH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F700	#3 (Licensed Pra Resident #97 ust LPN #3 stated the Con 8/6/19 at 8:40 member) #1, the aware of the find was provided. 8. The facility stated the First was provided. Resident #107 we 6/30/19 with the multiple rib fraction cancer, congestion high blood press glaucoma, and nadmission/5-day an ARD (Assess coded the reside ability to make downs coded as reand extensive as activities of daily on 7/30/19 at apple PM, and on 7/31 observations we During each obseither not in the He was not obseither not in the He was observed of the bedside in the first was sobserved of the bedside in the first was sobserved of the bedside in the first was not obseither not in the He was not obseither hedside in the first was not obseither hedsi	D AM in an interview with LPN actical Nurse), when asked if set the handrails on his bed, nat he does use them. D AM, ASM (administrative staff Administrator, was made ings. No further information aff failed to assess Resident of side rails and failed to benefits were explained, and a obtained prior to the use of the assess admitted to the facility on diagnoses of but not limited to ures, tibia fracture, prostate we heart failure, atrial fibrillation, acure, dementia, dysphagia, nacular degeneration. The MDS (Minimum Data Set) with ment Reference Date) of 7/7/19 and as being cognitively intact in aily life decisions. The resident quiring total care for bathing asistance for all other areas of	F700			

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

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION JILDING	(X3) DATE SUI COMPLE	TED
		495109	B. W	ING	08/0	; 7/2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, Z 2420 PEMBERTON RD RICHMOND, VA 23233	IP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
F700	A review of the conveyable one dath has an ADL (acting performance defined ADL's and mobility and the intervention, Bilateral half rails safety during carmobility. Observing the redded of the facility's election of the facility's election of the facility's election of the redded of the need and use not completed for a root that informed on the facility of the need and use of bed rails. On 8/6/19 at 8:40 member) #1, the aware of the find was provided. 9. The facility fail the risk of entrapexplain the risks the use of bedrails.	r dated 6/30/19 for "Two 1/2 p as an enabler when in bed." comprehensive care plan ted 6/30/19 for "(Resident #107) vities of daily living) self care icit and requires assistance with ity" This care plan included dated 7/12/19, for "Side Rails: a up as per physician orders for te provision, to assist with bed te for injury or entrapment ill use. Reposition PRN (as injury." etronic medical record system itled "Physical Device h included an assessment for er of side rails. This form was	F700			
LADODATODA	DIRECTORIC OR BROVE	DER/SLIPPI IER REPRESENTATIVE'S SIGNAT	C 1835			

FORM: CM8-2567(02-99) Previous Versions Obsolete

Event ID: PZ4N11

Facility ID: VA0249

If continuation sheet Page 263 of 491

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	•	ULTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED C	
		495109	B. W	MNO	G	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 SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F700	not limited to: value behavioral disture of right upper arrown fright upper arrown assessment, a 3 assessment with reference date) of scoring a 3 out of interview for mer he has severe condecision making, requiring extension person physical toileting, and dress being totally of person's physical bathing and person severe decision making. The physical severe bedrails in 10:15 am, 7/31 severe bedrails in 10:15 am, 7/31 severe bedrails in 10:15 am, 7/31 severe bedrails in part, "Two 1/2 enabler when in and repositioning to the physical device documented in padded 1/2 side for repositioning enable/increase. The nurses note part, "Bilateral peright wrist due to the comprehence of the property of of the p	Inoses that included but were iscular dementia without bance (1), diabetes, contracture in, and a heart attack. MDS (minimum data set) 0 day Medicare Payment an ARD (assessment of 5/6/19, coded the resident as if 15 on the BIMS (brief intal status) score, indicating that orgitive impairment for daily. Resident #26 was coded as we assistance from one of more assistance for bed mobility, issing. Resident #26 was coded dependent on one or more all assistance for transfers, sonal hygiene. In observed in bed with bilateral in the up position on 7/30/19 at 19:30 am and 8/1/19 at 8:40 am. Inderest dated 4/22/19 documented padded side rails up as an inderest dated 4/22/19 documented padded side rails up as an inderest dated 4/22/19 documented padded side rails up as an inderest dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails up as an index dated 4/22/19 documented padded side rails u	F700				

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

LSTATEMENT OF DEFICIENCIES DD PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		495109	B. W	VINC		C 08/07/	2019
	VIDER OR SUPPLIER ELS 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 PREFI TAG		(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F700	of vascular demeawareness, imputiving) self-care printerventions dup as per physici bed to assist with injury or entrapm. An interview was with Resident #20 who stated, "My and they said it is side rails. When When asked if she side rails and if of them, she stated. Administrative Stadministrator, (Astadministrator, (Astadministrator), (Astad	ve function related to diagnosis entia, and poor safety elsivity, ADL (Activities of Daily performance deficit". "The ocumented in part, "two 1/2 rails an orders for safety while in a bed mobility. Observe for ent related to side rail use". conducted on 7/31/19 6:18 pm 6's responsible representative, dad has a skin tear on his arm, of from him hitting his arm on the did they put them on the bed"? He was given information about onsent was obtained to use "No". aff Member (ASM) #1, the SM) #2, the regional clinical (ASM) #3 the director, were the above concerns on 8/6/19 at attention was provided prior to exit. alled to assess Resident # 15 reapment with the use of the risks and benefits the use of bedrails, and did not esident/resident's onsent for the use of bedrails. as admitted to the facility on diagnoses that included but or muscle weakness, difficulty	F700				

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

Event ID: PZ4N11

Facility ID: VA0249

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

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETED	
		495109	B. W	/ING	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 R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F700	Resident # 15 as interview for mer 0 - 15, 11 - being cognition for make coded Resident assistance of one On 07/30/19 at 2 Resident # 15 re asleep with upper The comprehens dated 12/18/2018 (Resident # 96) I living) Self Care requires assistant (related to): low ambulating (walk mobility. Hx (hist HTN (high blood 12/18/2018." Undocumented, "1/Date Initiated: 08 Review of the El Resident # 15 fadevice evaluation (electronic health failed to evidence benefits and an arail use. On 08/05/19 at 8 staff member) # regional clinical (director of nursiabove concern.	erence date) of 04/27/19, coded a scoring an 11 on the brief stall status (BIMS) of a score of moderately impaired of standard status. Section G # 15 as requiring extensive estaff member for bed mobility. 226 p.m., an observation of vealed she was in bed er right and left bed rails raised. Sive care plan for Resident # 15 8 documented, "Need. has an ADL (activity of daily Performance Deficit and nace with ADL's and mobility r/t vision in right eye, difficulty sing), fatigue/weakness, limited ory) of TIA (stroke), Dementia, pressure). Date Initiated: der "Interventions" it 2 (half) rails up bed mobility.	F700			

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



. Qbs.

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. B) MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SUR\ COMPLETE	
		495109	B. W	VING	08/07/	2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COI 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		TION SHOULD BE COL	
F700	Continued From 11. The facility fathe risk of entrapexplain the risks the use of bedrairesident/resident use of bedrails. Resident # 96 wa 07/04/2019 with owere not limited to pain. Resident # 96's right assessment reference from the facility of the facility decisions. So as requiring superbed mobility. On 07/30/19 at 4 revealed Resider right and left bed stated that the best on 07/31/19 at 10 revealed Resider right and left bed The comprehens	page 266 ailed to assess Resident #96 for ment with the use of bedrails, and benefits associated with Is, and did not obtain from the 's representative consent for the as admitted to the facility on diagnoses that included but to: chronic pain and right knee most recent MDS (minimum terly assessment with an ARD benece date) of 07/10/19, coded a scoring a 14 on the brief stall status (BIMS) of a score of a cognitively intact for making Section G coded Resident # 96 ervision of one staff member for 100 p.m., an observation at # 96 was in bed with upper rails raised. Resident # 96 ed rails are up all the time.	F700	DEFICIENCY)		DATE
LABORATORY	(Resident # 96) h living) Self Care I requires assistan (related to) dx (di sclerosis), chroni Initiated: 12/21/20	pas an ADL (activity of daily Performance Deficit and ce with ADL's and mobility r/t agnosis): of MS (multiple c pain, limited mobility. Date 018." Under "Interventions" it	- URE			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109		IDENTIFICATION NUMBER:	A. E	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C 08/07/2019	
	OVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233		2013
(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
F700	per physician ord provision, to assifor injury or entra Reposition PRN Date Initiated: 12 The POS (physic 96 dated August (half) side rails u Order Date 05/29 On 7/31/19 at apprequest was made member) # 1 the residents request the use of side rails. To informed consentent apprent asset the use of side rails. To 10 08/05/19 at 5 staff member) # regional clinical (director of nursi above concern. No further informexit. 12. The facility for the risk of entrapexplain the risks the use of bedrails.	DE RAILS: Two half rails up as lers for safety during care st with bed mobility, Observe apment related to side rail use. (as needed) to avoid injury. 2/21/2018." cian order sheet) for Resident # 2019 documented, "Two 1/2 p as an enabler when in bed.					

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

Event ID: PZ4N11

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED C	
	OVIDER OR SUPPLIER	495109 FY PARK			STREET ADDRESS, CITY, STATE, ZIP C 2420 PEMBERTON RD RICHMOND, VA 23233		7/2019
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
F700	05/22/2015 with were not limited difficulty walking. Resident # 59's r data set), a quark (assessment referenced for mer or 15, eight - being cognition for make coded Resident # 59 resuper right and left to 12/28/2018 (Resident # 59) resuper right and left to 12/28/2018 (Resident # 59) resuper right and left to 12/28/2018 (Resident # 59) resuper right and left to 12/28/2018 (Resident # 59) resuper right and left to 12/28/2018 (Resident # 59) resuper right and left to 12/28/2018 (Resident # 59) resuper right and left to 12/28/2018 (Resident # 59) resuper requires assistant (related to) Impair Date Initiated: 12 "Interventions" it Two half rails up safety during carmobility. Observ related to side raneeded) to avoid 12/28/2018."	as admitted to the facility on diagnoses that included but to: muscle weakness and most recent MDS (minimum terly assessment with an ARD erence date) of 06/09/19, coded a scoring a eight on the brief atal status (BIMS) of a score of the ing moderately impaired of sting daily decisions. Section G from 59 as requiring extensive a staff member for bed mobility. 105 p.m., an observation of vealed she was in bed with eft bed rails raised. 105 p.m., an observation of vealed she was in bed with eft bed rails raised. 106 performance Deficit and the ince with ADL's and mobility r/t ired balance, Limited Mobility. 107 per physician orders for the provision, to assist with bed the for injury or entrapment if use. Reposition PRN (as injury. Date Initiated: 105 p.m. an observation of vealed the provision, to assist with bed the provision, to assist with bed the for injury or entrapment if use. Reposition PRN (as injury. Date Initiated:	F700				
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	TURE				

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

STATEMENT O AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
		495109	1	VING	C 08/07/2	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		OULD BE	(X5) COMPLETE DATE
F700	request was made member) # 1 the residents request the use of side rather the resident # 59 father the review of EHR (expected with the and there was not be the rail use. On 08/05/19 at 5 staff member) #1 regional clinical of (director of nursidative concern. No further informexit. 13. The facility states and being representative, a informed conserned conserned the risks and being representative, a informed conserned the resident #489 with the limited to high bloobstructive pulmed disorder. Due to (Minimum Data)	page 269 proximately 1:00 p.m., a de to ASM (administrative staff administrator, via a list of ting required documentation for ails for Resident #59. HR (electronic health record) for illed to evidence a physical n was completed. Further electronic health record) for illed to evidence informed ained, risks and benefits were e resident or responsible party of entrapment assessment for E10 p.m., ASM (administrative 1, administrator, ASM # 2, coordinator and ASM #3 ng) were made aware of the attention was presented prior to taff failed to evidence an the risk of entrapment, review mefits with the resident and/or and failed to ensure obtain at prior to the use of bed rails for vas admitted to the facility on e diagnoses that included but not lood pressure, chronic to the recent admission, the MDS Set) had not yet been ording to the "Nursing	F700			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		LTIPLE CONSTRUCTION DING	(X3) DATE SUR\		
		495109	B, W	B. WING		C 08/07/	08/07/2019	
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233			
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OF	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 APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
F700	was alert and ori person. According 7/25/19, Residert ADL's (Activities) On 7/30/19 at 11 Resident #489 was noted to have each side) and the position during each side) and the position during each side of the was asked and benefits for the "They discussed she signed an interpretable of the companies". A review of the companies and benefits for the companies of the companies and the companies at risk for companies	dated 7/25/19, Resident #489 ented to time, place, and ng to the "Care Plan" dated at #489 required assistance with of Daily Living) and mobility. :59 PM, 4:15 PM, and 4:44 PM, ras observed in bed. Her bed re two upper side rails (one on ne bed rails were in the up ach observation. 49 PM, an interview with ras conducted. When Resident if the facility discussed the risks he use of bed rails, she stated, it." Resident #489 was asked if formed consent prior to the use stated, "I signed a lot of linical record revealed a dated 7/25/19, which art: "Two half side rails up as	F700					
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	TURE				·	

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STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
		495109	B. WING	·	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 APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F700	or any evidence obtained for the in #489. On 8/6/19 at 8:36 (Licensed Practic When LPN #3 was the bed rails, she the bed rails, she the bed rails." On 8/2/19 at 1:46 member) #1, the Director of Nursin Clinical Coordinate findings. No further inform of the survey. 14. The facility is assessment for the risks and ber representative, a prior to the presentative, a prior to the prior to the presentative, a prior to the	page 271 sk assessment for entrapment; an informed consent was use of the bed rails for Resident 6 AM, an interview with LPN cal Nurse) #3 was conducted. as asked if Resident #489 uses e stated, "I have seen her use 8 PM, ASM (administrative staff Administrator, ASM #3, the ng, and ASM #2, the Regional ator, were made aware of the nation was provided by the end taff failed to evidence an the risk of entrapment, review nefits with the resident and/or and obtain informed consent ence of and use of bed rails for was admitted to the facility on the include but are not limited to lung cancer, high blood cemaker. Due to the recent MDS (Minimum Data Set) had an pleted. According the "Nursing dated 7/26/19, Resident #526 itented to time, place, and extensive assistance for re for transfers and bed mobility; bladder and bowel.	F700			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 `		JLTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
		495109	B. V	VINC	3	C 08/07/2019	
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	CTION SHOULD BE CO	
F700	observed in bed sides of the upper in the up position. A review of the cophysician's order documented in pan enabler when A review of the coplan dated 7/27/1is at risk for conthe use ofenable A review of the cophysical device of documented in paside rails as an emobility. Further review of reveal any documented in paside rails as an emobility. Further review of reveal any documented in paside rails as an emobility. Further review of reveal any documented for the cophysical device of side rails for the cophysical device of the coph	M. Resident #526 was with bed rails located on both or portion of the resident's bed, l. linical record revealed a dated 7/26/19, which art, "Two half side rails up as	F700				

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STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETED		
:		495109	B. W	ING	C 08/07/2	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 APPLICATION OF THE PROPERTY)	OULD BE	(X5) COMPLETE DATE	
F700	Continued From page 273		F700				
	No further inform of the survey.	ation was provided by the end					
	assessment for t the risks and ber representative, a	taff failed evidence an he risk of entrapment, review nefits with the resident and/or and obtain informed consent ence of and use of bed rails for					
	7/17/19 with the limited to, multipl pressure, and im (2). Due to the re (Minimum Data Scompleted. Accordingsion" note was alert and ori	ras admitted to the facility on diagnoses that include but not le sclerosis (1), high blood amobility syndrome (paraplegic) ecent admission, the MDS Set) had not yet been ording to the "Nursing dated 7/22/19, Resident #488 ented to time, place, and total care and is incontinent of rel.					
	at 9:19 AM, Resi with two upper s	2:27 PM, 4:51 PM, and 7/31/19 ident #488 was observed in bed ide rails (one on each side) in at each observation.					
	Resident #488 w #488 was asked and benefits for "They discussed asked if she sign	49 PM, an interview with vas conducted. When Resident if the facility discussed the risks the use of bed rails, she stated, it." When Resident #488 was ned an informed consent prior to ails, she stated, "I do not know if					
	physician's orde	clinical record revealed a r dated 7/17/19, which part, "Two half side rails up as					

ORRECTION	IDENTIFICATION NUMBER:	` `	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SUR\ COMPLETE	
	495109			08/07/	2019
VIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFI TAG	(EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETE DATE
		F700			
plan dated 7/17/1 requiring assistar	19, which documented in part nce with bed mobility.				
physical device e documented in pa	evaluation dated 7/17/19, which art the use of bilateral half side				
reveal any evider the use of bed ra #488 and/or the r for entrapment; o consent was obta	nce that a risk and benefits for ils was discussed with Resident representative; risk assessment or any evidence an informed ained for the use of the bed rails				
(Licensed Practic When LPN #3 wa	cal Nurse) #3 was conducted. as asked if Resident #488 uses				
member) #1, the Director of Nursir	Administrator, ASM #3, the ng, and ASM #2, the Regional				
No further inform of the survey.	ation was provided by the end				
References:					
	SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From an enabler when A review of the c plan dated 7/17/ requiring assistant However, the car of side rails. A review of the c physical device of documented in p rails as an enable mobility. Further review of reveal any evider the use of bed ra #488 and/or the r for entrapment; of consent was obta for Resident #488 On 8/6/19 at 8:36 (Licensed Practic When LPN #3 was the bed rails, she the bed rails, she the bed rails." On 8/2/19 at 1:48 member) #1, the Director of Nursin Clinical Coordinat findings. No further inform of the survey. References: (1). Multiple scle disease that affect	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 274 an enabler when in bed" A review of the clinical record revealed a care plan dated 7/17/19, which documented in part requiring assistance with bed mobility. However, the care plan did not address the use of side rails. A review of the clinical record revealed a physical device evaluation dated 7/17/19, which documented in part the use of bilateral half side rails as an enabler for repositioning and bed mobility. Further review of the clinical record failed to reveal any evidence that a risk and benefits for the use of bed rails was discussed with Resident #488 and/or the representative; risk assessment for entrapment; or any evidence an informed consent was obtained for the use of the bed rails for Resident #488. On 8/6/19 at 8:36 AM, an interview with LPN (Licensed Practical Nurse) #3 was conducted. When LPN #3 was asked if Resident #488 uses the bed rails, she stated, "I have seen her use the bed rails." On 8/2/19 at 1:48 PM, ASM (administrative staff member) #1, the Administrator, ASM #3, the Director of Nursing, and ASM #2, the Regional Clinical Coordinator, were made aware of the findings. No further information was provided by the end of the survey. References: (1). Multiple sclerosis: A nervous system disease that affects your brain and spinal cord.	WIDER OR SUPPLIER ELS OF UNIVERSITY PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 274 an enabler when in bed" A review of the clinical record revealed a care plan dated 7/17/19, which documented in part requiring assistance with bed mobility. However, the care plan did not address the use of side rails. A review of the clinical record revealed a physical device evaluation dated 7/17/19, which documented in part the use of bilateral half side rails as an enabler for repositioning and bed mobility. Further review of the clinical record failed to reveal any evidence that a risk and benefits for the use of bed rails was discussed with Resident #488 and/or the representative; risk assessment for entrapment; or any evidence an informed consent was obtained for the use of the bed rails for Resident #488. 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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SURVEY COMPLETED	
		495109	B, W	VING	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 PREFIX TAG		OULD BE	(X5) COMPLETE DATE
F700	website: https://medlineple (2) Paraplegic: P function in part o was obtained fro https://medlineple 16. The facility st assessment for t the risks and ber representative, a prior to the use of Resident #84 was 5/15/19 with the limited to osteom syndrome (2), m depressive dison The most recent 14-day assessm reference date) of as scoring a 13 of Interview for Mer Resident had no decision making requiring limited assistance for be and toileting, and bathing. On 7/30/19 at 12 7/31/19 at 2:15 f in his bed. His b side rails (one of were up at each	was obtained from the following us.gov/multiplesclerosis.html aralysis is the loss of muscle f your body. This information in the following website: us.gov/paralysis.html aff failed to evidence an he risk of entrapment, review hefits with the resident and/or and obtain informed consent of bed rails for Resident #84. Is admitted to the facility on diagnoses that included but not hyelitis (1), hermansky-pudlak hultiple sclerosis (3), major der, and high blood pressure. MDS (Minimum Data Set), a lent, with an ARD (Assessment of 6/27/19, coded the resident but of 15 on the BIMS (Brief intal Status) score, indicating the cognitive impairment for daily. The resident was coded as assistance for eating, extensive and mobility, hygiene, dressing, ditotal care for transfers and alternative in each side) and the bed rails observation.	F700	~~~ <u> </u>		
	pnysician's orde	r dated 5/16/19, which				

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F700	Continued From documented in p an enabler when A review of the coplan dated 5/24/1(Resident #84's of Daily Living) S and requires assiminterventions: Sper physician ord Further review of reveal any document benefits for the discussed with R representative; rior any evidence of cotained for the uffat. On 8/6/19 at 8:36 (Licensed Practic When LPN #3 was the bed rails, she the bed rails." On 8/2/19 at 1:48 member) #1, the Director of Nursin Clinical Coordinating findings. No further inform of the survey. References:	page 276 art, "Two half side rails up as in bed" linical record revealed a care 19, which documented in part, "s name) has an ADL (Activities elf Care Performance Deficit istance with ADL's and mobility Side Rails: Two half rails up as	F700				
LABORATORY	following website	rmation was obtained from the : https://medlineplus.	TIPE				

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F700	characterized by oculocutaneous abnormally light skin, hair, and ey obtained from the nlm.nih.gov/cond syndrome (3). Multiple scle disease that affe This information website: https://rgov/multiplescler 17. The facility f the risk of entrapexplain the risks the use of bedrairesident/resident use of bedrairesident/resident use of bedrails. Resident # 70 with the risk was the use of bedrails. Resident # 70 with the risk was resident was recent MDS quarterly assess reference date) of 70 as scoring a for mental status being severely in decisions. Resident was requiring extensionability. On 7/30/19 at 2:	Pudlak Syndrome: A disorder a condition called albinism, which causes coloring (pigmentation) of the yes. This information was e following website: https://ghr.dition/hermansky-pudlak-rosis: A nervous system ects your brain and spinal cord. was obtained from the following medlineplus.	F700			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
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F700	Additional observand 10:35 a.m. rebed with bilateral bed. The comprehens "[name of resider daily living) self-crequires assistant (related to): limiter right sided weak Revision on 05/0 it is documented, as per physician to assist with bedentrapment relate PRN (as needed 05/09/2019. Revion 7/31/19 at apprequest was mad member) # 1 the residents request for the use of side On 8/1/19 at apprehysical device explained assessment was On 08/02/19 at a (administrative stadministrator, AS	aff side rails up on the bed vations on 7/31/19 at 8:34 a.m. evealed Resident #70 was in upper half side rails up on the ive care plan documented, int] has an ADL (activities of care performance deficit and ice with ADL's and mobility r/t ed mobility, recent CVA (stroke), iness. Date Initiated 12/19/2018. 9/2019." Under "Interventions" "Side Rails: Two half rails up orders for safety while in bed, il mobility. Observe for injury or ed to side rail use. Reposition in to avoid injury. Date Initiated ision on 05/09/2019." proximately 1:00 p.m., a le to ASM (administrative staff administrator, via a list of ting the required documentation in rails for Resident #70. roximately 11:30 a.m., a evaluation dated 05/08/2018 for its received documenting one- ine document failed to evidence it was obtained, risks and it and an entrapment completed. pproximately 2:00 p.m., ASM aff member) # 1, the its # 2, regional clinical ASM # 3, director of nursing	F700	DEFICIENCY)		
LABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	IURE			

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

STATEMENT O AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109	A. B	MULTIPLE CONSTRUCTION UILDING IING	(X3) DATE SURVI COMPLETED C 08/07/2	D &
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	<u> </u>	2013
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F700	References: 1. Cerebral infar blood flow to a p is sometimes cal information was https://medlinepl 18. The facility f the risk of entrap explain the risks the use of bedrairesident/resident use of bedrairesident/resident use of bedrails. Resident # 65 w: 07/20/2015, with with diagnoses to fracture of unsfemur (1), muscl hypertension (3) MDS (minimum assessment with reference date) 65 as scoring a assessment for 3- being severel decisions. Residering extensimember for bed On 7/30/19 at 2: m. revealed Resupper half side resident # 65 in Resident # 65 in	action: A stroke occurs when art of the brain stops. A stroke led a "brain attack." This obtained from the website: us.gov/ency/article/000726.htm. ailed to assess Resident #65 for ment with the use of bedrails, and benefits associated with ils, and did not obtain from the 's representative consent for the as admitted to the facility on a readmission on 10/24/2016 hat included but were not limited be expecified part of neck of left e weakness (2), and essential. Resident # 65's most recent data set), a quarterly an ARD (assessment of 06/15/19, coded Resident # 3 (three) on the staff mental status of a score of 0 - 3, y impaired for making daily dent # 65 was coded as ive assistance of one staff				

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

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVE COMPLETED	
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F700	Continued From	page 280	F700			
	The comprehens daily living) Pref assistance with A mobility d/t (due weakness, h/o (h [sic] of femur, htr dementia (4). Me tolerated by the gaz/27/2017 Revision of the weakness (wheelchair), Two Initiated: 04/13/2 On 7/31/19 at apprequest was made member) # 1 the residents request the use of side rate of side rate of the was obtained, ris assessment were on 08/02/19 at a (administrative stadministrative stadministrator, Assocordinator and A were made aware no further information of the was obtained. The were made aware no further information of the was obtained aware made aware made aware made aware made aware full formation of the was obtained aware made aware full formation of the was obtained aware made aware full formation of the was obtained aware made aware full formation of the was obtained aware made aware full formation of the was obtained aware full formation of the was obtained aware full formation of the was obtained aware full full formation of the was obtained aware full full full full full full full ful	sive care plan "ADL (activities of (preferences): Requires ADL's r/t (related to) impaired to) dx (diagnosis) of muscle history of) fracture of part of next in (high blood pressure), and (medications) crushed as guest. Date Initiated: sion Date: 06/07/2019." Under documented, "Provide stive devices as needed: w/c in 1/2 (half) SR (side rail). Date 018." proximately 1:00 p.m., and let to ASM (administrative staff administrator, via a list of ting required documentation for hails for Resident #65. roximately 11:30 a.m., and evaluation for Resident #65 was enting one-half side rails. The to evidence informed consent which sand benefits and entrapment are completed. pproximately 2:00 p.m., ASM thaff member) #1, the SM #2, regional clinical ASM #3, director of nursing				
	the website: http:	nformation was obtained from s://medlineplus.				

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

Event ID: PZ4N11

If continuation sheet Page 281 of 491

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETEI		
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F700	 Muscle weaks strength in one of information was https://medlinepl Hypertension information was https://www.nlm.ressure.html Dementia: A I with certain diseathinking, languag This information 	page 281 Instructions/000166.htm. Iness: Weakness is reduced or more muscles. This obtained from the website: us.gov/ency/article/003174.htm - High blood pressure. This obtained from the website: nih.gov/medlineplus/highbloodp loss of brain function that occurs ases. It affects memory, ie, judgment, and behavior, was obtained from the website: us.gov/ency/article/000739.htm	F700			
F755 SS=D	CFR(s): 483.45(a) 483.45 Pharmac The facility must drugs and biolog them under an a 483.70(g). The ti personnel to adr permits, but only of a licensed nur 483.45(a) Proce pharmaceutical s that assure the a dispensing, and biologicals) to m	y Services provide routine and emergency icals to its residents, or obtain greement described in acility may permit unlicensed ninister drugs if State law under the general supervision se. dures. A facility must provide services (including procedures accurate acquiring, receiving, administering of all drugs and eet the needs of each resident. e Consultation. The facility obtain the services of a licensed	F755	Resident # 338: Resident in the facility. Resident # 93: No negative occurred from this practice is available at the facility. All current residents have be affected. DON or designee will educonsulting pharmacist on Coumadin and providing to the facility. Education will also be pro-	ve outcome e. The medication the potential to cate the monitoring recommendations	9/20/19

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

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ILTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
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F755	aspects of the prothe facility. 483.45(b)(2) Esta receipt and disposufficient detail to reconciliation; and 483.45(b)(3) Deteorder and that an is maintained and This REQUIREM by: Based on staff intreview and clinical determined that to pharmacy service survey sample, Reconsulting pharm of monitoring for high-risk medical staff failed to ensphysician prescriptor administration. The findings included the high-risk medical staff failed to ensphysician prescriptor administration. The findings included the high-risk medical staff failed to ensphysician prescriptor administration. The findings included the high-risk medical staff failed to ensphysician prescriptor administration.	vides consultation on all ovision of pharmacy services in ablishes a system of records of sition of all controlled drugs in o enable an accurate desermines that drug records are in account of all controlled drugs deperiodically reconciled. ENT is not met as evidenced serview, facility document all record review, it was the facility staff failed to provide as for two of 72 residents in the desidents #338 and #93. The facility staff failed to identify the lack Resident #338's use of the ion Coumadin (1), and facility ure all of Resident #93's bed medications were available on 4/2/19, 4/3/19 and 4/4/19.	F755	nursing staff on the process of medications timely. Medication Regimen review wa conducted by the consulting ph currents residents on Coumadi. A review of the Omnicell conterconducted for potential medical additions. DON or designee will conduct a pharmacy reviews for residents Coumadin. A MAR to cart audit will be considentify any medications that an available. Nursing administration will revie pharmacy recommendations and monitor MARs 5 days a week for 2 weeks, week weeks, and monthly for 3 month variances will be corrected and education or counseling will be needed. Any concerns will be needed. Any concerns will be needed. Continued compliance will be medication or counseling will be needed. Continued compliance will be medication and the facility assurance committee until resolved. Continued compliance will be medication and the facility quality assurance committee until resolved. Continued compliance will be medication and the facility quality assurance committee until resolved. Continued compliance will be medication and the facility quality assurance committee until resolved. Continued compliance will be medication and the facility quality assurance committee until resolved. Continued compliance will be medication and the facility quality assurance committee. Completion Date: September 20, 2019	armacist for n. Ints was tion Ints was tion In audit on a receiving In audit on a receiving	

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

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NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION RD (FLORING) PROVIDER'S PLAN OF CORRECTION REGULATION OF 1713/18, coded the resident as being cognitively intact. Section N coded Resident #338's having received an anticoagulant medication seven out of the last seven days. Review of Resident #338's hospital record prior to discharge to the facility revealed Coumadin was initiated during the resident's hospitalization for drt (deep vein thrombosis [2]) prophylaxis. Further review of the hospital record revealed a PT/INR (prothoronibi time/international normalized ratio [3]) of 24-1/24 on 69/2918 documented, Warfarin (Coumadin) dosing- Day #5 Consult provided for this 77 y o. (year old) female to manage warfarin for VTE (sic) prophylaxis sight speaks) of thoppedic surgery. INR Goal: 1,7-2. Drugs that may increase INR: None. Other current anticoagulants/drugs that may increase bleeding risk. NSALDs (nonsteroidal anti-Inflammatory drugs) [6]. Risk factors: (greater than) 65. Daily INR ordered: Yes Date INR Dose 6/15 1.0 mg 6/27 2.8 HOLD 6/28 2.1 2 mg 6/29 2.4 Hold Assessment/Plan: Will hold warfarin today for INR above goal. Pharmacy will continue to monitor daily and adjust therapy as indicated." Review of Resident #338's discharge orders from the hospital and documented as being verified by a facility nurse with the on-call physician for ASM (darministrative staff member) #5 (Resident #338's facility physician) on	STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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PREFIX TAG MEDIATORY OR LOS IDENTIFYING INFORMATION) F755 Continued From page 283 reference date) of 7/13/18, coded the resident seeing cognitively intact. Section N coded Resident #338 as having received an anticoagulant medication seven out of the last seven days. Review of Resident #338's hospital record prior to discharge to the facility revealed Coumadin was initiated during the resident's hospitalization for dvt (deep vein thrombosis [2]) prophylaxis. Further review of the hospital record revealed a PT/TINR (prothorobin time/international normalized ratio [3]) of 24.1/2.4 on 6/29/18. A hospital pharmacist note dated 6/29/18 documented, "Warfarin (Coumadin) dosing- Day #5 Consult provided for this 77 y.o. (year old) female to manage warfarin for VTE (sic) prophylaxis s/p (status post) orthopedic surgery. INR Goat: 1.7-2.2. Drugs that may decrease INR: Ceffriaxone [5]. Drugs that may decrease INR: None. Other current anticoagulants/drugs that may increase bleeding risk: NSAIDs (nonsteroidal anti-inflammatory drugs) [6]. Risk factors: > (greater than) 65. Daily INR ordered: Yes Date INR Dose 6/15 1.0 6/25 4mg (milligrams) 6/22 1.0 mg 6/27 2.8 HOLD 6/28 2.1 2 mg 6/29 2.4 Hold Assessment/Plan: Will hold warfarin today for INR above goal. Pharmacy will continue to monitor daily and adjust therapy as indicated." Review of Resident #338's discharge orders from the hospital and documented as being verified by a facility nurse with the on-call physician for ASM (administrative staff member)			TY PARK		2420 PEMBERTON RD	CODE		
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. Review of Resident #338's hospital record prior to discharge to the facility revealed Coumadin was initiated during the resident's hospitalization for dvt (deep vein thrombosis [2]) prophylaxis. Further review of the hospital record revealed a PT/INR (prothrombin time/international normalized ratio [3]) of 24.17.4 on 6729/18. A hospital pharmacist note dated 6/29/18 documented, "Warfarin (Coumadin) dosing- Day #5 Consult provided for this 77 y.o. (year old) fernale to manage warfarin for VTE (sic) prophylaxis s/p (status post) orthopedic surgery. INR Goal: 1.7-2.2. Drugs that may increase INR: Ceffriaxone [5]. Drugs that may increase INR: Ceffriaxone [5]. Drugs that may decrease INR: None. Other current anticoagulants/drugs that may increase bleeding risk: NSAIDs (nonsteroidal anti-inflammatory drugs) [6]. Risk factors: > (greater than) 65. Daily INR ordered: Yes Date INR Dose 6/15 1.0 mg 6/22 2.4 Hold Assessment/Plan: Will hold warfarin today for INR above goal. Pharmacy will continue to monitor daily and adjust therapy as indicated." Review of Resident #338's discharge orders from the hospital and documented as being verified by a facility nurse with ten on-call physician for ASM (administrative staff member)	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	N SHOULD BE	COMPLETE	
	F755	reference date) of as being cognitive Resident #338 at anticoagulant messeven days. Review of Reside to discharge to the was initiated durifor dvt (deep vein Further review of PT/INR (prothror normalized ratio hospital pharmace documented, "W #5 Consult proving female to manage prophylaxis s/p (INR Goal: 1.7-2 INR: Ceftriaxone INR: None. Other that may increase (nonsteroidal antifactors: > (greated Yes) Date INR Dose 6/15 1.0 6/25 4mg (milligned) 6/26 1.0 mg 6/27 2.8 HOLD 6/28 2.1 2 mg 6/29 2.4 Hold Assessment/Platin INR above goal. monitor daily and Review of Reside from the hospital verified by a facing physician for AS	of 7/13/18, coded the resident rely intact. Section N coded is having received an edication seven out of the last rent #338's hospital record prior for facility revealed Coumading the resident's hospitalization in thrombosis [2]) prophylaxis. If the hospital record revealed a mbin time/international [3]) of 24.1/2.4 on 6/29/18. A cost note dated 6/29/18 for this 77 y.o. (year old) for warfarin for VTE (sic) status post) orthopedic surgery. It is considered that may decrease for current anticoagulants/drugs for current anticoagulants/drugs for than) 65. Daily INR ordered: Tams) The Will hold warfarin today for Pharmacy will continue to dadjust therapy as indicated." The fact of the resident record prior of the prior of the last record	F755				

STATEMENT OF DEFICIENCIES JD PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		JILTIPLE CONSTRUCTION DING	(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 PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F755	(Coumadin) 2 mg dvt prevention. For orders verified by failed to reveal at orders for the modern for Course vening for DVT Resident #338's (medication admiresident was admired bleeding useIntervention orderedObserv (signs/symptoms bleeding gums, publeeding gums, publeeding gums, publeeding into the maturia (blood abdominal pain, pulse, occult blood abdominal pain, pulse, occult blood as ordered. Republysician Physician. Repophysician The information regar responsibilities. Further review of (including nurses notes and physic admission to date documentation or use of Coumadin	page 284 Inted an order for warfarin Ig- one tablet by mouth daily for Further review of the discharge If the facility on-call physician Iny orders for a PT/INR or any Initoring of adverse outcomes. Iter dated 6/29/18 documented Imadin- 2 mg by mouth in the Improphylaxis. Review of Improphylaxis. Improphylaxis. Improphylaxis. Review of Improphylaxis. Im	F755		DEFICIENCY)		
		nitoring for the medication. The					

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STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	1		3	C 08/07/3	2010
	OVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233		2013
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F755	7/12/18, 7/16/18, 7/20/18 documer "Pertinent lab resinformation regal monitoring. The Coumadin therapfailed to docume monitoring of Co. Review of notes on 7/2/18 and 7/2 reviewed Reside those dates. The resident's medical documentation with Based upon the of the review, an completeness of professional judg resident's medical irregularities (as operations manufor purposes of term "irregularity" circumstance the with customary, providing pharms or that could reasonably expefailed to docume Resident #338's for the medication. A nurse's note didocumented, "It blood stain on be observed on line bleed. Trace bri	7/3/18, 7/10/18, 7/11/18, 7/17/18, 7/17/18, 7/18/18, 7/19/18 and need information regarding, sults" but failed to document any rding PT/INRs and Coumadin notes further documented, "On by for DVT prophylaxis" but not any information regarding the umadin. documented by the pharmacist 21/18 revealed the pharmacist not #338's clinical record on the notes documented, "This had record including electronic transfer as reviewed on this date. [X] information available at the time of assuming the accuracy and such information, it is my gement that at such time, the action regimen contained no new defined in SOM (state lial) Appendix PP 483.60 (c)). The foregoing statement, the means an event or at is substantially inconsistent accepted clinical approaches to accutical products and services, sonably be expected to impede the achievement of intended or coted outcomes." The notes not any information regarding use of Coumadin or monitoring	F755				

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ILTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
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F755	A NP (nurse prace 8:30 a.m. documblood in stool. HF ATSP (Asked to Patient reports be several occasion that she has had Endorses abdomand nausea. Unstoilet with BM (be was unable to sepain medication creliefA/P (Asse (gastrointestinal) (emergency roon Review of hospite #338's INR* was was administered blood transfusion *"Prothrombin timmeasures the tim (plasma) of your in seconds. Most as what is called ratio)." "The most this test is to mortaking a blood-thi [Coumadin]. You to prevent blood measured in second are given as what normalized ratio) prevent blood clotikely, choose to 3.0." [3]	ctitioner) note dated 7/23/18 at ented, "CC (Chief Complaint): PI (History of Present Illness): See Patient) for blood in stool. right red blood per rectum on s over the weekend. States blood on her pad and bed. inal pain and burning, diarrhea, sure if there was blood in the owel movement) this morning, e. Has tried Zofran (6) and over the weekend with no ssment/Plan) GI bleeding: referred to ER n)" all records revealed Resident 11.8 on 7/23/18. The resident di Vitamin K [8] and underwent a	F755			

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

STATEMENT OF C	F DEFICIENCIES CORRECTION	(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	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	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE.	(X5) COMPLETE DATE
F755	member) #5 (Res facility). ASM #5 for Coumadin mo admitted to the faprocess depends hospital. ASM #5 specifies the nex obtained and tha ASM #5 was ask hospital does not ASM #5 stated uresident's chart, was checked and checked within the stated she likes to the value of that next one should why Coumadin metated Coumadin out of control becovariably react with ASM #5 stated the monitored. A PT/INRs should Coumadin and signation and other Coumadin and signation and other Coumadin monitory in the patient and other coumadin and the patient and other coumadin monitory in the post and the stated of the identification and the asked if he identification and the coumadined for ASM #8 stated of the identification and the post and the p	ASM (administrative staff sident #338's physician at the was asked about the process pritoring for a resident newly acility. ASM #5 stated the son the orders provided by the 5 stated the hospital usually to date a PT/INR should be to order should be followed. The ed what should be done if the provide an order for a PT/INR should sually she would review the find out the last date a PT/INR do order for a PT/INR to be the next few days. ASM #5 to have a baseline PT/INR and PT/INR will determine when the bedone. ASM #5 was asked thust be monitored. ASM #5 to (levels) could quickly become cause the medication can the food and other medication has to SM #5 was asked how often be obtained to monitor tated that depends on the	F755			

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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION JILDING	(X3) DATE SURVEY COMPLETED C		
		495109	B. W	ING	1	C 7/2019	
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZI 2420 PEMBERTON RD RICHMOND, VA 23233	P CODE		
(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 C ((EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
F755	PT/INR had not I #338 during her stated the reside hospital on 6/28/ for the need for a review. ASM #8 have been due ut ASM #8 stated in was a common clinical On 8/1/19 at 2:29 administrator) professed for warf references: Pleas obtained, common prescriber and do record as soon a Rationale for Recappropriate INR warfarin therapy events (e.g. emb bleeding). Referinformation. Prin Company. 2017 safety of warfarin setting. The Am On 8/2/19 at 12:50 interview was consulting pharmaware of the company aware of the computer softwarm ended review of entered into the settles.	B was asked if he noticed that a been obtained for Resident stay at the facility. ASM #8 and's INR was stable at the 18 so he would have reviewed a PT/INR during his monthly stated a PT/INR would not antil 7/24/18. When asked why, nonthly monitoring of PT/INRs clinical practice. ASM #8 was /fax the reference for the practice referred to for review. 5 p.m., ASM #1 (the ovided a fax from ASM #8. The "Comments: See below farin/anticoagulant monitoring see ensure that the INR was unicating the result to the ocumenting in the medical as it becomes available. commendation; Continuous and clinical monitoring of is required to avoid preventable olism [blood clot], bruising, ences: 1) Coumadin prescribing aceton, NJ: Bristol-Myers Squibb Aug. 2) Gurwitz JH et al. The in therapy in the nursing home J Med. 2007; 120:539-544." 55 p.m., another telephone inducted with ASM #8 (the nacist). ASM #8 was made inpleted a medication review for a 7/21/18 and was asked why get a review of the resident's oring. ASM #8 stated the re notifies him regarding a ne month after the last INR software. ASM #8 stated if the	F755				
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	URE				

44.00

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495109	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		
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F755	entered that INR software would no review for an INF resident is admitted that the computer software would not stated he computer software would not staff member) #1 (the regional clinic (the director of not not above concern. The facility pharmacy Constitute of the director of not not resident in Facility should entrance and extend Director of not	ained in the hospital and he into the software, then the not flag for him to complete a R need until one month after the ted to the facility. ASM #8 etes the review after the re flags for him to do so. 25 a.m., ASM (administrative I (the administrator), ASM #2 ical coordinator) and ASM #3 ursing) were made aware of the macy policy titled, "9.0 ultant Services" documented, acility should notify Pharmacy of nt admitted to Facility. Facility thether the resident is expected lity for less than thirty (30) days. I provide an opportunity for it interviews between Pharmacy fursing, Administrator, or cility should provide Pharmacy ork space, access to the all records (including electronic fused), ability to enterprogress notes in the resident's including electronic health ropriate environment for nily interviews, and important tion that may include, but is not sus; ith a recent change in condition; ho were admitted for a short ith recent infection;	F755				

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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F755	regarding Couma No further inform exit. *"Warfarin (Coun bleeding. Regula This information reference: Nursir (Wolters Kluwer, Warning [1] "Warfarin (Co blood clots from your blood and b people with certa people with prost mechanical) hear suffered a heart of treat or prevent volood clot in a verblood clot in a verblood clot in the I medications called thinners"). It work ability of the blood obtained from the https://medlineple.html [2] "Deep vein the clot that forms in deep vein clots of the vein swells, the thrombophlebitis. The break loose and lung, called a pul information was controlled."	to document information adin monitoring. nation was presented prior to madin) can cause major or fatal arly monitor INR in all patients." was obtained from the mag 2016 Drug Handbook 2016, p.1495) Black Box umadin) is used to prevent forming or growing larger in lood vessels. It is prescribed for hin types of irregular heartbeat, thetic (replacement or rt valves, and people who have attack. Warfarin is also used to renous thrombosis (swelling and hin) and pulmonary embolism (a lung). Warfarin is in a class of ed anticoagulants ('blood is by decreasing the clotting id." This information was	F755				
ABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	II IRE				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F755	Continued From 137988019.2081 1667741437.155	124811.1565615930-	F755			
	measures the tin (plasma) of your in seconds. Most as what is called ratio)." "The most this test is to mot taking a blood-th You are likely tal blood clots. Norreseconds. Most o what is called IN ratio). If you are clots, your provid keep your INR be This information https://vsearch.nbin/query-meta?v%3aprojemedlineplus-bundle&query=latw20calculation [4] Black Box Wastrongest warnin Administration) redical studies significant seriou adverse effects]; can cause major regular monitorin normalized ratio	time (PT) is a blood test that he it takes for the liquid portion blood to clot." "PT is measured to five time, results are given INR (international normalized at common reason to perform nitor your levels when you are inning medicine called warfarin. A common reason to perform nitor your levels when you are inning medicine to prevent had Results: PT is measured in five 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." was obtained from the website: Im.nih.gov/vivisimo/cgi-ect=medlineplus&v%3asources=aboratory%20tests%20for%20P%20f%20INR& arning [A boxed warning is the get that the FDA (Food and Drug equires, and signifies that indicate that the drug carries as or even life-threatening and signifies that indicate that the drug carries are reven life-threatening and INR [international - a laboratory blood test that the git takes for blood to clot [3]] ients. [3]				
	information was	s used to treat infections. This obtained from the website:				

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

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ULTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED C		
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F755	Continued From html [6] "NSAIDs (nor	page 292 steroidal anti-inflammatory	F755	5				
	drugs) are some pain medicines in obtained from the	of the most commonly used a adults." This information was e website: matology.org/I-Am-A/Patient-						
	information was	d to prevent nausea. This obtained from the website: us.gov/druginfo/meds/a601209.						
	needs to grow ar helps your body bones and tissue blood clotting. If y K, you may bleed COUMADIN antidiscontinuing CO necessary, by adparenteral vitami obtained from the https://dailymed.ifm?setid=d91934d5accc4151b6# https://vsearch.nlbin/query-meta?v%3Aproje=medlineplus-bundle&query=vi81124811.156561667741437.155	nlm.nih.gov/dailymed/drugInfo.c la0-902e-c26c-23ca- and from the website: lm.nih.gov/vivisimo/cgi- ect=medlineplus&v%3Asources tamin+k&_ga=2.117115013.20						
	available for adm and 4/4/19.	ninistration on 4/2/19, 4/3/19						

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

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C 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 (X5) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F755 Continued From page 293 F755 were not limited to heart disease, high blood pressure and major depressive disorder. Resident #93's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 6/28/19, coded the resident's cognition as severely impaired. Review of Resident #93's clinical record revealed the following physician's orders: -9/21/17- Flovent (1) 110 micrograms- two puffs, inhale orally two times a day. -3/23/19- Miacalcin (2) Solution 200 units- one spray alternating nostrils one time a day. Review of Resident #93's April 2019 MAR (medication administration record) revealed the above medications were held on the following -Flovent was held on 4/2/19 at 9:00 a.m., 4/3/19 at 9:00 a.m. and 4/4/19 at 9:00 a.m. (nurses notes for all three dates documented the medication was pending and the nurse would administer when available). -Miacalcin was held on 4/2/19 at 9:00 a.m. and 4/3/19 at 9:00 a.m. (nurses notes for both dates documented the medication was pending and the nurse would administer when available). Resident #93's comprehensive care plan dated 2/27/19 documented, "(Name of Resident #93) is at risk for respiratory complications R/T (related to): having allergies Rhinitis (3)...Medications as ordered by the Physician..." The nurse responsible for administering Flovent and Miacalcin when the medications were held on 4/2/19, 4/3/19 and/or 4/4/19 was no longer employed at the facility. On 8/2/19 at 12:24 p.m., an interview was conducted with LPN (licensed practical nurse) LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		(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 CO 2420 PEMBERTON RD RICHMOND, VA 23233	DE	
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
F755	medications are LPN #7 stated, "see how long it's allotted time for the doctor." LPN documented in a asked if there was medications from the Omni cell (and various medications call the pharmac medications STA take anywhere from the Omni cell. On 8/6/19 at 11:2 staff member) #1 (the regional clinic (the director of not above concern. The facility/pharm Medication Short documented, "Proposition of the medication of the medication short medication adminimediately take 2 or 3 of this Polimedication short pharmacy hours: Pharmacy to determine the medication short pharmacy the medication short pharma	asked how nurses ensure available for administration. We should call the pharmacy to going to be and if past the hem to have it, we would notify it if stated this should be nurse's note. LPN #7 was as a process to obtain the nurse's note. LPN #7 stated in electronic machine containing ons) should be checked and if are not in there, nurses could y and ask them to send the if (immediately) but that could om an hour to four hours. The containing one in the interest of the order.	F755	DEFICIENCY)		
LADODATOR		has not been ordered, the	'IDC			

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	MULTIPLE CONSTRUCTION JILDING	(X3) DATE SURV COMPLETED		
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	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COE 2420 PEMBERTON RD RICHMOND, VA 23233	DE	
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F755	reorder for the net the next available missed dose in the schedule, Facility medication from Supply to adminimedication is not Medication Supply Pharmacy and a delivery" No further informexit. (1) Flovent is use and wheezing. If from the website	nurse should place the order or ext scheduled delivery. 2.2 If ext delivery causes delay or a me resident's medication or nurse should obtain the the Emergency Medication ster the dose. 2.3 If the example a valiable in the Emergency ly, Facility staff should notify rrange for an emergency lation was presented prior to extend to prevent difficulty breathing this information was obtained	F755			
	bone disease). from the website	ised to treat osteoporosis (a This information was obtained : us.gov/druginfo/meds/a601031.				
F757 SS=K	with a group of s These symptoms something you a animal dander, o occur when you to." This informa website:	tis is a diagnosis associated ymptoms affecting the nose. It is occur when you breathe in the allergic to, such as dust, or pollen. Symptoms can also eat a food that you are allergic ation was obtained from the series Free from Unnecessary Drugs d)(1)-(6)	F757	F757		9/20/19
	Each resident's	cessary Drugs-General. drug regimen must be free from igs. An unnecessary drug is		Resident #338: The resident resides in the facility.	no longer	

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i ` '	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV COMPLETED			
		495109	B. WING		NG C 08/07/2019		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 APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F757	duplicate drug the 483.45(d)(2) For 483.45(d)(3) With 483.45(d)(4) With use; or 483.45(d)(5) In the consequences where the decident of the dec	xcessive dose (including erapy); or excessive duration; or nout adequate monitoring; or nout adequate indications for its ne presence of adverse hich indicate the dose should scontinued; or combinations of the reasons phs (d)(1) through (5) of this ENT is not met as evidenced ation, staff interview, facility colinical record review, review entation, and in the course of a gation the facility staff failed to ine residents, reviewed for ood thinning) medication, #116, #527, #45, #189, #129 It of 72 sampled residents, d services, to ensure drug or unnecessary medications, onitoring for adverse outcomes, iteration, of the high-risk madin, resulting in harm to	F757		Resident # 116: The resident in resides in the facility. Resident #527: The resident not resides in the facility. Resident #45: No negative out 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 #189: No negative out 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 #129: The resident not resides in the facility. Resident #601: The resident not resides in the facility. 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 #96: No negative outco occurred as a result of this prace pharmacological interventions a documented prior to PRN pain administration.	come ctice. A stat ised the resident swere tcome ctice. A stat ised the resident swere closed the resident swere closed the resident swere closed the resident swere come ctice. A stat ised the resident swere come ctice. Non are being medication	
	anticoagulant (blo	oring for the use of the high-risk bood thinning medication)			Resident #27: No negative outdooccurred as a result of this practice.		

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

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCT IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURV COMPLETE		
		495109	1	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 SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F757	presented with be the hospital, whe medication and a gastrointestinal be Review of currer identified the foll-ineffective system administration of seven out of eight (Residents #116 and #8): Staff failed to conthe physician/nu and/or order to esafe administraticurrent Resident #601, and #8), Staff failed to est (therapeutic goal appropriate and Coumadin for five #527, #45, #129 Staff administered holding them perpractitioner's direct current Resident Staff held Coumpractitioner's direct Coumadin dose medical record (administered the physician/nu five current Resident Resi	nadin [1], subsequently leeding, and was transferred to be she received blood clotting a blood transfusion, for bleeding, resulting in harm. It residents receiving Coumadin, owing concerns evidencing an of monitoring for the safe anticoagulant medications for not current residents reviewed, #527, #45, #189, #129, #601, mplete PT/INR monitoring per rese practitioner's directive ensure adequate monitoring and on of Coumadin for seven is (#116, #527, #45, #189, #129.	F757	pharmacological interventions documented prior to PRN pair administration. Resident #1: No negative out occurred as a result of this prapharmacological interventions documented prior to PRN pair administration. Resident #71: No negative out occurred as a result of this prapharmacological interventions documented prior to PRN pair administration. Residents receiving Coumadi pain medication have the pote affected. The Anticoagulation Therapy policy have been updated, the Anticoagulation therapy proceupdated, the PT/INR competents been updated. The DON has educated licensed nursin updated policies and procedu Coumadin and education has provided on implementing and documenting non pharmacologaproaches for pain manager. DON or designee has conducted of current residents receiving ensure the new anticoagulation has been followed. Competer licensed nursing staff were coproper use of the coagucheck	come actice. Non are being a medication are being a medication are being a medication are being a medication and PRN ential to be Record and easy has been ency checklist or designee g staff on the res regarding been all gical ment.	

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

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` `		LTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE		
		495109	B. W	/ING		C 08/07/2	08/07/2019	
	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	E		
(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 APPI DEFICIENCY)	OULD BE	ULD BE COMPLETE			
F757	unsigned directive from the Anticoagus separately from the physician orders current Residents and #8. In addition the far and monitor the expharmacological physician's order administering as to four of 72 sam #96 #1, and #71 This failure result Substandard Quarent The State Agency at 3:45 p.m. of the situation. On 8/5 Jeopardy was ablisolated. The findings inclusion. The findings inclusion and addresses with the triple of the anticoagulant (blue medication Courres) 7/23/18, presented the findings inclusion and the finding and the finding for the anticoagulant (blue medication Courres) 11: 46 p.m., which addresses with the finding for the anticoagulant (blue medication and addresses with the finding for the finding for the anticoagulant (blue medication and addresses with the finding for the finding f	o transcribe the provider's es for PT/INR laboratory tests gulant Record, (maintained he clinical record) into in the clinical record for six s #116, #527, #45, #189, #601, cility staff failed to implement effectiveness of non-interventions per the s and plan of care prior to needed (prn) pain medications pled residents, (Resident #27,). ted in Immediate Jeopardy and ality of Care. y informed the facility on 8/1/19 e Immediate Jeopardy /19 at 5:53 p.m., the Immediate ated and lowered to a level III	F757		An audit was done on Coaguch machines to assure proper functions to assure proper function will be audited for non-pharmac approaches attempted prior to administration. DON or designee will continue Anticoagulant therapy logs and corresponding orders and EMF transcription, and documentation pharmacological approaches with monitored in the clinical meeting week for 1 week, 3 days a week weeks, weekly for 4 weeks, and for 3 months. Any variances with corrected and additional educations will be provided as a concerns will be reported to the assurance committee monthly resolved. Continued compliance will be intrough the facility siquality assigned program. Additional education amonitoring will be initiated for a concerns. Completion Date: September 20, 2019	ction. medications cological medication to monitor to monitor to monitor g 5 days a k for 2 d monthly ll be tion or needed Any e quality until monitored urance and		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUIL	JLTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETED		
		495109	B. WIN	G	C 08/07/2	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 PREFIX TAG	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
F757	removal, asthma Resident #338's data set) (prior to assessment with reference date) of as being cognitive Resident #338 and anticoagulant meseven days. Review of Resident double for discharge to the was initiated during for dvt (deep veing Further review of PT/INR (prothromormalized ratio) A hospital pharm documented, "With #5 Consult proving female to manage prophylaxis s/p (INR Goal: 1.7-2. INR: Ceftriaxone INR: None. Other that may increase (nonsteroidal and factors: > (greated Yes) Date INR Dose 6/15 1.0 mg 6/25 4mg (milliged 6/26 1.0 mg 6/27 2.8 HOLD 6/28 2.1 2 mg 6/29 2.4 Hold Assessment/Pla INR above goal.	ted to revision of left total knee and high blood pressure. most recent MDS (minimum of discharge), a 14 day Medicare an ARD (assessment of 7/13/18, coded the resident rely intact. Section N coded is having received an edication seven out of the last remains the resident's hospital record prior ne facility revealed Coumadining the resident's hospitalization in thrombosis [2]) prophylaxis. If the hospital record revealed a mbin time/international [3]) of 24.1/2.4 on 6/29/18. Inacist note dated 6/29/18 refarin (Coumadin) dosing- Day ded for this 77 y.o. (year old) ye warfarin for VTE (sic) [DVT] status post) orthopedic surgery. 2. Drugs that may increase of [6]. Drugs that may decrease or current anticoagulants/drugs are bleeding risk: NSAIDs ti-inflammatory drugs) [7]. Risk for than) 65. Daily INR ordered:	F757				

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

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. B	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED C	
		495109	B. W	/ING	08/07/20)19
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CODI 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		OULD BE C	(X5) COMPLETE DATE
F757		page 300 ent #338's clinical record ge orders from the hospital	F757			
	which were docu 6/29/18 by a facil physician for ASI #5 (Resident #33 documented an o mg- one tablet by thrombosis) previous discharge orders physician failed to PT/INR or any or adverse outcome Warfarin (Couma called anticoagula by decreasing the Black Box Warning Administration) re medical studies in significant serious adverse effects]: can cause major regular monitoring normalized ratio	mented as being verified on lity nurse with the on-call M (administrative staff member) 88's facility physician), order for warfarin (Coumadin) 2 y mouth daily for dvt (deep vein ention. Further review of the verified by the facility on-call oreveal any orders for a ders for the monitoring of es. adin) is in a class of medications ants ('blood thinners'). It works e clotting ability of the blood. [1] ang [A boxed warning is the g that the FDA (Food and Drug equires, and signifies that indicate that the drug carries s 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]]				
	with certain types clots in the legs of certain medical di heart valves. War ensure it is working safely. Achieving	may be prescribed for patients of irregular heartbeat, blood or lungs, and patients who have levice implants such as artificial rfarin must be monitored to ng effectively and being used the correct warfarin dosage ut is extremely important. If the				
	dose of warfarin i of developing har	is too low, the patient is at risk rmful blood clots. If the dose of DER/SUPPLIER REPRESENTATIVE'S SIGNAT	TI IRE			

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

Event ID: PZ4N11

Facility ID: VA0249

If continuation sheet Page 301 of 491

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION JILDING	(X3) DATE SURV COMPLETED	
		495109	B. W	ING	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 R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F757	serious bleeding. INR [International typically betweer thinning needs, the based on a patie above the patien increase the risk the target range developing a bloom Review of Resider revealed a physicate of admission an order for Countered and evening for DVT Resident #338's (medication admiresident was administration of Resident #338's documented "And beside) Observed bleeding, report comprehensive documented, "Education Beeding R/T (resuseIntervention orderedObserved in the bleeding gums, by bleeding into hematuria (bloom abdominal pain, pulse, occult blo [laboratory tests]	gh, the patient may be at risk of A health care provider sets an Il normal ratio] target range. It is a 2.0 and 3.0 for basic bloodhough the range may vary nt's specific conditions. An INR t-specific target range may of bleeding, while an INR below may increase the risk of	F757			

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

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ILTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
	:	495109			3	C 08/07/2	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 PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F757	(including nurses notes and physic admission on 6/2 hospital on 7/23/documentation or use of Coumadin 7/2/18 failed to documentation or mo NP notes dated 7/12/18, 7/16/18, 7/20/18 documentable resinformation regarmonitoring. The Coumadin therap	Resident #338's clinical record of notes, NP [nurse practitioner] ian notes from date of 19/18 to date of discharge to the 18) failed to reveal any from monitoring for the prescribed ocument information regarding nitoring for the medication. The 17/3/18, 7/10/18, 7/11/18, 7/11/18, 7/19/18 and noted information regarding, sults but failed to document any roling PT/INRs and Coumadin notes further documented, "On by for DVT prophylaxis" but	F757	•			
	monitoring of Colanticoagulant red "Anticoagulant Rewas being utilized monitoring separ includes the date and dose, PT/INI completed the PT quality control test for the PT/INR, the notified and action Directives for test changes were donurses and physithe facility did no process and use Review of notes on 7/2/18 and 7/2 reviewed Reside those dates. The information regar	nt any information regarding the umadin. There was no cord for Resident #338. (The ecord" a tracking flowsheet that d by facility staff for Coumadin ate from the clinical record. It is, current anticoagulant drug R, name of the nurse who find the machine used to test the date the physician was in taken by the physician. It is 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 of the flowsheet of the pharmacist and #338's clinical record on a notes failed to document any reding the use of Coumadin or					

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

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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	1		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	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 APPL DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F757	Continued From monitoring for the monitoring for the Review of Reside 2018 MARs (med revealed the resi Coumadin as pre 7/1/18 through 7/p.m.) A nurse's note dadocumented, "It is blood stain on be observed on line bleed. Trace brig pericare. Guest which are hypera 8:30 a.m. docum blood in stool. HI ATSP (Asked to Patient reports b several occasion that she has had Endorses abdom and nausea. Un toilet with BM (be was unable to se medication over (Assessment/Plableeding: referre Resident #338 w 7/23/18 for bleed	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 303 monitoring for the medication. Review of Resident #338's June 2018 and July 2018 MARs (medication administration records) revealed the resident was administered 2 mg of Coumadin as prescribed by the physician from 7/1/18 through 7/22/18 (including on 7:22 at 5:00 p.m.) A nurse's note dated 7/22/18 at 11:46 p.m. documented, "It was reported that guest has blood stain on bed linen. Bright red blood observed on linen unable to determine if vaginal bleed. Trace bright red blood on washcloth after pericare. Guest has + (positive) bowel sounds which are hyperactive in all 4 quadrants." A NP (nurse practitioner) note dated 7/23/18 at 8:30 a.m. documented, "CC (Chief Complaint): blood in stool. HPI (History of Present Illness): ATSP (Asked to See Patient) for blood in stool. Patient reports bright red blood per rectum on several occasions over the weekend. States that she has had blood on her pad and bed. Endorses abdominal pain and burning, diarrhea, and nausea. Unsure if there was blood in the toilet with BM (bowel movement) this morning, was unable to see. Has tried Zofran [7] and pain medication over the weekend with no reliefA/P (Assessment/Plan) GI (gastrointestinal) bleeding: referred to ER (emergency room)"					
	7/23/18. The res K [9] and underw 7/24/18.	nt #338's INR* was 11.8 on sident was administered Vitamin vent a blood transfusion on me (PT) is a blood test that ne it takes for the liquid portion					

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

STATEMENT OF DEFICIENCIES D PLAN OF 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	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
F757	in seconds. Mosi as what is called ratio)." "The most this test is to most taking a blood-th [Coumadin]. You to prevent blood measured in sec are given as what normalized ratio) prevent blood circlikely, choose to 3.0." [3] On 7/31/19 at 2:3 conducted with Amember) #5 (Refacility). ASM #5 for Coumadin most admitted to the faprocess depends hospital. ASM #5 specifies the next 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 obtain them in the "Courecord). ASM #5 proactive and choften, the nurses record for a receivant is the control of the courecord of	blood to clot." "PT is measured to fee time, results are given INR (international normalized at common reason to perform nitor your levels when you are inning medicine called warfaring are likely taking this medicine clots. Normal Results: PT is conds. Most of the time, results at is called INR (international). If you are taking warfarin to cots, your provider will most keep your INR between 2.0 and as ASM (administrative staff sident #338's physician at the is was asked about the process conitoring for a resident newly acility. ASM #5 stated the so on the orders provided by the 5 stated the hospital usually at date a PT/INR should be at order should be followed. The torder should be done if the at provide an order for a PT/INR should be ne next few days. ASM #5 to have a baseline PT/INR to be the next few days. ASM #5 to have a baseline PT/INR and PT/INR will determine when the bedone. ASM #5 stated the ins PT/INRs and documents and making book" (anticoagulant to stated the clinician can be eck the anticoagulant record or will flag the antic	F757			

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	
		495109	1	/ING	C 08/07/	2019
	OVIDER OR SUPPLIER	TY 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 PREFIX TAG	PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F757	Continued From resident's PT/INF ASM #5 was ask monitored. ASM could quickly bed medication can wother medication the medication the medication has asked how cobtained to monithat depends on When asked who monitoring of Co #5 stated it (PT/I documented in the (anticoagulant refor Coumadin chocommunicated, / in the anticoagulant refor the anticoagulant reformaticoagulant r	page 305 R and ask for her review. ded why Coumadin must be a #5 stated Coumadin (levels) come out of control because the variably react with food and s. ASM #5 stated this is why as to be monitored. ASM #5 often PT/INRs should be tor Coumadin. ASM #5 stated the patient and other variables. For example, and PT/INR tests, ASM NR laboratory tests) is the Coumadin book cord). When asked how orders anges and PT/INRs are ASM #5 stated those are written and record. She stated she could orders for those. When assumed the unit managers, de aware there was no madin monitoring in Resident accord and no evidence of an accord for the resident. ASM #5 tes and stated she had no	F757	DEFICIENCY)		
L	/ DIRECTORIO OR REGUL	IDED/OLIDDI IED DEDDECENTATIVES CICNIA				L

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

STATEMENT OF DEFICIENCIES D PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495109	B. W	VING		C 08/07/	08/07/2019	
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			1	STREET ADDRESS, CITY, STATE, ZIP CODI 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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
F757	should obtain a F before the first de #1 stated she en the computer sys immediately notif she makes the de results and asks prescribed dose and when the ne #1 stated she ob documents the ce PT/INR results a physician, include PT/INR on the ar asked if actual pl #1 stated she we computer for a Ce thought orders for are only docume record. On 8/1/19 at app was asked to pro On 8/1/19 at 1:36 was conducted we pharmacist), rega Coumadin monite typically reviews	adin and asks the doctor if she PT/INR so there is a baseline ose of Coumadin is given. RN ters 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, xt PT/INR should be done. RN tains this information then urrent Coumadin dose, the nd action taken by the ing the due date for the next nticoagulant record. When hysician's orders are written, RN ould put an order into the coumadin dose change but she for PT/INRs are not written and nted in the anticoagulant recipient. So p.m., a telephone interview with ASM #8 (the consulting arding the pharmacy process for oring. ASM #8 stated he the medications prescribed for	F757		DEFICIENCY)			
	admission and the asked if he idention been obtained for ASM #8 stated unfrom the hospital sometimes he considered the facility resident. ASM #PT/INR had not be	resident within three days of the monthly. ASM #8 was ifies whether a PT/INR has residents receiving Coumadin. It is sually residents are admitted with a PT/INR order and impletes his medication review physician evaluates the 8 was asked if he noticed that a been obtained for Resident is stay at the facility. ASM #8						

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

Event ID: PZ4N11

Facility ID: VA0249

If continuation sheet Page 307 of 491

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
		495109	B. W	/ING	08/07/	2019
	OVIDER OR SUPPLIER	Y PARK	* - 	STREET ADDRESS, CITY, STATE, ZIP COI 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
F757	hospital on 6/28/ for the need for a review. ASM #8 have been due und ASM #8 stated in was a common of asked to provide common clinical 8/1/19 at 2:25 p. 19 provided a fax from documented, "Cofor warfarin/antice Please ensure the communicating the documenting in the becomes available Recommendation and clinical monimal required to avoid embolism [blood References: 1) Company. 2017 safety of warfarin setting. The Ammon 8/1/19 at app. m. ASM #1, the policy titled Antice The facility policy THERAPY" (revined and prevents for clot) in immobile well as intercept once it has formatests are done to anticoagulants. Procedure:	page 307 nt's INR was stable at the 18 so he would have reviewed a PT/INR during his monthly stated a PT/INR would not ntil 7/24/18. When asked why, nonthly monitoring of PT/INRs dinical practice. ASM #8 was and fax the reference for the practice to this surveyor. On m., ASM #1 (the administrator) om ASM #8. The fax omments: See below verbiage oagulant monitoring references: at the INR was obtained, he result to the prescriber and he medical record as soon as it ble. Rationale for n; Continuous appropriate INR toring of warfarin therapy is preventable events (e.g. clot], bruising, bleeding). coumadin prescribing neeton, NJ: Bristol-Myers Squibb Aug. 2) Gurwitz JH et al. The n therapy in the nursing home J Med. 2007; 120:539-544." proximately at approximately 2 e administrator provided the coagulant Therapy. y titled, "ANTICOAGULANT sed 10/10), documented, gulant therapy delays clotting mation of a thrombus (blood and/or postoperative guests, as ing the extension of a thrombus ed. Periodic prothrombin time of control the administration of	F757			

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

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		TY PARK		STREET ADDRESS, CITY, 2420 PEMBERTON RICHMOND, VA 232	RD	E	
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F757	PROVIDER OR SUPPLIER LURELS OF UNIVERSITY PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F757				

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: PZ4N11

Facility ID, VA0249

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

STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F757	therapeutic range the safe administ # 116, #527, #45 - PT/INR monitor physician/nurse porder to ensure a safe administratic eight current resilutes #45, #189, #129 - Coumadin was physician/nurse porder, (Resident - Coumadin was physician/nurse porder resulting in dose of Coumad #189, #8), - Quality control/ Staff failed to ensure accuracy of the cresults, (Resider - Staff failed to tradirectives from the physician's order record, (#116, #8). The findings of Insubstandard quality es supervisors 3:15 p.m., during Agency. On 8/1/19 at 3:4 administrator), A coordinator) and nursing) were more for IJ (Immediate Quality of Care see the safe administrator) and nursing) were more for IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and nursing) were more IJ (Immediate Quality of Care see the safe administrator) and IJ (Immediate Quality of Care see the IJ (Immediate Administrator) and IJ (Immediate Administrator) and IJ (Immediate Administrator) and IJ (Immediate Administrato	stablish INR parameters le and goal) for monitoring and tration of Coumadin, (Resident is, #129 and #601), ring, was not obtained per practitioner's directive and/or adequate monitoring and the on of Coumadin for seven of the idents (Residents #116, #527,	F757				

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F757	interview was co consulting pharm aware of the corn Resident #338 of the did not compile computer software edd review of entered into the slast INR was obtained that INR software would not review for an INF resident is admitt stated the compile computer software would not review of notes 7/2/18 and 7/21/18 Resident #338's. The notes failed regarding the use the medication. 8/2/19 at 3:20 p.f. the team coordinator. Record in the medication administrator and coordinator. The process, ASM the whole of the pwere asked to preded on 8/2/19. On 8/5/19 at 12:1	of p.m., another telephone inducted with ASM #8 (the macist). ASM #8 was made impleted a medication review for in 7/21/18 and was asked why ete a review of the resident's oring. ASM #8 stated the re notifies him regarding a ne month after the last INR software. ASM #8 stated if the ained in the hospital and he into the software, then the into the software, then the led to the facility. ASM #8 steet the review after the re flags for him to do so. documented by ASM #8 on 18 revealed ASM #8 reviewed clinical record on those dates. To document any information of Coumadin or monitoring for m., during a telephone call by ator with ASM #1, the did ASM #2, (the regional clinical arding an acceptable POC (pland abatement of the IJ ardy), ASM #2 the stated that a policy on the "Anticoagulation asked if the policy addressed M #2 stated it does not address process. ASM #1 and ASM #2 esent a new POC that rocess on 8/5/19. This call	F757				
LABORATORY	•	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	ri iDE				

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F757	documented, "(Name of facility Allegation of Cor it has completed immediate jeopa identified by the alleged failure to or drug effective residents receivin (Name of facility) measures it has demonstrate that failure to monitor effectiveness in or receiving Couma Resident #338 no Resident #601 ho as a result of this stat PT/INR was Resident #527 ho as a result of this stat PT/INR was Resident #8 has result of this alle PT/INR was obta Resident #189 ho as a result of this stat PT/INR was All residents on opotential to be al Unit Manager ob Medical Director residents receivi given to the Medical elephone orders PT/INR and Cou applicable. All o EMR (electronic facility through p	survey team. The POC by submits the following Credible inpliance outlining the measures to abate the findings of ray to resident health and safety surveyor regarding the facility's monitor for adverse reactions ness in conjunction withing Coumadin/Warfarin. believes that as of 8-5-19, the implemented are sufficient to tour residents are not at risk for for adverse reactions or drug conjunction with residents adin/Warfarin. lo longer resides at the facility, as had no negative outcomes alleged deficient practice, a obtained. as had no negative outcomes as a ged deficient practice, a state ained. as had no negative outcomes as a ged deficient practice, a obtained. Coumadin therapy have the	F757				



	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .) MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SUR COMPLETE	
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F757	a skin assessme Coumadin to ide bleeding. There Therapeutic rang transcribed and o Unit Manger che machines for qua strips and machin proper functionin Unit manager ob residents receivin adverse reaction bleeding) and to MD (medical doo transcribed into t DON (Director O copies of the anti guest on Couman They are in a Co nursing unit. An anticoagulant created. The PT/INR: Anti been updated to The DON or desi nursing staff on t process. Coague conducted on lice nurses that have not be allowed to Licensed nursing Anticoagulant the orientation. The DON or desi administration on anticoagulant log ensure accuracy, appropriate order Nursing administ	t Director of Nursing) conducted nt on all residents receiving ntify abnormal bruising or were no abnormal findings. Jes have been obtained, care planned. Cked all CoaguChek XS ality controls and to ensure test ne chips match to ensure g per manufacturer guidelines. It tained telephone orders for ng Coumadin to monitor for s (abnormal bruising and/or report abnormal findings to the stor). All orders were he EMR. If Nursing) initiated clean, new icoagulant record for each din that indicates therapeutic. In umadin tracking book on each it therapy process has been icoagulant record policy has reflect transcription in the EMR. If yellow, will educate licensed the new anticoagulant therapy chek XS competencies will be eased nursing staff and licensed not received competencies, will obtain PT/INR from residents. If staff will be educated on the erapy process during nursing the routine monitoring of the during clinical meetings to completion, and that	F757			

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F757	This is a process indefinitely. The DON and NI QA committee. Date of complian Attachments: Anticoagulation t PT/INR - Anticoagulant The Coaguchek XS s Checklist. Anticoagulant The B/5/19 Effective monitor anticoagulant the bleeding. INFORMATION Anticoagulant the and treatment of embolism, throm Fibrillation with e systemic embolism. They inhibit the CPROCEDURE If using Coumad Initiate and order physician's order testing schedule at the time of tes Initiate anticoagulant recoumadin tracking system to obtocument tests record using the Policy.	he clinical operations meeting. In change that will continue of the change that will report all findings to the change of	F757					

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	•	JLTIPLE CONSTRUCTION DING	COMPLETED	
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F757	Monitor resident reactions includir bruising. Document that m Report abnormal outside of the the bleeding and/or the document finding Nurses who perfect Coaguckek XS chire prior to obtain yearly thereafter Anticoagulant logadministration in to ensure complect DOCUMENTATION 1. Physician order 2. Progress Note 3. Anticoagulant 4. Medication and 5. Guest/resident On 8/5/19 at 2:26 Verification of the anticoagulant prowas conducted. The reviewed, including process. Review verification was conducted and conducted and conterviewed on eaverify the education responses were reviewed an orders obtained for including any characteristic possed check for the consequence of the conducted and c	cord into the EMR. every shift for adverse ng abnormal bleeding and/or monitoring occurred on the MAR. Findings (including PT/INR erapeutic range or abnormal oruising) to the MD and gs and notification in EMR. form PT/INR tests must have a competency completed upon ining PT/INR on residents and and as needed. gs will be reviewed by nursing the clinical operations meeting etion and accuracy. ON er ss record ministration Record	F757	7			

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

	IENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING (X3) DATE SURVEY COMPLETED					
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F757	therapeutic goals (Clinical Laborate certificate was comanufacturer's umachines and procedures by stomachines and procedures by stomachines and procedures by stomachines and procedures by stomachines and conducted with A When asked if the that was uncover process for the sand monitoring), nurses were not and they assume orders in the systhe nurses were (electronic medicing) and they assume orders in the systhe nurses were (electronic medicing) and they assume orders in the systhem and they are written and they are written, RN # records should be on 8/5/19 at 5:50 POC was completed with A ASM #7 was ask responsibility regarder.	is, laboratory testing, and is. Verification of the CLIA ory Improvement Amendments) ompleted. Review of the ser manual for the CoaguChek oper procedures was beservations for proper aff conducted. O 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 Coumadin ASM #3 stated, "No. The necessarily doing the processed the doctor was putting the tem and the doctors assumed putting the order in the EMR	F757			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	-	LTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
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F757	#7 stated if she is then she usually resident's PT/INF determines if any needs to be made PT/INR based or ASM #7 stated sadmitted from the trying to establish range. ASM #7 sbased on the ressometimes reside hospital with a dobut if not, she de therapeutic range diagnoses. ASM book" (containing each unit in the fichecked each da ASM #7 stated si units they visit in each day, she visit coumadin book. records, are orgabased on the day a Tuesday, she canticoagulant records, are orgabased on the day a Tuesday, she canticoagulant records to be made ASM #7, was askneed to be made ASM #7 stated sineeded changes Physician" columnand then the nurs record and write changes. ASM #	R should be re-checked. ASM is reviewing a resident's orders asks the nurses to check the R on the day of admission then y changes to the Coumadin the and when to check the next in the PT/INR obtained that day, ometimes when a resident is the hospital, the clinicians are in a therapeutic Coumadin stated the therapeutic range is ident's diagnosis and tents are admitted from the ocumented therapeutic range termines the desired the based on the resident's I #7 stated there is a "Coumading anticoagulant records) on acility, and the books are by Monday through Friday, the and the physician rotate the facility. ASM #7 stated sits a unit, and she checks the ASM #7 stated anticoagulant anized in the Coumadin book of the week, so if she visits on checks the tabbed section of cords for Tuesday. ASM #7 by the anticoagulant records in I section and reviews if the INR for the INR to be completed. The writes the directive for the in the "Action Taken By an on the anticoagulant record, se is supposed to check the the orders for the needed to stated at times, she gives then the nurses document the stated at times, she gives then the nurses document the stated at times, she gives then the nurses document the stated at times, she gives then the nurses document the stated at times, she gives then the nurses document the stated at times, she gives then the nurses document the stated at times, she gives then the nurses document the stated at times, she gives then the nurses document the stated at times, she gives then the nurses document the stated at times, she gives then the nurses document the stated at times and the product the stated at times and the product the stated at times, she gives then the nurses document the stated at times and the product the pr	F757				
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NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY	495109 / PARK		STREET ADDRESS, CITY, STATE, ZIP CO 2420 PEMBERTON RD RICHMOND, VA 23233	08/07 //	2019
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHORE) CROSS-REFERENCED TO THE API	OULD BE	(X5) COMPLETE DATE
was asked if the director physician's order. #7 was asked if nu information docume Physician" column (transcribe) onto a the computer system that information are computer system far as how the ordesystem, would be director of nursing signs off on the director of nursing signs off on the director of the time, the anticoagulant in does not sign the computer them as system. ASM #7 entered into the cobe entered as ordered into the cobe entered as ordered orders will display was asked if nurse in the anticoagulant. When ASM #7 was coumadin dose sting the directive is ASM #7 was asked PT/INR document records should be 'Yes." ASM #7 state PT/INR directives anticoagulant record as written of ASM #7 was asked if record as written of ASM #7 was asked and written of ASM #7 was asked written of ASM #7 was asked written of ASM #7 was asked and written of ASM #7 was asked written of ASM #7 was asked and written of ASM #7 was asked written of ASM #7 was asked and written of ASM #7 was asked writte	inticoagulant record. ASM #7 irectives written in the "Action an" column on the ords have the full weight of a ASM #7 stated, "Yes." ASM urses are expected to take the nented in the "Action Taken By and enter that information a physician's order written into em. ASM #7 the nurses take and enter orders into the for medication changes, but as ers are entered into the a question to ask the assistant and ASM #7 was asked if she rectives the nurses write on records. ASM #7 stated she directives, but she thought the nurses take the directives orders into the computer stated if the directives are computer system, then they will ers under her name and the for her to sign. When ASM #7 es should follow the directives int records, she stated, "Yes." It is asked if a change in thould be initiated the same is written, she stated, "Yes." It is asked if a change in thould be initiated the same is written, she stated, "Yes." It is asked if a change in thould be initiated the same is written, she stated, "Yes." It is asked if a change in thould be initiated the same is written, she stated, "Yes." It is asked if a change in thould be initiated the same is written, she stated, "Yes." It is asked if a change in thould be initiated the same is written, she stated, "Yes." It is asked if a change in thould be initiated the same is written, she stated, "Yes." It is asked if a change in thould be initiated the same is written, she stated, "Yes."	F757			

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IN OF CORRECTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SUI COMPLET B. WING		rED			
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F757	Coumadin monitive began employment ASM #7 stated in documented monitograph of care where information in here as was more clear to plan of care where information in here as was more clear to plan of care where information regard coumadin monitor documented in here as was employed bear examination 7/23/18. ASM #7 not in her notes as was conducted with the monthly facility performance improved in the facility polity and was conducted with the monthly facility performance improved in the facility polity and was stated the patients who resisted from the companity of the month of the companity was asked if the was asked if the stated in the facility was asked if the was asked if the stated in the facility was asked if the was asked if the was asked if the stated in the was asked if t	rding Resident #338's oring. ASM #7 stated she ent at the facility on 6/24/18. Initially, the only place she nitoring information (such as and PT/INRs) was on the cords. ASM #7 stated that over a that the monitoring information to her and helped her follow her in she documented the range of the resident #338's oring, other than what was aer notes. ASM #7 was asked if a range staff reporting any staff reporting any staff reporting any stated that information was and she could not recall. 9 a.m., a telephone interview with ASM #9 (the facility medical ing the facility Coumadinuss and his role as the medical stated in general, he attends ity QAPI (quality assurance and provement) meetings and ad hoce held for issues that need to be all #9 stated he also participates cy and procedure reviews. The edge of the facility but providers and the facility but providers and monitoring is a partnership ising staff, the pharmacist, the nurse practitioners. When ASM he was aware of any concerns addin monitoring (prior to the	F757			
LADODATOD	V DIDECTORIS OF PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	TUDE			

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F757	for a resident recthe facility. ASM physicians are grand this is about stated, if a reside care environmen medication and is submitted to the interdisciplinary implements the continuous patient when appropriate reconfications show medication that reason was asked if the (recommendation stated that it goes including the right was asked if the providing the right was asked if any lab monitoring therapeutic independent of the attending physicians, reside providers such a the attending physicians and the attending physicians are admitted uncontrolled providers such a the attending physicians are admitted uncontrolled providers such a the attending physicians are admitted uncontrolled providers such a the attending physicians are admitted uncontrolled	ted what monitoring is expected beiving Coumadin admitted to #9 stated in general, the facility etting orders from the hospital transition of care. ASM #9 ent is admitted from an acute at then the resident should have PT/INR check orders that are facility staff, and the team reviews, follows and orders and discharges the propriate. ASM #9 stated ammendations and order and be obtained for any requires supervision. ASM #9 are was any special items and for Coumadin. ASM #9 are was any special items and the use of Coumadin requires and stated INRs and the composible for Coumadin at #9 stated that while residents are the care of the attending lents often have outside as a cardiologist. ASM #9 stated ysicians review the medications are on in the hospital and decide to be done at the facility. ASM as a shared responsibility and many stated information for the facility and the used the anticoagulant records facility and did not have any	F757			

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

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE COMPLETED (X4) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE COMPLETED				
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Continued From	page 320	F757			
documented a bl Resident #338's at the facility. On 8/6/19 at 11:2 conducted with A regarding her role ASM #3 stated th supposed to be r operations meeti "getting" done so reviewed daily at for PT/INRs and	coodstain was observed on sheet was no longer employed 23 a.m., an interview was a second with the director of nursing), in the common monitoring. The anticoagulant records, were reviewed during daily clinical angs but that had not been on now the records will be the meetings to ensure orders coumadin are written,				
conducted with A director). ASM # resident on Coun red bleeding. At called the superv	ASM #9 (the facility medical 9 was what staff should do if a nadin is observed with a bright SM #9 stated immediately visor and doctor. When asked				
No further inform exit.	ation was presented prior to				
COMPLAINT DE	FICIENCY				
blood clots from the your blood and be people with certan people with prost mechanical) hear suffered a heart at treat or prevent with the province of the pro	forming or growing larger in lood vessels. It is prescribed for in types of irregular heartbeat, thetic (replacement or rt valves, and people who have attack. Warfarin is also used to renous thrombosis (swelling and				
	SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From The nurse who w documented a bl Resident #338's at the facility. On 8/6/19 at 11:2 conducted with A regarding her rol ASM #3 stated th supposed to be a operations meeti "getting" done so reviewed daily at for PT/INRs and transcribed and of On 8/6/19 at 12:0 conducted with A director). ASM # resident on Cour red bleeding. A called the superv why, ASM #9 sta condition." No further inform exit. COMPLAINT DE [1] "Warfarin (Co blood clots from your blood and b people with certa people with certa people with prosi mechanical) hea suffered a heart a treat or prevent w blood clot in a ve	OVIDER OR SUPPLIER RELS OF UNIVERSITY PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 320 The nurse who wrote the 7/22/18 note that documented a bloodstain was observed on Resident #338's sheet was no longer employed at the facility. On 8/6/19 at 11:23 a.m., an interview was conducted with ASM #3 (the director of nursing), regarding her role in Coumadin monitoring. ASM #3 stated the anticoagulant records, were supposed to be reviewed during daily clinical operations meetings but that had not been "getting" done so now the records will be reviewed daily at the meetings to ensure orders for PT/INRs and Coumadin are written, transcribed and done. On 8/6/19 at 12:04 p.m., another interview was conducted with ASM #9 (the facility medical director). ASM #9 was what staff should do if a resident on Coumadin is observed with a bright red bleeding. ASM #9 stated immediately called the supervisor and doctor. When asked why, ASM #9 stated, "It's a significant change in condition." No further information was presented prior to exit. COMPLAINT DEFICIENCY [1] "Warfarin (Coumadin) is used to prevent blood clots from forming or growing larger in your blood and blood vessels. It is prescribed for people with certain types of irregular heartbeat, people with certain types of irregular heartbeat, people with prosthetic (replacement or mechanical) heart valves, and people who have suffered a heart attack. Warfarin is also used to treat or prevent venous thrombosis (swelling and blood clot in a vein) and pulmonary embolism (a	OVIDER OR SUPPLIER RELS OF UNIVERSITY PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 320 The nurse who wrote the 7/22/18 note that documented a bloodstain was observed on Resident #338's sheet was no longer employed at the facility. On 8/6/19 at 11:23 a.m., an interview was conducted with ASM #3 (the director of nursing), regarding her role in Coumadin monitoring. 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It is prescribed for people with certain types of irregular heartbeat, people with cretain types of irregular heartbeat, people with rorsthetic (replacement or mechanical) heart valves, and people who have suffered a heart attack. Warfarin is also used to treat or prevent venous thrombosis (swelling and	A BULLINIS B. WING STREET ADDRESS, CITY, STATE, 2IP C 2420 PEMBERTON RD RICHMOND, VA 23233 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 320 The nurse who wrote the 7/22/18 note that documented a bloodstain was observed on Resident #338's sheet was no longer employed at the facility. On 8/6/19 at 11:23 a.m., an interview was conducted with ASM #3 (the director of nursing), regarding her role in Cournadin monitoring, ASM #3 stated the anticoagulant records, were supposed to be reviewed during daily clinical operations meetings but that had not been "getting" done so now the records will be reviewed daily at the meetings to ensure orders for PT/INRs and Cournadin are written, transcribed and done. On 8/6/19 at 12:04 p.m., another interview was conducted with ASM #9 (the facility medical director). ASM #9 stated immediately called the supervisor and doctor. When asked why, ASM #9 stated, "It's a significant change in condition." No further information was presented prior to exit. COMPLAINT DEFICIENCY [1] "Warfarin (Cournadin) is used to prevent blood clots from forming or growing larger in your blood and blood vessels. It is prescribed for people with certain types of irregular heartbeat, people with prosthetic (replacement or mechanical) heart valves, and people who have suffered a heart attack. Warfarin is also used to treat or prevent venous thrombosis (swelling and blood clot in a vein) and pulmonary embolism (a	DOVIDER OR SUPPLIER RELS OF UNIVERSITY PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAX) EACH DEFICIENCY MUST BE PRECEDED BY FULL TAX COntinued From page 320 The nurse who wrote the 7/22/18 note that documented a bloodstain was observed on Resident #338's sheet was no longer employed at the facility. On 8/6/19 at 11:23 a.m., an interview was conducted with ASM #3 (the director of nursing), regarding her role in Coumadin monitoring. ASM #3 stated the anticoagulant records, were supposed to be reviewed during daily clinical operations meetings but that had not been "getting" done so now the records will be reviewed aliy at the meetings to ensure orders for PT/INRs and Coumadin are written, transcribed and done. On 8/6/19 at 12:04 p.m., another interview was conducted with ASM #9 (the facility medical director). ASM #9 was what staff should do if a resident on Coumadin is observed with a bright red bleeding. ASM #9 stated immediately called the supervisor and doctor. When asked why, ASM #9 stated, "it's a significant change in condition." No further information was presented prior to exit. COMPLAINT DEFICIENCY [1] "Warfarin (Coumadin) is used to prevent blood clots from forming or growing larger in your blood and blood vessels. It is prescribed for people with prosthetic (replacement or mechanical) heart valves, and people who have suffered a heart attack. Warfarin is also used to treat or prevent venous thrombosis (swelling and blood clot in a vein) and pulmonary embolism (a

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

Event ID: PZ4N11

Facility ID: VA0249

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

STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109			9	C 08/07/2	2019
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F757	medications calle thinners'). It work ability of the blood obtained from the https://medlineple html [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 https://vsearch.nbin/query-meta?v%3Aproje=medlineplus-bundle&query=d11.1565615930- [3] "Prothrombin measures the tin (plasma) of your in seconds. Mosi as what is called ratio)." "The most this test is to motaking a blood-th you are likely tal blood clots. Norr seconds. Most of	ung). Warfarin is in a class of ed anticoagulants ('blood is by decreasing the clotting id." This information was	F757		DEFICIENCY)		
	ratio). If you are clots, your provid keep your INR b This information	taking warfarin to prevent blood der will most likely, choose to etween 2.0 and 3.0." was obtained from the website: llm.nih.gov/vivisimo/cgi-					

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

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	MULTIPLE CONSTRUCTION SUILDING	(X3) DATE SURVEY COMPLETED C	
		495109	B. W	VING	_	, 7/2019
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F757	T%20calculation [4] Black Box Wastrongest warning Administration) remedical studies is significant serious adverse effects]: can cause major regular monitoring normalized ratio measures how look in all treated pation obtained from the webiste: https://duglnfo.cfm?seticdd5accc4151b6 [6] Ceftriaxone is information was entitys://medlineple html [7] "NSAIDs (nor drugs) are some pain medicines in obtained from the https://www.rheu Caregiver/Treatm [8] Zofran is used information was entitys://medlineple html [9] "Vitamins are needs to grow are helps your body	dineplus-aboratory%20tests%20for%20P%20of%20INR& arning [A boxed warning is the g that the FDA (Food and Drug equires, and signifies that indicate that the drug carries is or even life-threatening BLEEDING RISK: COUMADIN or fatal bleeding. Performing of INR [international - a laboratory blood test that ong it takes for blood to clot [3]] ents. [3]This information was easilymed.nlm.nih.gov/dailymed/dr=d91934a0-902e-c26c-23ca-sused to treat infections. This obtained from the website: us.gov/druginfo/meds/a685032.	F757			
	CONCERNO OF SPOU	DEDIGI IDDI IED DEDDESENTATIVE'S SIGNA	71 100	· · · · · · · · · · · · · · · · · · ·		

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

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STATEMENT OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BI	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
		495109	D. W	**NG	08/07/2	2019
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F757	COUMADIN antidiscontinuing CO necessary, by adparenteral vitami obtained from the https://dailymed.ifm?setid=d91934d5accc4151b6#.https://vsearch.nbin/query-meta?v%3Aproje=medlineplus-bundle&query=vi81124811.156561667741437.155	d too much." Reversal of coagulation may be obtained by DUMADIN therapy and, if Iministration of oral or n K. This information was e website: nlm.nih.gov/dailymed/drugInfo.c 4a0-902e-c26c-23ca-and from the website: lm.nih.gov/vivisimo/cgi-ect=medlineplus&v%3Asources itamin+k&_ga=2.117115013.20 it5930-	F757	··-		
	MDS (minimum	Resident #116's most recent data set), a 30 day Medicare				

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

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495109	В. V	WIN	G	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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F757	Resident #116 a: anticoagulant me seven days. Resident #116's 6/14/19 documer is at risk for abnot (related to) Anticomedications as of ineffectiveness a findings to the physician diagnostics as or findings to the physician for a PT/INR on the physician of the physician day) re (check) (Intervented a physician coument of the physician day) re (check) (Intervented a physician day) re (check) (Intervente	intact. Section N coded is having received an edication seven out of the last comprehensive care plan dated ated, "(Name of Resident 116) armal bleeding/bruising R/T coagulant useAdminister refered. Observe for a side effects, report abnormal sysician. Obtain labs and dered and report abnormal sysician" hysician/NP progress notes the time of the survey ence of an identified therapeutic for Resident #116's PT/INR. ent #116's clinical record cian's order dated 6/5/19 for a only. ent #116's anticoagulant record entation dated 6/5/19 that arrent Anticoagulant Drug and Coumadin) 5 mg was held 6/2, INR: 2.7. Action Taken By the Coumadin of the composition of the comp	F757	7			
		TED/SLIDDLIED DEDDESCRITATIVES SICALA					1

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Event ID: PZ4N11

Facility ID: VA0249

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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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	OVIDER OR SUPPLIER	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
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F757	Continued From Coumadin use of	, 0	F757				
		ASM #7 (nurse practitioner) on ocument information regarding r monitoring.		***************************************			
	documented, "Cu Dose: 3.5 mg QE Taken By Physic the anticoagulan failed to reveal a order for the nex documented bek [licensed practica a.m., revealed the	nticoagulant record urrent Anticoagulant Drug and D. PT: (blank) INR: 1. Action ian: (blank)." Further review of t record and physician's orders physician/NP directive and/or t PT/INR. (Note- as bw, , an interview with LPN al nurse] #1 on 8/6/19 at 10:54 ie 6/8/19 entry was documented i/INR was not obtained on ed).					
	documented, "Cr Dose: 3.5 mg. P Taken By Physic indicate the word 6/14/19." A note (administrative s documented in p vein thrombosis) (milligrams) QD Increase coumac 6/14/19. Monitor physician's order physician order t PT/INR on 6/14/ A note signed by 6/12/19 docume coumadin 4mg C recheck 6/14/19.	anticoagulant record urrent Anticoagulant Drug and iT: 21.9. INR: 1.8. Action sian: (An arrow pointing up to d increase) 4 mg. Re (check) e signed by the ASM taff member) #7 on 6/10/19 sart, "H/o (History of) DVT (deep (3) - on coumadin 3.5mg (every day). INR today 1.8. din to 4mg QD and re check or closely" Review of rs failed to reveal a transcribed to recheck Resident #116's 19. ASM #7 on 6/11/19 and Inted in part, "H/o DVT- on QD. Most recent INR 1.8. Monitor closely"					

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	А. В) MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SURVEY COMPLETED C	
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F757	Continued From anticoagulant recept/INR was obtained and 6/16/19 which information in the ASM #7, includin 6/14/19 although The next PT/INR was "26.9. INR: Physician: No (cl (week)." Further failed to reveal a the PT/INR in on obtained on 6/25 Review of Reside (medication adm resident was adm physician's order On 8/6/19 at 10:5 anticoagulant recept (licensed practical nurses are supported to the process and physician's order (licensed practical nurses are supported to the following on the adate was blank (licensed practical nurse practiting the following on the adate was blank (licensed practical nurse practiting the following on the following of the following of the date although the date although the		F757	DEFICIEN		
LADODATOS		was then obtained on 6/18/19 DER/SUPPLIER REPRESENTATIVE'S SIGNA	ruer:			

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

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ļ	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
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F757	asked if nurses a physician/NP din record to physicis stated prior to the required to do so nurses are suppophysician/NP din record, she state responsibility to record) daily." On 8/6/19 at 11:: conducted with A regarding her rol ASM #3 stated the supposed to be reoperations meeting "getting" done so reviewed daily are for PT.INRs and transcribed and transcribed and the above concerns. On 8/6/19 at 11:: administrator), A coordinator) and the above concerns. (1) "Warfarin (Coobtained from the https://medlineplentml") (2) "Prothrombin normalized ratio obtained from the coordinated from th	made aware. LPN #1 was are supposed to transcribe ectives from the anticoagulant an's orders in the EHR. LPN #1 e survey, nurses were not a. When LPN #1 was asked if osed to obtain PT/INRs per the ectives in the anticoagulant ad, "Yes. It's nurses' check the log (anticoagulant	F757			

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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F757	Continued From information was a https://vsearch.nlbin/query-meta?v%3Aproje=medlineplus-bundle&query=d11.1565615930-3. The facility staff also faciled to directive for PT/II Anticoagulant Re(electronic health Resident #527 w.7/12/19 with diag to: broken rib, broken repaired by a DVT (deep veir	page 328 obtained from the website: Im.nih.gov/vivisimo/cgi- ect=medlineplus&v%3Asources vt&_ga=2.137988019.20811248 1667741437.1550160688 Iff failed to provide Resident ate monitoring for the Coumadin (1), a high-risk physician/NP failed to identify therapeutic range for Resident orothrombin time/international (2) blood test results for the on and monitoring of Coumadin. Failed to perform a PT/INR blood s directed by the physician/NP er) on the facility's Anticoagulant facility staff failed to transcribe ease Resident #527's le on 7/17/19 to 3 mg the Anticoagulant Record into and Resident #527 received Imgs on 7/18/19 and 7/21/19. To transcribe the provider's NR monitoring from the ecord to Resident #527's EHR	F757				
LABORATORY	assessment with reference date) o	Data Set), an admission an ARD (assessment of 7/19/19, Resident #527 was	URE				

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURV COMPLETE	
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F757	daily decision may on the BIMS (brill In Section N of the Section N of the Section N of the Section N of the In Section In the Covered with cloth wounds visible of A review of the Interest of Interest o	severely cognitively impaired for aking, having scored 3 out of 15 bef interview for mental status). In assessment, she was coded anticoagulant on all seven days period. 20 a.m., Resident #527 was therapy gym. Both arms were thing. There were no bruises or in her hands. There were no bruises or in her hands. There were along the failed to reveal any atterapeutic range goal for PT/INR laboratory test results. Bent #527's Anticoagulant bet maintained separately from d) revealed an entry on 7/17/19. Furrent Anticoagulant Drug and did documented, "Warfarin gi MWF (Monday, Wednesday, 12 mg T TH S S (Tuesday, day, Sunday)." The resident's umented as "22.2/1.9." In the faken by Physician," the recording QD (every day). Re [check] In the Anticoagulant Record was the resident's PT/INR on the extitute on the Anticoagulant in this laboratory test on 7/22/19. In the faken by Physician, the record was the resident's PT/INR on the Anticoagulant rective on the Anticoagulant in this laboratory test on 7/22/19. In the faken by Physician, the record was the resident's PT/INR on the Anticoagulant rective on the Anticoagulant in this laboratory test on 7/22/19. In the faken by Physician, the record was the resident's PT/INR on the Anticoagulant rective on the Anticoagulant on the Anticoagulant in this laboratory test on 7/22/19. In the faken by Physician, the record was the resident's PT/INR on the Anticoagulant rective on the Anticoagulant in this laboratory test on 7/22/19. In the faken by Physician, the record was the resident's PT/INR on the P	F757				

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	08/07	//2019
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CO 2420 PEMBERTON RD RICHMOND, VA 23233	DDE	
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F757	evidence that the obtained as direct Anticoagulant Re revealed no evid to perform a PT/l as an order into a san order into a	Resident #527 revealed no e PT/INR on 7/20/19 was coted on the 7/17/19 ecord. This record review ence that the recommendation INR on 7/20/19 was transcribed the EHR. If the resident's EHR for July to evidence that the ective to increase the Coumadining to 3 mgs on 7/17/19 and was norder into the EHR. 527's EHR for July 2019 ence that Resident #527's ge was increased to 3 mg daily e physician/NP on the ecord for 7/17/19. By way of these dates, the MAR inistration record) documented for received Coumadin 2 mg at 8/19 (Thursday), and 7/21/19 of 3 mg as directed. Ident #527's comprehensive don 7/12/19 revealed, in part, resident #527] is at risk for eng/bruising R/T (related to): AnticoagulantDate Initiated: on 8/1/19Will have no signs of prough next reviewAdminister orderedObtain labs [laboratory estics as ordered and report is to the physician." 36 p.m., an interview was asked why Coumadin ed. ASM #5 stated Coumadin ed. ASM #5 stated Coumadin	F757			
LABURATURY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	LUKE			

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL P		ID PREFI TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETE DATE
F757	because the medical food and other mis why the medical ASM #5 was ask be obtained to mis that depends on When asked whe monitoring of Costated they are dook (anticoagul orders for Coumacommunicated, in the anticoagul write actual orders for Coumacommunicated, in the anticoagul write actual orders for Coumacommunicated, in the anticoagul write actual orders for Coumacin for Disaid goal is usual Coumacin for Disa	ickly become out of control dication can variably react with hedications. ASM #5 stated this ration has to be monitored, and how often PT/INRs should nonitor Coumadin and stated the patient and other variables. For example, and PT/INRs, ASM #5 locumented in the Coumadin and record). When asked how adin changes and PT/INRs are ASM #5 stated those are written ant record and she does not are for those. 5 a.m., ASM #6, a nurse interviewed. When asked about NR range for a resident taking VT prevention, she sated the	F757			

STATEMENT OF DEFICIENCIES D PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURVEY COMPLETED	
		495109	l l	/ING	08/07/	2019
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F757	daily on 7/17/19, received the Coushe could not. Let exactly, but I thin oncology appoint oncologist recommends with the clinical recommends are an oncommend written an orange commend written and commend witten and entered a new stated, "Frommon to get the 3 mgs Since she was the completing the Amaking the changstated, "I probability and incommend the patient taking Coshe stated the taking Coshe sta	in had been increased to 3 mgs and that Resident #527 had imadin as directed, LPN #3 said PN #3 stated, "I can't remember it [Resident #527] had an iment that day. Maybe the imended something else. I don't ked if she could find evidence in it to indicate that Resident #527 ologist or that the oncologist ider for a change in the je, she stated she could not. It is else the stated she would id the old order for Coumadin, it is wone for the new dosage. LPN what I see on the MAR, she did is every day until July 22nd." It is enurse responsible for inticoagulant Record and ges in the orders, LPN #3 by thought I had done it, but I roximately 7:55 a.m., ASM #7, her, was interviewed. When normal therapeutic range for a sumadin for a history of a DVT, erapeutic range is determined diagnosis. 18 a.m. administrative staff f2, the regional clinical asked what standard of ty follows for the monitoring of ASM #2 stated, "We follow our incott." Intaining Clotting Profiles: a (PT) and international (INR) are the coagulation tests	F757			
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNA	THRE			

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

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109	A. 8	UILE	LTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE C 08/07/2	D
	OVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	<u> </u>	
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F757	Coumadin. The times the control the INR are dete provider. Obtain ordered. Couma achieve the desir Preventing Bleed antidotes to reve Warfarin-phytona AquaMEPHYTO Health Maintena taking anticoagu carefully and tak prescribed; if a dup dose". This in Lippincott Manual Con 8/6/19 at 11: staff member) #1 the regional clinithe director of nuconcerns. No further inform (1) "Warfarin (geinformation is tal of Health websith https://medlineplhtml. (2) "Prothrombin taken from the Nwebsite https://www.ncbi.569083/.	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 idin dose will be adjusted to red level of anticoagulation. This sen from the Mational Institutes of the patient was provided prior to exit.	F757				

STATEMENT OF DEFICIENCIES D PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	А. В	BUIL	ULTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED C	
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F757	Continued From	page 334	F757	7			
	formation of a blo deep vein thromb taken from the Na website https://www.ncbi. (5)"A pulmonary blockage in a lun when a when a b travels through the This information institutes of Heal	is the medical term for the bod clot in a blood vessel. In bosis (DVT). This information is ational Institutes of Health Inlm.nih.gov/books/NBK425364/ embolism (PE) is a sudden g artery. It usually happens blood clot breaks loose and the bloodstream to the lungs." is taken from the National th website us.gov/pulmonaryembolism.htm					
	disease specific. and 3.0 has long range for DVT/PE necessitates freq adjustment to prehemorrhages and thrombosis/pulmo over or under ant is taken from the website https://www.ncbi.887034/ 4. The facility star with adequate mo of Coumadin (1), physician/NP faile therapeutic range (prothrombin time (2) laboratory tes	vels of warfarin therapy are A target therapeutic INR of 2.0 been considered as the safest E. Achieving this range uent 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 ff failed to provide Resident #45 onitoring for the administration a high-risk medication. The ed to identify any established of resident #45's PT/INR e/international normalized ratio) t results. The facility staff failed NR test as directed by the					
LABORATORY	to perform a PT/II		URF				

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

STATEMENT OF O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. B	MULTIPLE CONSTRUCTION UILDING VING	(X3) DATE SURVEY COMPLETED C	
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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 PREFIX TAG		OULD BE	(X5) COMPLETE DATE
F757	Resident #45's C and 3/22/19, fron physician orders (electronic health Anticoagulant Re was to receive C daily starting 3/219, Coumadin 3 mgs 3/26/19 (except f medication was I failed to transcrib PT/INR tests and Anticoagulant Re (electronic health September and I January, Februa Resident #45 wa 12/14/13, with di limited to, a histo of a prosthetic (a most recent MDS quarterly assess reference date) of coded as having daily decision ma BIMS (brief inter section N of this having received days of the look On 8/6/19 at 10: observed lying of were closed. The were no wounds A review of the p progress notes f 2018 through Ju	practitioner directive to increase coumadin dosage on 3/15/19 in the Anticoagulant Record into in Resident # 45's EHR in record). The directive on the ecord documented Resident #45 oumadin 3.5 milligrams (mgs) 5/19, and Coumadin 4 mg daily and Resident #45 received only and Resident #45's EHR in record) on multiple dates in November 2018, and in ry, March, and June of 2019. It is admitted to the facility on agnoses that included, but not bory of a stroke, and the presence artificial) heart valve. On the St (Minimum Data Set), a ment with the ARD (assessment of 5/6/19, Resident #45 was no cognitive impairment for aking, having scored 15 on the view for mental status). In assessment, he was coded as an anticoagulant on all seven	F757			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	!	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
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(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 CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F757	Resident #45's P A review of Resident Record revealed column "Action T documented the 29.8/2.5. Under the following was [check] [PT/INR] A review of Resident Resident Revealed, order for Coumac IN 3 WEEKS left party)." The next entry or dated 8/22/18. The following following the columns following the columns following the columns following the columns following the residents PT/INR Taken by Physicion 9/4." The INR 9/4/18. A review of the E for August 2018 fevidence that the physician/NP on record, and documote, was ever corecord review revent physician/NP direcord and there wo obtain a PT/INR to the physician and there wo obtain a PT/INR to the record review revent and the physician a	therapeutic range goal for T/INR blood test results. dent #45's Anticoagulant an entry on 8/1/18. In the aken by Physician," the record resident's PT/INR on 8/1/18 as he "Action Taken by Physician", documented, "[No change]. Re in 3." dent #45's nurses' note dated in part, the following: "New din (sic) 5mg recheck PT/INR message for RP (responsible on the Anticoagulant Record was here was no information in any or this date; the entire line was view of the Anticoagulant an entry on 8/31/18 the cord documented in part, the as "96/8". (4) Under "Action an: "hold X 4d (days) recheck was obtained as directed on PT/INR directed by the 8/1/18 on the Anticoagulation mented in the 8/2/18 nurses' ompleted on 8/22/18. This realed no evidence that the active to perform a PT/INR on scribed as an order into the as no documented order to	F757			
LABORATORY	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	URE			

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

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDI B. WING			(X3) DATE SURVEY COMPLETED C 08/07/2019				
NAME OF DO	OVIDED OR CURRULES	495109				L	(0.19
	OVIDER OR SUPPLIER RELS OF UNIVERSIT	TY PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
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F757	following: "BLEE bleeding/bruising useDate Initial 11/23/17Will hab bleedingAdminObtain labs as findings to the ph On 7/31/19 at 2:3 conducted with A member) #5 (Refacility). ASM #5 must be monitore (levels) could quibecause the medical food and other mis why the medical ASM #5 was ask be obtained to mistated that dependent the monitoring of #5 stated they are book (anticoagul orders for Coumare communicate written in the ant not write actual of On 8/1/19 at 8:50 practitioner, was the therapeutic Il Coumadin for DN said goal is usual On 8/6/19 at appa a nurse practition asked about the patient taking County in the said goal is usual contents.	J17 revealed, in part, the D101: At risk for abnormal R/T (related to)anticoagulation red: 11/23/17. Created on red: Report abnormal red: Red: Red: Report abnormal red: Red: Red: Red: Red: Red: Red: Red: R	F757				

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SUR\ COMPLETE	
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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 CORRECT X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F757	Continued From by the resident's On 8/6/19 at 10:2 nurse) #1 was infindings. LPN #1 Anticoagulant Relaboratory test reasked if she could Resident #45 rec LPN #1 stated she was concerning for "Oh yes. The PT they are written in record)." When a stated, "The patiestoo thin. We have stated that, in loo Sheet, it appeare caring for Reside PT/INR had not be and performed the Further review of Record revealed column "Current Anticon Taken by documented: "[Ind (milligrams) QD (mil	page 338	F757	DEFICIENCY)	KOPKIATE	DATE
LABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGNAT	URE			

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

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F757	Anticoagulant Re the directive on 3 Coumadin to 3.5 physicians order for the next test of the record docurn "Current the record docurn" Action Taken by documented: "[Ir Recheck [PT/INF A review of Resirevealed no evide Coumadin dosage as directed by the Anticoagulant Re no evidence the the Coumadin to physicians order for the next test of the next test. Further review of MAR (medication revealed, by way dates, that the resident from 3/26/19. The revealed the the county of the next test of the n	e physician/NP on the ecord. There was no evidence 3/15/19 to increase the mg had been transcribed to a in the EHR. The PT/INR results date, 3/22/19, were 20.5/1.7. dent #45's Anticoagulant an entry on 3/22/19. In the Anticoagulant Drug and Dose," nented, "3.5 mg." In the column of Physician," the record increase Coumadin] 4 mg QD.	F757			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
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F757	record on 3/15/19 she could not. When the lack of evider we missed these medication was good on't see anything a review of Residence of the lack of evider evealed point of care blooperformed: 9/4/18/1/24/19, 2/21/19, A review of Residence of the directive on the providers' orders. On 8/6/19 at 10:1 member (ASM) # coordinator, was practice the facility anticoagulants, A policies and Lippi On 8/6/19 at 10:2 interviewed regar reviewed Resider providers' orders, referenced dates asked if the direct Record should be order, she stated, doing it before [the we should have be now."	cited in the Anticoagulant 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, and tests for PT/INR were 3, 9/20/18, 11/15/18, 11/23/28, 3/15/19, 3/22/19, and 6/26/19. Ident #45's EHR for the above in 2018 and 2019 revealed no se tests were transcribed from the Anticoagulant Record to 8 a.m. administrative staff 2, the regional clinical asked what standard of the follows for the monitoring of SM #2 stated, "We follow our	F757			
LABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGNAT	URE			

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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	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 ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			HOULD BE	(X5) COMPLETE DATE	
F757	the director of nuconcerns. No further inform (1) Coumadin (grinformation is take of Health website https://medlinepl.html. (2) "Prothrombin normalized ratio from the National https://www.ncbi.569083/. (3) Anticoagulan the National Inst.https://ghr.nlm.niresistance. (4) "After aortic v.mechanical prosective an INR of 2.5 to 3.5 (MVR) with median warfarin to achieve information is tale of Health website https://www.ncbi.835169	cal coordinator, and ASM #3, trising, were informed of these lation was provided prior to exit. eneric name Warfarin) - This sen from the National Institutes et us.gov/druginfo/meds/a682277. time (PT) and international (INR)." This information is taken Il Institutes of Health website .nlm.nih.gov/pmc/articles/PMC5 t - This information is taken from itutes of Health website ih.gov/condition/warfarin- valve replacement (AVR) with theses, warfarin is indicated to of 2.0 to 3.0. If the patient has farin is indicated to achieve an inAfter mitral valve replacement hanical valve, is indicated eve an INR of 2.5 to 3.5." This ken from the National Institutes	F757			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
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F757	6/27/19 and 7/26 directives on the Staff failed to adr physician/nurse p Anticoagulant Re resident receiving medication being Coumadin being directed which, re receiving unnece facility staff failed for PT/INR levels of Coumadin, into (EMIR) and phys Resident #189 w 9/16/17 with a mo 7/16/19 diagnose to: mechanical he pressure and atri is a condition cha contraction of the irregular beats of decreased heart formation in the a The most recent assessment, a M with an assessme coded the reside BIMS (brief interv indicating the res to make daily dec Medications, the receiving an antic the look back per *Coumadin is an keeps your body	rsician order on 4/12/19, 1/19 and per documented anticoagulant record on 5/1/19. Ininister transcribe practitioner directives from the cord into orders resulting in the gethe wrong dose of Coumadin, I held without orders, and administered instead of held as esulted in Resident #189 Issary doses of Coumadin. The I to transcribe physician orders I rechecks and doses changes of the electronic medical record ician's orders. I as admitted to the facility on the streent readmission on the included but were not limited the eart valve, stroke, high blood al fibrillation. (Atrial fibrillation the ventricles and resulting in the ventricle	F757			

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

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A.B) MULTIPLE CONSTRUCTION BUILDING		ATE SURVEY OMPLETED C
		495109	B. V	WING		08/07/2019
	OVIDER OR SUPPLIER	Y PARK		STREET ADDRESS, CITY, STATE, 2 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		ION SHOULD BE HE APPROPRIA	
F757	and revised on 3 "Focus: (Resider bleeding/bruising use, anticoagula fibrillation), strok documented in p ordered. Observe effects, report ab physician. Obtain diagnostics as or findings to the physician PRN (a symptoms) of co blood in urine, bl red blood in stoo nausea, vomiting lethargy, bruising (shortness of brechanges in ment changes in v/s (heart rate, respir petechiae (tiny reappearing on the hemorrhages will layers) (3), back nosebleeds." The nurse practidocumented, "IN "Prothrombin tim measures the tim (plasma) of your in seconds. Mos as what is called ratio)." "The most this test is to motaking a blood-th [Coumadin]. You	page 343 ive care plan dated, 12/19/18 /7/19, documented in part, at #189) is at risk for abnormal p. R/T (related to) medication at diagnosis of A-Fib (atrial p. The "Interventions" art, "Administer medications as a for ineffectiveness and side anormal findings to the a labs (laboratory) and adered and report abnormal anysician. Observe and report to as needed) s/sx (signs and amplications: blood tinges/frank ack tarry stools, dark or bright als, sudden severe headaches, and, diarrhea, muscle joint pain al, blurred vision, SOB path), loss of appetite, sudden al status, significant or su	F757			

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` `	MULTIPLE CO	DISTRUCTION	(X3) DATE SURV COMPLETE	TED	
		495109	B. W	ING		C 08/07/	2019	
	OVIDER OR SUPPLIER	TY PARK		2420 PE	DDRESS, CITY, STATE, ZIP COD EMBERTON RD OND, 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 DSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
F757	are given as what normalized ratio) prevent blood clot likely, choose to 3.0." (4) The physician directord dated, 7 mg (milligrams) of the coumadin as 4 ndocumented as 2 documentation of that the physician was no nurse's negrectitioner or pheorem of the coumadin documented the mg, INR 2.1, [bel placing the reside physician directive [Coumadin] to 4.3 days 8/3/18." The coumading documented the mg, INR 2.1, [bel placing the reside physician directive [Coumadin] to 4.3 days 8/3/18." The coumading documented the mg, INR 2.1, [bel placing the reside physician directive [Coumadin] to 4.3 days 8/3/18." The coumading documented the mg, INR 2.1, [bel placing the reside physician directive [Coumadin] to 4.3 days 8/3/18." The coumading documented d	onds. Most of the time, results at is called INR (international but is called INR was takeep your INR between 2.0 and rective on the "Anticoagulant Record" dated and the current dose of any (milligram). The INR was 2.5. There was no an the "Anticoagulant Record" and was notified of the INR. There ote documented and no nurse ysician notes on 7/30/18. Anticoagulant Record" current dose of Coumadin as 4 ow the INR goal 2.5 - 3.5 and at risk of blood clots]. The re documented, "Increase in the order for the increase in the order for the increase in the was transcribed into the EMR all record). A nurse practitioner 18, documented in part, "INR allated with Coumadin. INR goal lay 2.1 on 4 mg qd. Willing" dent #189's "Anticoagulant and the current Coumadin INR "1.4", [below the identified in INR "1.4", [below the identified	F757					
LABORATORY	documented the 8/10/18 and docu	Anticoagulant Record" physician was notified on umented the following physician DER/SUPPLIER REPRESENTATIVE'S SIGNAT	TIBE					

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

Event ID: PZ4N11

Facility ID: VA0249

If continuation sheet Page 345 of 491

1800

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED					
		495109	B. W	JING	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 PREFII TAG		OULD BE	(X5) COMPLETE DATE
F757	recheck 8/13/18. A nurse practition documented in panticoagulation from the valve. Goal INR: 4.5 mg Coumading and recheck INR physician order for the repeat PT/IN EMR. The MAR record) for August change of "Coumading of "Coumading of Coumading of the INR on 8/17/18." There was no dot transcribed in the Coumadin to 5.5 the INR on 8/17/18. The "Coumadin 5 mg related to unspending of the 5.5 mg as physician direction 8/13/18.	ner note dated, 8/10/18, art, "Patient is on or a fib and prosthetic heart 2.5 - 3.5. INR today is 1.4 on n. Will increase to 5 mg daily on 8/13/18." There was no or the increase in Coumadin or R documented above in the (medication administration at 2018, documented the dose nadin 5 mg qd." If the "Anticoagulant Record" with the date 8/13/18 entered. 3/18, documented the current in as "5 mg", the INR level cumented as "1.4" [below the 3.5]. The physician was notified physician directive documented, Coumadin] to 5.5 mg recheck recumented physician order as EMR to increase the dose of mg, and no order to recheck	F757			

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	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
		495109		/ING	C 08/07/2	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 LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F757	on the Anticoagu documented INR resident at risk for Coumadin dose of [milligrams]" [inst directed on 8/13/documented, "Inc 8/18/18. Review record) revealed was transcribed from Coumadin dated. Review of the Audocumented order mouth in the every revealed and dose of Coumadin MAR indicated to review of the EMI failed to evidence Thus, the resident on 8/15/18, as pewas no documented as "INR goal of 2.5 for blood clots. Resident #189's "revealed an entry was crossed off at The entry for 8/17 Coumadin dose of "1.6", [below ther completed on 8/1 physician's order "Anticoagulant Rephysician was no physician was no	dent #189's documented INR lant record was 1.8, [below the goal of 2.5 - 3.5 placing the problem of blood clots]. The current was documented as "5 mg read of the 5.5 mg previously 18], the physician directive crease to 5.5 mg recheck of the EMR (electronic medical a documented physicians order for the increased dose of 8/15/18. gust 2018 MAR revealed the er for "Coumadin 5.5 mg by ning, effective 8/15/18." Further a "5" was documented for the n due on 8/15/18. A "5" per the or "Hold/see nurse's notes." A R [electronic medical record] a nurse's note for 8/15/18. In the did not receive any Coumadin for the physician order. There tation evidencing the physician dent #189's Coumadin was The resident's INR on the ecord" dated; 8/17/18 was 1.6", below the documented 3.5 placing the resident at risks "Anticoagulant Record" with the date of 8/18/18, that and the date 8/17/18 entered. The documented the current of "5.5 mg", INR obtained as apeutic range, and was 7 instead of 8/18/18 without a	F757			

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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 COMPLETER	
		495109	ł	/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 PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
F757	on 8/20/18." A nu 12:51 p.m., docu New order to rec 5.5 mg verbal order the averbal order to receive the averbal order to receive the averbal order the averbal order to receive the averbal order	chysician, "Same dose, recheck urse's notes dated 8/18/18 at mented, "Guest PT 19, INR 1.6. heck 8/20/18 - cont (continue) der." 'Anticoagulant Record" current Coumadin dose of "5.5 ained was "INR 1.8", [below e placing the resident at risk for physician was notified on ler the heading "Action Taken esident was sent out for acute nges." ated, 8/25/18, documented, to facility on 8/24/18." ress note dated, 8/26/18 art, "Readmission: s/p (status e) with vision loss - on ASA umadinAtrial Fibrillation - ladin. Pertinent Lab (laboratory) is: 8/24/18 INR 2.4." or in the EMR dated, 8/24/18, humadin 5.5 mg by mouth in the was no physician order to the t#189's PT/INR in the EMR	F757			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ULTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		495109	В. W	VINC	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	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R 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
F757	physician's order Resident #189's Review of the Au 8/24/18, order for indicating, "Hold" 5.5 mg dose of Conurse's note date documented, "Grand (medical documented the "Hold". The INR [above the documented the "Hold". The INR [above the documented in physician was no directives documented in the Coumadin on 8/24/18, order for indicating, "Hold" 5.5 mg dose of Conurse's note date documented in pto hold Coumadin nurse practitione documented in pto 1.2. Hold Coumadin There was no dotranscribed into the transcribed into the transcrib	MR failed to evidence a r was transcribed to hold Coumadin on 8/27/18. Igust MAR revealed the r Coumadin 5.5 mg and an "H" documented on 8/27/18 for the Coumadin on that date. A ed, 8/27/18 at 3:17 p.m. uest Coumadin is on hold per tor)nurse will recheck pt/inr 'Anticoagulant Record", current Coumadin dose as was checked, as was, "5.2", mented therapeutic goal of 2.5-esident at risk for bleeding]. The otified on 8/28/18, the physician mented, "Hold recheck 8/30/18." Icumented physician order e EMR to hold Resident #189's 28/18. Igust 2018 MAR revealed the r Coumadin 5.5 mg and an "H" documented on 8/28/18 for the Coumadin on that date. A ed, 8/28/18 at 2:16 p.m. art, "PT 62.5, INR 5.2, continue n, recheck INR 8/29/18. The r note dated, 8/28/18, art, "On Coumadin: INR today idin x 1 and recheck 8/29/18.	F757				
LABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGNAT	TURE				

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	•	ULTIPLE 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	(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
F757	"HOLD," The INF the physician wa physician directiv (8/29/18), start (0 (8/30/18) and rec A review of the E physician's order Resident #189, forder for the phy "Anticoagulant Lo on 8/30/18. The MAR for Aug Resident #189 re 8/30/18 and 8/31 documented phy The September 3 the 8/29/18 phys "Anticoagulant R (every day) to state to evidence that Coumadin on 9/3 There were no in Coumadin or PT through 9/4/18. was on 9/5/18 at level placing the development of failed to evidence the resident not above dates. The "Anticoagulat documented the mg", INR results the physician wa By The Physicia	page 349 current Coumadin dose as R was obtained and was "3.5", s notified on 8/29/18. The //e documented, "Hold x 1 d Coumadin) 4 mg qd [everyday] check in 1 wk (week) (9/5/18)." EMR failed to evidence a to hold the Coumadin for or one day on 8/29/18, or an sician's directive on the og" to start the Coumadin 4 mg gust 2018 failed to evidence that eceived any Coumadin on /18 per the 8/29/18, rsician directive above. 2018 MAR failed to document dician's directive on the eccord" 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. urse's note related to the //NR levels from 8/29/18 The next documented INR level if 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 ant Record" dated 9/5/18, current Coumadin dose of "4 "1.1" [below therapeutic range], as notified on 9/5/18, The "Action n" documented, "Increase .5 mg qd [everyday] and recheck	F757	7			

STATEMENT OF DEFICIENCIES JD PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	MULTIPLE CONSTRUCTION JILDING	(X3) DATE SURVEY COMPLETED	
		495109	1	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	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F757	increase to 4.5 m into the EMR as The nurse practif documented in p on 4 mg Coumant 1.1 today. Will in recheck 9/7/18." documentation receiving Couma 8/31/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18, 9/1/18	ctive for the Coumadin dose of (milligrams) was transcribed an order dated 9/5/18. Itioner note dated 9/5/18, art, "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 idin for six days on 8/30/18, 9/2/18, 9/3/18, and 9/4/18. Canticoagulant Record" current Coumadin dose as "On below therapeutic goal level]. The ective documented, "5 mg ock 10/1/18." A physician order into the EMR dated 9/27/18 and increase the Coumadin to 5 mg. Exptember MAR, also order for Coumadin 5 mg. The ribed to start on 9/28/18. The MAR failed to evidence the lany Coumadin on 9/27/18, per ective and physician order the EMR. There was no videncing the physician was #189's Coumadin was held on "Anticoagulant Record" a 11/15/18, was written and the date 11/14/18 entered, and current Coumadin dose as "4.5 is obtained and the level was INR 2.6", the physician was not 5/18. The physician directive	F757	DEFICIENCY)		
LABORATORY		crease to 5 mg qd [every day] DER/SUPPLIER REPRESENTATIVE'S SIGNAT	1106			

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

DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SUR COMPLETO		
	495109	1		1 -	7/2019
OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, Z 2420 PEMBERTON RD RICHMOND, VA 23233	P CODE	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			X (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
and recheck 11/2 A nurse practition documented in p [Incorrect level] (Incorrect le	ner note dated, 11/15/18, art, "INR review. INR today 2.2. On Coumadin 4.5 mg for MVR accement] and a fib. Goal 2.5 - in. Increase to 5 mg qd and 6/18." MR revealed a physician order or increase the Coumadin to 5 ovember 2018 MAR revealed an Id documented under the date 4.5 mg dose of Coumadin dent #189 did not receive any so date. Review of the nurse's vidence any note for 11/15/18 or documentation evidencing the orified Resident #189's neld on this date. The new order mg was documented on the todate of 11/16/18. The next INR the "Anticoagulant Record" was and documented Resident 3.2. ant Record" dated, 1/9/19, current "Coumadin dose as "5 4.0" [above therapeutic goal], as notified on 1/9/19. The ve documented, "Hold eck 1/10/19." There was a transcribed into the EMR to hold not to recheck the PT/INR on "Anticoagulant Record"	F757			
					4444
	SUMMARY S (EACH DEFICIEN REGULATORY OF Continued From and recheck 11/7 A nurse practition documented in p [Incorrect level] ([Mitral valve repl 3.5. On Coumad recheck on 11/15/ Review of the EN dated 11/15/18to mg. Review of the No "H" indicating ho 11/15/18, for the evidencing Resic Coumadin on thi notes failed to evand there was no physician was no Coumadin was hor Coumadin should be and there was no physician was no Coumadin was hor Coumadin should be and there was no physician was no Coumadin should be and there was no physician was no Coumadin, rech physician order the Coumadin, rech physician order the Coumadin a 1/10/19. On 1/10/19, the documented the	A95109 VIDER OR SUPPLIER SELS OF UNIVERSITY PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 351 and recheck 11/19/18." A nurse practitioner note dated, 11/15/18, documented in part, "INR review. INR today 2.2. [Incorrect level] On Coumadin 4.5 mg for MVR [Mitral valve replacement] and a fib. Goal 2.5 - 3.5. On Coumadin. Increase to 5 mg qd and recheck on 11/19/18." Review of the EMR revealed a physician order dated 11/15/18to increase the Coumadin to 5 mg. Review of the November 2018 MAR revealed an "H" indicating hold documented under the date 11/15/18, for the 4.5 mg dose of Coumadin evidencing Resident #189 did not receive any Coumadin on this date. Review of the nurse's notes failed to evidence any note for 11/15/18 and there was no documentation evidencing the physician was notified Resident #189's Coumadin was held on this date. The new order for Coumadin 5 mg was documented on the MAR with a start date of 11/16/18. The next INR documented on the "Anticoagulant Record" was dated, 11/19/18 and documented Resident #189's INR was 3.2. The "Anticoagulant Record" dated, 1/9/19, documented the current "Coumadin dose as "5 mg", INR level "4.0" [above therapeutic goal], the physician was notified on 1/9/19. The physician order transcribed into the EMR to hold the Coumadin, recheck 1/10/19." There was a physician order transcribed into the EMR to hold the Coumadin and to recheck the PT/INR on	DIADER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 351 and recheck 11/19/18." A nurse practitioner note dated, 11/15/18, documented in part, "INR review. INR today 2.2. [Incorrect level] On Coumadin 4.5 mg for MVR [Mitral valve replacement] and a fib. Goal 2.5 - 3.5. On Coumadin. Increase to 5 mg qd and recheck on 11/19/18." Review of the EMR revealed a physician order dated 11/15/18 to increase the Coumadin to 5 mg. Review of the November 2018 MAR revealed an "H" indicating hold documented under the date 11/15/18, for the 4.5 mg dose of Coumadin evidencing Resident #189 did not receive any Coumadin on this date. Review of the nurse's notes failed to evidence any note for 11/15/18 and there was no documentation evidencing the physician was notified Resident #189's Coumadin was held on this date. The new order for Coumadin 5 mg was documented on the MAR with a start date of 11/16/18. The next INR documented on the "Anticoagulant Record" was dated, 11/19/18 and documented Resident #189's INR was 3.2. The "Anticoagulant Record" dated, 1/9/19, documented the current "Coumadin dose as "5 mg", INR level "4.0" [above therapeutic goal], the physician was notified on 1/9/19. The physician directive documented, "Hold Coumadin, recheck 1/10/19." There was a physician order transcribed into the EMR to hold the Coumadin and to recheck the PT/INR on 1/10/19. On 1/10/19, the "Anticoagulant Record" documented the current Coumadin dose as	A BUILDING B. WING WINDER OR SUPPLIER RELS OF UNIVERSITY PARK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REQULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 351 and recheck 11/19/18." A nurse practitioner note dated, 11/15/18, documented in part, "INR review. INR today 2.2. [Incorrect level] On Cournadin 4.5 mg for MVR Mittral valve replacement] and a fib. Goal 2.5 3.5. On Cournadin. Increase to 5 mg qd and recheck on 11/19/18." Review of the EMR revealed a physician order dated 11/15/18, for the 4.5 mg dose of Cournadin evidencing Resident #189 did not receive any Cournadin on this date. Review of the nurse's notes failed to evidence any note for 11/15/18, and there was no documentation evidencing the physician was notified Resident #189's Cournadin was held on this date. The new order for Cournadin 5 mg was documented on the MAR with a start date of 11/16/18. The next INR documented on the "Anticoagulant Record" was dated, 11/19/18 and documented Resident #189's INR was 3.2. The "Anticoagulant Record" dated, 1/9/19, documented the current "Cournadin dose as "5 mg", INR level "4.0" [above therapeutic goal], the physician was notified on 1/9/19. The physician in recheck 1/10/19." There was a physician order transcribed into the EMR to hold the Cournadin and to recheck the PT/INR on 1/10/19, the "Anticoagulant Record" documented the current Cournadin dose as	DIDENTIFICATION NUMBER: 495109 A BUILDING B. WING B.

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '	•	ULTIPLE CONSTRUCTION DING	(X3) DATE SUR\ COMPLETE	
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ŀ	OVIDER OR SUPPLIER	Y PARK			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	E	
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F757	4.5 mg qd (every Physician orders for the above direct the above direct the January 201 following order, by mouth in the emg to make 4.5 r January 2019 Maresident received The order was trand not 1/10/19 a documentation emotified Resident 1/10/19. On 1/15/19, the evidence an INR directed. Under the IN "Drawn per lab." indicating notificating notificatin	re documented, "(Coumadin) day), recheck 1/15/19. were transcribed into the EMR ectives. 9 MAR documented the Coumadin 2.5 mg; give 1 tablet evening for A fib to give with 2 mg." Further review of the AR failed to evidence the any Coumadin on 1/10/19. Inscribed to start on 1/11/19 as ordered. There was no evidencing the physician was #189's Coumdain was held on Anticoagulant Record" failed to level was completed as the INR column, it documented be Drawn per lab. Anticoagulant Record" current Coumadin Dose of 4.5 R column, it documented, There was no documented date attorn to the doctor/nurse for the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented, "Increase to the "Action Taken by m, it documented	F757	7			
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NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F757 Continued From page 353 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233 PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F757 Continued From page 353 F757	019
THE LAURELS OF UNIVERSITY PARK (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F757 Continued From page 353 C420 PEMBERTON RD RICHMOND, VA 23233 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F757 Continued From page 353	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F757 Continued From page 353 PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F757 Continued From page 353	
	(X5) COMPLETE DATE
The manufacturer's "User Manual" documented in part, "Code Strip: Each box of test strips comes with its own code chip. The code chip provides the meter with information such as the lot number and expiration date of the test strips. Before each test, make sure the correct code chip is in the meter. Each time you open a new box of test strips, replace the old code chip with the new one. Protect the code chip from moisture and also equipment that produces magnetic fields, such as a microwave oven. Make sure that the three-number code on the new test strip container matches the three-number code on the new code chip into the code chip. Slide the new code chip into the code chip slot until it snaps into place. The CoaguChek XS system has quality control functions integrated into the meter and the test strips, so you never have to run quality control functions integrated into the meter and the test strips, so you never have to run quality control tests with liquid quality controls. The meter automatically runs its own quality control test as part of every blood test. When the quality control test runs, the letters QC flash on the meter's display. When the quality control test completes, a check mark, appears following the letters QC. Then the meter continues to run the blood test. If the quality control test fails, the meter displays the ERROR message." A request was made on 8/5/19 to administrative staff member (ASM) #1, the administrative staff member (ASM) #1, the administrative staff member (ASM) #1, the administrative for the copies of the PT/INR results for Resident #198 on 1/15/19 and 1/16/19. None were provided prior to exit. A nurse's note dated, 4/9/19 at 6:41 p.m. documented in part, "Guest readmitted to facility after short stay at (initials of hospitals). Last	

STATEMENT OF DEFICIENCIES D PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PR		ID PREFI) TAG		ULD BE	(X5) COMPLETE DATE
F757	part, "Readmitted Under "Pertinent PT/INR was not of (approach/plan) of Fibrillation - stable POC (plan of canclosely. Hx (histon Coumadin. Plan and the coumant of the country of the cou	dated, 4/10/19, documented in a from (initials of hospital). Lab Data/test Results," the documented. Under A/P was documented. Under A/P was documented, "Atrial e - rate controlled. Continue e). On Coumadin. Monitor ry) mitral valve replacement; on as above." der entered into the EMR for /10/19. On 4/10/19 the order madin 2.5 mg by mouth in the oril 2019 MAR documented and fin from 1/16/19, "Coumadin 5 he evening." The MAR resident received Coumadin 5 he MAR further documented on din 2.5 mg by mouth in the der was initiated on 4/10/19. Anticoagulant Record" current Coumadin dose as "2.5 sobtained and documented as, apeutic goal placing the or blood clots for a level too low a level to high]. There were no obers, documented and no onder the "Quality Control Test," ull for QC or error noted. The e documented, "No change ay." The dated, 4/11/18 in the EMR check PT/INR level on 4/12/19. Anticoagulant Record" failed to INR test was obtained as no documented as "2.5 mg" but the as empty. Review of the nurse's	F757			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					COMPLETE	3) DATE SURVEY COMPLETED	
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F757	4/12/19. The test physician order of the physician order of the physician dire. "Anticoagulant R reflected an ineff administration of Review of the physician order in April 2019 MAR or received the Cou." Anticoagulant R current Coumading". The PT/INR "2.2" [below the interestive on the received on 4/27/ Review of the Appresident received Coumadin, 6 mg physician order in Resident #189's was no documer was notified Resident #189's was no documer was notified Resident and 1/25/19. 4/27/19 as directive on the mg", The INR obtherapeutic goally documented, "Coumanted the mg", The INR obtherapeutic goally documented, "Coumanted into record) for the Council of the	dence a nurse's note for was not completed per the lated 4/11/19 in the EMR and ective documented on the ecord." The delay in monitoring ective system in place for safe the medication. ysician's orders in the clinical an order dated 4/24/19 that g of Coumadin every day. The documented that the resident smadin 6 mg on 4/24/19. On the ecord" dated, 4/25/19, the n dose was documented as dentified goal of 2.5-3.5 placing sk for clots]. The physician ecord documented, no change 19. oril MAR failed to evidence the d the prescribed dose of on 4/25/19. There was no n the clinical record to hold Coumadin on 4/25/19. There nation evidencing the physician ident #189's Coumadin was The PT/INR was obtained on ted. "Anticoagulant Record" current Coumadin dose as "6 obtained was, "1.9" [below l, the physician directive oumadin 5 mg, recheck 5/1/19." cumented physician order the EMR (electronic medical	F757				

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
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F757	on this line. The documented the mg"; the INR obtilelow therapeut documented, "Co A physician order into the EMR documented the mg"; the INR was documented as "physician notifica action taken by the nurse's, nurse produced to evidence docucurrent Coumadin documented as "nurse completing number, and notification taken by the "Anticoagulation to evidence docucurrent Coumadin documented as "nurse completing number, and notification taken by the "Anticoagulation to evidence docucurrent Coumadin documented as "nurse completing number, and notification to an and recheck 5/8 "Hold x 1 recheck A nurse practition documented in patential and recheck 5/8 Review of the EM physician's order 5/8/19. The May directive on the "/"Coumadin 5.5mg documented the country in the Interview of the EM physician's 5.5mg documented the country in the Interview of the EM physician's 5.5mg documented the country in the Interview of the EM physician's 5.5mg documented the country in the Interview of the EM physician's 5.5mg documented the country in the Interview of the Int	ik. There was no documentation next entry dated, 5/2/19, current Coumadin dose as "5 ained was documented as "1.6" ic goal]. The physician directive burnadin 5.5 mg. recheck." If dated, 5/2/19 was transcribed currented, "Coumadin 5.5 mg, very evening." Inticoagulant Record" current Coumadin dose as "5.5 sobtained and was 2.3". There was no documented ation or documentation of any ne physician. There was no actitioner or physician note Int Record" dated, 5/8/19, failed mentation of the resident's notes. The INR obtained was 4.6". There was no name of the part of the test, not est-strip lot ning documented under the lest - successful QC or Error cian directive documented, x 5/9/19." Inter note dated, 5/8/19, art, "Elevated INR of 4.6. Hold x	F757			
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PRINTED: 09/18/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETED	
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F757	Record" docume On 5/9/19, Resid Record" failed to Coumadin order. documented as " placing the resid was no documer when the physici Taken by physici documented, "Ho There were phys EMR to hold the recheck the PT/I The "Anticoagula documented the dose as "HOLD." documented as ' of 2.5-3. 5]. Ther completing the te nothing documen Test - successfu no documentatio physician directive recheck 5/11/19' A nurse practitio documented in p Coumadin 5.5 m elevated INR. IN recheck 5/11/19 There was no no was no transcrib Coumadin on 5/1 The May 2019 M	re on the "Anticoagulant nted to hold it on 5/8/19. lent #189's "Anticoagulant document the resident's current The INR obtained was 4.3" [above the identified goal ent at risk for bleeding]. There station of the date and initials of an was notified. Under "Action an" the following was old x 1 recheck 5/10/19." lician orders transcribed into the Coumadin (on 5/9/19) and to NR on 5/10/19. ant Record" dated, 5/10/19, resident's current Coumadin 'The INR obtained was 4.7" [above the identified goal ewere no name of the nurse est, no test-strip lot number, and need under the Quality Control I QC or Error noted. There was an of physician notification. The we documented, "Hold today and the country of the	F757			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (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 PREFIX TAG		OULD BE	(X5) COMPLETE DATE
F757	5/10/19, when the "Anticoagulant R Coumadin." On 5/12/19, the "documented the mg". The INR obe "2.8". The physician order documented, "Concevening for anticostranscribed to the documented the and not 5/12/19 areceive any Courphysician or nurs 5/12/19. There we sold the so	page 358 ered to Resident #189 on e physician directive on the ecord" documented to hold the Anticoagulant Record" current Coumadin dose as "5.5 tained was documented, nadin) to 3 mg, recheck 1 wk." In the EMR dated, 5/12/19, numadin 3 mg by mouth in the coagulation." The order was May 2019 MAR. The MAR order was to start on 5/13/19, as ordered. The resident did not madin on 5/12/19. There was no e practitioner note dated, as no nurse's note dated, as no nurse's note dated, as no documentation hysician was notified Resident has held on 5/12/19. Anticoagulant Record" current Coumadin dose as "3 ained was "1.6" [below the has the physician directive brease to 4 mg, recheck 1 wk." In the EMR dated, 5/20/19 Sumadin 4 mg; give 1 tablet by hing for prevent dvt (deep vein has MAR documented the brown of the physician was as ordered. Further review of has ordered. Further review of	F757			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SU COMPLE	
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F757	Continued From 5/20/19.	page 359	F757			
	documented the mg". The INR ob "4.3" [higher than	'Anticoagulant Record" current Coumadin dose as "5.5 tained was documented as the identified goal]. The ve documented, "Hold x1, "				
	physician orders	MR revealed documented dated 6/27/19 to hold the echeck on 6/27/19.				
	documented in p	ner note dated, 6/26/19, art, "INR today 4.6. On g qd. (every day), goal 2.5 - 3.5, neck 6/27/19."				
		'Anticoagulant Record" failed to entation of the INR as ordered, ay in monitoring.				
	documented, the the identified the resident at risk for physician and/or 6/26/19 through	Anticoagulant Record" c obtained INR was "1.7" [below rapeutic goal placing the or blood clots]. There were no nurse practitioner notes from 7/5/19. There were no nurse's 0 through 6/28/19.				
		"Anticoagulant Record" part, the physician directive "No : 1 wk."				
	documented the mg". Written acre DONE MD AWA of the EMR failed this date related	"Anticoagulant Record" current dose of Coumadin "5 oss the line for 7/25/19, "NOT .RE N.O. (new orders)." Review d to evidence a nurse's note for to this entry on the Record". A physician order in the				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
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F757	7/26/19, notify Minutes of the mage. The rest of the mage of the mage. The rest of the monitoring for sail to Resident #189 for 7/26/19. The next complet documented as "dated 7/17/19, fail documentation rest of Coumadin. On 7/31/19 at 2:3 conducted with Amember) #5 (Rest facility). ASM #5 monitored. ASM could quickly becomedication can work the medication staked how often monitor Coumadin and Procumented in the (anticoagulant rest for Coumadin and Procumented in the (anticoagulant rest for Coumadin chart communicated, A in the anticoagulation of the patient and write actual order is responsible for record, ASM #5 s assumed the unit	Anticoagulant Record" current Coumadin dose of "5 the line was blank and there ocumented evidencing a lack of fe administration of Coumadin There were no nurse's notes and INR on 7/29/19 was 2.5". The last physician note fied to evidence any felated to the PT/INR or the dose and for the was asked why Coumadin is the was asked why Coumadin is the stated Coumadin (levels) ome out of control because the field the was the ariably react with food and the ariably react with food and the ariably react with food and the was to be monitored. When the pt/INRs should be obtained to the was asked that depends the monitoring of the pt/INRs, ASM #5 stated they are the coumadin book the pt/INRs are t	F757			

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
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	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	=	
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F757	conducted with A regarding her rol Coumadin monito therapeutic range diagnosis and so from the hospital range but if not, so therapeutic range diagnoses. ASM book" (containing each unit in the form the checked each day a stated so units they visit in each day, she visit of the coumadin book. The records, are organ based on the day a Tuesday, she coumadin book and the stated she review that day's tabbed is done or she as a seed to be made ASM #7 stated so needed changes.	page 361 3 a.m., an interview was a.M. #7 (the nurse practitioner), e and responsibility regarding oring. ASM #7 stated the e, is based on the resident's metimes residents are admitted with a documented therapeutic she determines the desired e based on the resident's I. #7 stated there is a "Coumading "Anticoagulant Records") on acility and the books are ay Monday through Friday. The he and the physician rotates the facility. ASM #7 stated that sits a unit she checks the ASM #7 stated anticoagulant enized in the Coumadin book of the week, so if she visits on checks the tabbed section of cords for Tuesday. ASM #7 with anticoagulant records in the section and reviews if the INR sks the INR to be done. The writes the directive for the enit in the "Action Taken By an on the anticoagulant record, se is supposed to check the the orders for the needed entry stated at times, she gives then the nurses document the anticoagulant record. ASM #7 directives written in the "Action cian" column on the cords have the full weight of a r. ASM #7 stated, "Yes." ASM nurses are expected to take the imented in the "Action Taken By Incepting IEE EEDESENTATIVE'S SIGNATURE'S	F757			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BU	IULTIPLE CONSTRUCTION LDING IG	(X3) DATE SURV COMPLETE C	ΈD	
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F757	onto a physician' computer system information and e system for medic how the orders a would be a quest of nursing. ASM #7 was ask directives the nur records. ASM #7 directives but she nurses take the corders into the costated if the direct computer system orders under her display for her to should follow the records, ASM #7 asked if a change initiated the same ASM #7 stated, "directives for the in the anticoagulant ASM #7 stated," not know if PT/IN the anticoagulant computer system nurses use the direcord as written On 8/6/19 at 11:2 conducted with A regarding her role ASM #3 stated th supposed to, be roperations meetin "getting" done so	and enter that information is order written into the in. ASM #7 the nurses take that enter orders into the computer sation changes but as far as a re entered into the system tion to ask the assistant director ed if she signs off on the rises write on the anticoagulant of stated she does not sign the entered as an ame and the orders will sign. When asked if nurses directives in the anticoagulant stated, "Yes." ASM #7 was asked if next due PT/INR documented ant records should be followed. Yes." ASM #7 stated she did R directives documented on records are entered into the as actual orders or if the rectives in the anticoagulant	F757				
LABURATORY	UIKECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGNA	HRE				

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

	AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING		(X3) DATE SURV COMPLETED C 08/07/2	D		
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F757	An interview was nurse) #8, the as 8/6/19 at 3:12 p.I for Resident #18 When asked abdompleted, RN # as ordered and it be notified and the they may give. We follow the documphysician order, always follow the RN #8 was asked changes directed if the PT/INR test RN #8 stated, "It before the evening asked if the Courant documented on the next day, RN the same day. The morning so we compare the evening dose "Anticoagulant R7/18/18 through #8 and the above reviewed. When asked if the directives on the physician order, nurses need to the into the computer Courandin is held the electronic reshould be an order, nurses need to the computer courant in the electronic reshould be an order, when asked if the electronic reshould be an order, when asked in the electronic reshould be an order.	Coumadin are written,	F757			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SURV	
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F757	it's blank then the asked if the doctor stated, "Yes." RN #8 was asked "Anticoagulant Rouality Control Tourise, meant. RN nurse does the test strip lot number quality control givit gives an error, error column." We blank, RN #8 stated document that intrun." RN #8 was physician order does not hold, and to it shouldn't be given held. When asked per the physician should be done, I done for any reast that it wasn't done for any reast that it wasn't done for any reast that it wasn't done concerns on 8/6/1000. ASM #1, the admiclinical coordinate nursing were made concerns on 8/6/1000. No further information following website https://vsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsearch.nlbin/query-meta?vivsea	19 indicated, RN #8 stated, "If e doctor wasn't notified. When or should be notified, RN #8 If what the columns on the ecord" titled, Test strip lot # and lest: Successful QCC or Error II #8 stated, "Every time the est she has to document the per and document that the est she has to document under the hen asked if this should be left then they document under the hen asked if this should be left ted, "No, you have to do and formation each time a test is asked if the directive or locuments the Coumadin is to he nurse gives it, RN #8 stated are if the doctor says it's to be do if the PT/INR is not completed order and/or directive, what RN #8 stated if the test is not son, the doctor must be notified and to follow their orders. 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. ation was provided prior to exit.	F757			

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED C			
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F757	Non-Medical Rea and Chapman, p (4) This informati following website This information https://vsearch.nbin/query-meta?v%3aprojemedlineplus-bundle&query=laT%20calculation 6. The facility staidentify parameter Resident #129's [international nor tests to monitor administration of anticoagulant mephysician failed to fadmission 6/2 monitoring of Readministration of transcribe directiand 7/9/19 from physician orders record), and administration of transcribe directiand 7/9/19 from physician orders record), and administration of transcribe directiand 7/9/19 from physician orders record), and administration of transcribe directiand 7/9/19 from physician orders record), and administration of transcribe direction from the staff also fair (a paper record) separate from the 7/3/19 approximate.	ineplus- brumadin. onary of Medical Terms for the ader, 5th edition, Rothenberg age 450. ion was obtained from the website: was obtained from the website: lm.nih.gov/vivisimo/cgi- ect=medlineplus&v%3asources= aboratory%20tests%20for%20P%20of%20INR&4) off and physician failed to ers (therapeutic goal) for PT [prothrombin time (3)]/INR malized ratio (4)] laboratory and ensure the safe (Coumadin a high-risk edication. The facility staff and to obtain PT/INR tests from date 5/19 until 7/3/19 to ensure sident #129's INR for the safe (Coumadin (5). Staff failed to ves to hold Coumadin on 7/8/19 the anticoagulant log into in the EMR (electronic medical ninistered Coumadin 4 mg resident on 7/8 and 7/9/19. Iled to initiate the Coumadin log which is maintained in a binder e EMR for Resident #129 until ately nine days after admission.	F757			
	6/25/19, diagnos limited to: acute from the site who	vas admitted to the facility on sees that included but are not embolism, [a clot that travels ere it formed to another location				

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F757	(1) and thrombos right lower extrem vein deep in the I diabetes and hyp The MDS (minim day Medicare Pa ARD (assessmer coded the resider the BIMS (brief in score, indicating In Section N- Medicated as receiving seven days of the Coded as receiving seven days of the Coded as receiving at risk for abnormanticoagulant use ordered. Observe effects, report abrophysician." A review of the hod dated 6/25/19 at 2 "Discharge medicially. Check INR necessary." A rethat 6/25/19 was Thursday, and 6/2 of the clinical received to obtain a PT INI there was no more the administration. A physicians order documented, "Order P.M.) Communicated Summary: Coumanted Coumanter Couma	block the flow of blood there] is of unspecified deep veins of nity [a blood clot that forms in a body] (2), fracture of one rib,	F757			

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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F757	evening related to THROMBOSIS OF VEINS OF RIGH The physician's repart: "Complaint Thrombosis), on (laboratory tests) 6/25/19 listed". hospital PT/INR Further review of evidence order for documentation of for the administration of the note did not results for Resid documentation a laboratory tests administration of the administ	page 367 n) Give 1 tablet by mouth in the o ACUTE EMBOLISM AND DE UNSPECIFIED DEEP T LOWER EXTREMITY." note of 6/26/19 documented in Right DVT (Deep Vein Coumadin with pertinent lab results from hospital 6/24/19 & The note did not include any results for Resident #129. If the clinical record failed to per T INR laboratory tests, or an identified therapeutic range ation of Coumadin to Resident (Prison to Coumadin). Monitor nent lab results from hospital 9 listed". The notes did not bital PT/INR results for Resident (Prison to Coumadin). Monitor nent lab results from hospital 9 listed". The notes did not bital PT/INR results for Resident (Prison to Coumadin) include any hospital PT/INR ent #129, and there was no about obtaining PT INR or a therapeutic range for the focumadin to Resident #129. Atticoagulant Record maintained the clinical record for Resident and documented in part; "7/3/19 gulant Drug Dose: Coumadin 5	F757				

NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
THE LAURELS OF UNIVERSITY PARK (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F757 Continued From page 368 mg with results PT 58.2 INR 4.8; action taken by physician Stop x 2 days, recheck 7/5/19". Review of the electronic health record revealed a documented order to obtain the PT/INR test on 7/3/19. CX2 PEMBERTON RD RICHMOND, VA 23233 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMP TAGE OF			495109	B. W	ING	C 08/07/	2019
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F757 Continued From page 368 mg with results PT 58.2 INR 4.8; action taken by physician Stop x 2 days, recheck 7/5/19". Review of the electronic health record revealed a documented order to obtain the PT/INR test on 7/3/19.			TY PARK		2420 PEMBERTON RD	i	
mg with results PT 58.2 INR 4.8; action taken by physician Stop x 2 days, recheck 7/5/19". Review of the electronic health record revealed a documented order to obtain the PT/INR test on 7/3/19.	PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFI)	(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR	ULD BE	(X5) COMPLETE DATE
7/4/19 documented in part; "Right popliteal DVT (on Cournadin). Monitor closely. Pertinent lab results from hospital 67/4/19 & G/25/19 listed." The notes did not list any hospital PT INR results for Resident #129 and failed to document the above PT/INR result obtained on 7/3/19 at the facility. The 7/3/19 NP note did not document any action plan to stop [Cournadin] x 2 days, and to recheck 7/5/19 as documented on the anticoagulant log above for this date. On 7/5/19 Resident #129's "Anticoagulant Record" documented in part; "Current Anticoagulant Drug Dose: On hold, with results PT 39.3 INR 3.3; action taken by physician Take 4 mg (milligrams) qd (every day) and recheck on Mon. (Monday (7/8/19)]." There were physician orders transcribed into the electronic health record for the PT/INR laboratory test obtained on 7/5/19 and orders to decrease Resident #129's Cournadin to 4 mg on 7/5/19. The "Anticoagulant Record" documented in part; "7/8/19 Current Anticoagulant Drug Dose: Cournadin 4 mg with results PT 62.3 INR 5.2; action taken by physician hold x 2 days, recheck 7/10/19". There were physician orders in orders in the electronic health record for the PT/INR laboratory test obtained on 7/8/19. The "Anticoagulant Record" documented in part; "7/8/19 Current Anticoagulant Orders in the electronic health record for the PT/INR laboratory test obtained on 7/8/19. The nurse practitioner's note on 7/8/19. The nurse practitioner's note on 7/8/19. The nurse practitioner's note on 7/8/19.	F757	mg with results P physician Stop x Review of the elea a documented or 7/3/19. Nurse practitione 7/4/19 document (on Coumadin), results from hosp The notes did not results for Reside the above PT/INF the facility. The 7 document any ac 2 days, and to recon the anticoagulant Dru PT 39.3 INR 3.3; 4 mg (milligrams) Mon. (Monday [7, There were physical electronic health laboratory test ob decrease Reside 7/5/19. The "Anticoagula "7/8/19 Current A Coumadin 4 mg waction taken by physical electronic health laboratory test ob decrease Reside 7/10/19". There were physical electronic health laboratory test ob The nurse practiti documented in page 1.	2T 58.2 INR 4.8; action taken by 2 days, recheck 7/5/19". ectronic health record revealed der to obtain the PT/INR test on the standard of the record revealed der to obtain the PT/INR test on the record revealed der to obtain the PT/INR test on the record revealed der to obtain the PT/INR test on the record record for the PT/INR der the t	F757			

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F757	Monitor closely". There were no or electronic medica #129's Coumadin 7/9/19) as directed the anticoagulan. A nurse practition documented in proceeding. Monitor practitioner documented the Coumadin 4 mg dates. In addition transcribed to the obtain a PT/INR. Review of the Juradinistration redocumented, "Coumadin or physician's direct and administerer resident. The "Anticoagula" 7/10/19 Couma INR 4.9; action trecheck 7/12/19 An interview was LPN for Resident When asked about anticoagulation of the county in the county was anticoagulation of t	rders transcribed into the al record to hold Resident in for two days (7/8/19 and ed in the NP note above and on trecord. Mer's note on 7/9/19, art, "Right popliteal DVT (on QD-held yesterday and today recheck 7/10/19. No s/s of or closely". [Note the nurse mented that Coumadin was 7/9/19 when the MAR below staff had administered to Resident #129 on these in, there was an order electronic medical record to test on 7/10/19.] My 2019 MAR (medication record) for Resident #129 oumadin Tablet 4 MG (warfarin ing by mouth in the evening. If documented staff failed to hold in 7/8/19 and 7/9/19, per the tive on the anticoagulant log did Coumadin 4 mg to the lant Record" documented in part; din 4 mg with results PT 58.7 aken by physician hold x 2 days,	The state of the s			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	MULTIPLE CONSTRUCTION RUILDING	(X3) DATE SUR\ COMPLETE	
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F757	know their baseli get PT/INR the n the policy and pranticoagulation, may have their or when asked about transcribing what orders in the electronic stated, "I go to the and enter it into the note so if I'm note physician comes information. The transcribed into the hold Resident #1 (7/8/19 and 7/9/1 above and on the reviewed and constated we are noted to the electronic documentation or asked when INR goal) was started tests, LPN #1 states, LPN #1 states, LPN #1 states, LPN #1 states, I can put a PCC, I call and gasked the time from the electronic for Code and the electronic documentation or asked when INR goal) was started tests, LPN #1 states, LPN #1 states, LPN #1 states, I can put a process for order monitoring for Code and the time from the electronic documentation or asked the	make a flow sheet for them to ne and get a physician order to ext day". When asked if this is ocedure for monitoring LPN #1 stated, "No each person wn way. I'm saying what I do." ut the process followed for its written on the log sheets into ctronic medical record, LPN #1 e book, take what is written, he computer. I write myself a near the logbook when the I can provide them with the above lack of orders he electronic medical record to 29's Coumadin for two days 9) as directed in the NP note anticoagulant record was affirmed with LPN #1. LPN #1 w doing both the book and the medical record) for fresults and all orders". When parameters (therapeutic range of the resident # 129's PT/INR atted "Monday August 5th". conducted with Administrative M #6, Nurse Practitioner, on the NHC I when asked about the ling PT INR laboratory output and in, ASM # 6 stated, "It is Point Care Click (PCC) open. In order in and confirm. If not in it is a couple of days of	F757			
	Practitioner, on 8	conducted with ASM #7, Nurse /6/19 at 7:53 am. When asked				

NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109	A.B	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE C 08/07/2	D in the second
F757 Continued From page 371 about her role and responsibilities for ordering PT INR tests, ASM # 7 stated, "If I reviewed the orders, I would ask for the INR on admission and based on that result decide order for medication and lab [laboratory test]" When asked if what she written on the 'Anticoagulant Record' for changes in Couradin doses or PT INR tests, are considered an order, ASM # 7 stated, "It is my understanding that the nurses transcribe what is written on the log sheets and enter those changes into the computer". When asked about identifying INR parameters for administering Couradin, ASM # 7 stated, "Sometimes the hospital is still getting the therapeutic range. Therapeutic range depends on the resident's diagnosis. Usually [PT/INR] 2-3". An interview was conducted with ASM #5, Physician, on 877/19 at 9:30 am. When asked about the time frame for ordering PT INR monitoring for a newly admitted resident receiving Couradin, ASM # 5 stated, "If the hospital sets a date for recheck, we follow that. My preference is in a couple of days after admission. If I reviewed the orders, I would ask for the INR on admission and based on that result decide the order for medication and lab". When asked about identifying INR parameters for administering and monitoring the administration of Couradin, ASM # 5 stated, "Therapeutic range depends on the resident's diagnosis. Usually [PT/INR] 2-3". The note is not accurate as the information is not available. I can't see the results in the EMR (electronic medical record), I can only see them if I'm sittling right					2420 PEMBERTON RD		
about her role and responsibilities for ordering PT INR tests, ASM # 7 stated, "If I reviewed the orders, I would ask for the INR on admission and based on that result decide order for medication and lab [laboratory test]". When asked if what she writes on the "Anticoagulant Record" for changes in Coumadin doses or PT INR tests, are considered an order, ASM #7 stated "Yes, I consider that an order". ASM #7 stated, "It is my understanding that the nurses transcribe what is written on the log sheets and enter those changes into the computer". When asked about identifying INR parameters for administering Coumadin, ASM # 7 stated, "Sometimes the hospital is still getting the therapeutic range. Therapeutic range depends on the resident's diagnosis. Usually [PT/INR] 2-3". An interview was conducted with ASM #5, Physician, on 8/7/19 at 9:30 am. When asked about the time frame for ordering PT INR monitoring for a newly admitted resident receiving Coumadin, ASM # 5 stated, "If the hospital sets a date for recheck, we follow that. My preference is in a couple of days after admission. If I reviewed the orders, I would ask for the INR on admission and based on that result decide the order for medication and lab". When asked about Identifying INR parameters for administering and monitoring the administration of Coumadin, ASM # 5 stated, "Therapeutic range depends on the resident's diagnosis. Usually [PT/INR] 2-3". When asked how PT INR results are entered into progress notes, ASM # 5 stated are to accurate as the information is not available. I can't see the results in the EMR (electronic medical record), I can only see them if I'm sitting right	PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFI	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETE
LABORATORY DIRECTOR'S OR PROVIDER/SLIPPLIER REPRESENTATIVE'S SIGNATURE		about her role an PT INR tests, AS orders, I would a and based on the medication and leasked if what she Record" for chan INR tests, are co stated "Yes, I corstated, "It is my utranscribe what is enter those chan asked about ider administering Co "Sometimes the Itherapeutic range on the resident's 3". An interview was Physician, on 8/7 about the time from monitoring for a receiving Couma hospital sets a dialognosis. If I refor the INR on acresult decide the When asked about for administering administration of "Therapeutic randiagnosis. Usua how PT INR resunctes, ASM # 5 sas the informatio the results in the record), I can on next to the Coum	id responsibilities for ordering IM # 7 stated, "If I reviewed the sk for the INR on admission at result decide order for ab [laboratory test]". When a writes on the "Anticoagulant ges in Coumadin doses or PT nsidered an order, ASM #7 nsider that an order". ASM # 7 understanding that the nurses swritten on the log sheets and ges into the computer". When ntifying INR parameters for numadin, ASM # 7 stated, hospital is still getting the extra the conducted with ASM #5, 1719 at 9:30 am. When asked ame for ordering PT INR newly admitted resident idin, ASM # 5 stated, "If the ate for recheck, we follow that. In a couple of days after viewed the orders, I would ask dimission and based on that order for medication and lab". For it identifying INR parameters and monitoring the Coumadin, ASM # 5 stated, ge depends on the resident's late are entered into progress stated, "The note is not accurate in is not available. I can't see EMR (electronic medical lay see them if I'm sitting right hadin book."		· · · · · · · · · · · · · · · · · · ·		

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F757	conducted with a (ASM) #3, Direct staff ensure ensure for Coumadin, As in the clinical ops was the process on this survey, Allook at the entire logs." When aske the review proces are included in the Constant of the facility anticoagulants, Apolicies and Lipping According to Lipping Practice-"Couman Profiles: Prothrous international norm coagulation tests anticoagulation edesired levels of the leth care provided antidotes to rever warfarin-phytona Aquament of the leth Maintenar taking anticoagulation carefully and take prescribed; if a doup dose". (6)	dministrative staff member or of Nursing. When asked how are a care plan is implemented SM #3 stated, "We review them a meeting". When asked if this prior to the concerns identified SM #3 stated, "No, we didn't' process including Coumadined if PT /INR orders were part of ss, ASM #3 stated "Now they e review". 8 a.m. administrative staff 2, the regional clinical asked what standard of the follows for the monitoring of SM #2 stated, "We follow our incott". Inncott Manual of Nursing din: Maintaining Clotting mbin time (PT) and nalized ratio (INR) are the used to monitor the ffects of Coumadin. Note: the the INR are determined by the der. Obtain PT/INR levels daily our adding the dose will be adjusted sired level of anticoagulation. ing: Have on hand the ree anticoagulants being used:	F757				
LARORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGNAT	URF				

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

STATEMENT O AND PLAN OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	
		495109)	C 08/07/2	2019
	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233		
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F757	coordinator and a nursing, were ma concerns on 8/7/ No further inform 1. This information following website https://medlinepl.htm 2. This information following website https://medlinepl. 3. This information following website https://labtestsor and-international. This information following website https://labtestsor and-international. This information following website https://labtestsor and-international. Nursing 2016 Kluwer, 2016, p. 6. Lippincott, Williad (Lippincott, Williad (Lippincott, Williad (Lippincott)) 7. The facility staff failed (therapeutic goal administration of facility	SM) # 2, the regional clinical (ASM) #3 the director of ade aware of the above 19 at 3:15 pm attion was provided prior to exit. On was retrieved from the example of the accordance of the accor	F757			

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

MANE OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK (CA) DEPARTMENT OF DEFICIENCIES (EACH DEPICEMENT WIST BE PRECEDED BY FULL TAG (PRETEX TAG (CA) DEPARTMENT OF DEFICIENCIES (EACH DEPICEMENT WIST BE PRECEDED BY FULL TAG (CA) DEPARTMENT OF DEFICIENCIES (EACH DEPICEMENT WIST BE PRECEDED BY FULL TAG (CA) DEPARTMENT OF DEFICIENCIES (EACH DEPICEMENT WIST BE PRECEDED BY FULL TAG (CA) DEPARTMENT OF DEFICIENCIES (EACH DEPICEMENT WIST BE PRECEDED BY FULL TAG (CA) DEPARTMENT OF DEFICIENCY TAG (CA) DEPARTMENT OF DEFICIENCIES (EACH DEPICEMENT WIST BE PRECEDED BY FULL TAG (CA) DEPARTMENT OF DEFICIENCY TAG (CA) PREFIX TAG (CA) PREFIX TAG (CA) PREFIX TAG (CA) PREFIX TAG (CA) PROVIDERS PLAN OF CORNECTION (CA) COMPLETE DATE (CA) CONTINUED FROM THE APPROPRIATE (CA) (CA) PREFIX TAG (CA) PROVIDERS PLAN OF CORNECTION (CA) COMPLETE DATE (CA) CONTINUED FROM (CA) COMPLETE DATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE CROSS-REPERBINED TO THE APPROPRIATE (CA) CORNECTIVE ACTION SHOULD BE		F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '		LTIPLE CONSTRUCTION DING	(X3) DATE SURV COMPLETE	/EY D
THE LAURELS OF UNIVERSITY PARK 2420 PERSEXTON RD RICHMOND, VA 32333 (74) ID PREFIX (24) ID RECOULDINY ON USE DESIRVENING NORMANTON) F757 Continued From page 374 Resident #801 was admitted to the facility on 7123/19 with diagnoses that include but are not limited to: acute embolism (1), and thrombosis of unspecified deep views of right lower extremity (2), weakness and altered mental status. The most recently submitted MDS (minimum data set) assessment, was an admission tracking assessment added 7/23/19. The MDS was not completed as of survey 7/30/19. The nurse practitioner's note of 7/25/19 at 9:55 a.m. documented "Discharged from (name of hospital) on 7/23/19. Psychiatry has deemed that patient has limited decision-making capacity. Dementia behavior has stabilized" Resident #601 was not observed due to admission to acute care facility on 8/4/19. The baseline care plan dated 7/23/19, documented in part, "Anticoagulant": (Resident #601) "Goal documented in part, "Resident #601 at risk for abnormal bleeding, bruising related to anticoagulant use". A physician's order documented on the POS (Physician order sheet) for July 2019, documented, "Order Date: 7/23/19, 23:50 (11:50 P.M.) Communication Method: Phone, Order Summany: Coumadin Tablet 7.5 MG (milligram) (Warfarin Sodium) Give 7.5 mg by mouth in the evening every Mon, Wed, Thu, Fri,			495109	B. V	VING		C 08/07/	2019
FREFIX TAG REGULATOR OR LSC IDENTIFYING INFORMATION) F757 Continued From page 374 Resident #801 was admitted to the facility on 72/3/19 with diagnoses that include but are not limited to: acute embolism (1), and thrombosis of unspecified deep veins of right lower extremitly (2), weakness and altered mental status. The most recently submitted MDS (minimum data set) assessment, was an admission tracking assessment, was an admission tracking assessment was an admission tracking assessment was not completed as of survey 7/30/19. The nurse practitioner's note of 7/25/19 at 9:55 a.m. documented "Discharged from (name of hospital) on 7/23/19. Sychiatry has deemed that patient has limited decision-making capacity. Demental behavior has stabilized" Resident #601 was not observed due to admission to acute care facility on 8/4/19. The baseline care plan dated 7/23/19, documented in part. no signs/symptoms of action bleeding, with "Interventions documented in part." Anticoagulant": (Resident #601) "Goal documented in part. also [laboratory tests] as ordered; observe for signs/symptoms of bleeding, report as indicated; protect from injury." The comprehensive care plan initiated 8/1/19, documented in part, "Resident #601 at risk for abnormal bleeding, bruising related to anticoagulant use". A physician's order documented on the POS (Physician order sheet) for July 2019, documented, "Order Date: 7/23/19, 23:50 (11:50 P.M.) Communication Method: Phone, Order Summary: Coumadin Tablet 7:5 MG (milligram) (Warfarin Sodium) Give 7:5 mg by mouth in the evening every Mon, Wed, Thu, Fri,			TY PARK			2420 PEMBERTON RD	E	
Resident #601 was admitted to the facility on 7/23/19 with diagnoses that include but are not limited to: acute embolism (1), and thrombosis of unspecified deep veins of right lower extremity (2), weakness and altered mental status. The most recently submitted MDS (minimum data set) assessment, was an admission tracking assessment, was an admission tracking assessment dated 7/23/19. The MDS was not completed as of survey 7/30/19. The nurse practitioner's note of 7/25/19 at 9:55 a.m. documented "Discharged from (name of hospital) on 7/23/19. Psychiatry has deemed that patient has limited decision-making capacity. Dementia behavior has stabilized" Resident #601 was not observed due to admission to acute care facility on 8/4/19. The baseline care plan dated 7/23/19, documented in part, "Anticoagulant": (Resident #601) "Goal documented in part- no signs/symptoms of bleeding, report as indicated; protect from injury." The comprehensive care plan initiated 8/1/19, documented in part, "Resident # 601 at risk for abnormal bleeding, bruising related to anticoagulant use". A physician's order documented on the POS (Physician order sheet) for July 2019, documented, "Order Date: 7/23/19, 23:50 (11:50 P.M.) Communication Method: Phone, Order Summary: Coumadin Tablet 7.5 MG (milligram) (Warfarin Sodium) Give 7.5 mg by mouth in the evening every Mon, Wed, Thu, Fri,	PRÉFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREF!	· · ·	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL	OULD BE	COMPLETE
	F757	Resident #601 w 7/23/19 with diag limited to: acute of unspecified de extremity (2), we status. The most recentl data set) assessing tracking assessing was not complete nurse practitioned documented "Dishospital" on 7/23, that patient has licapacity. Demer Resident #601 w admission to acute The baseline care documented in patient has licapacity. Demer Resident #601 w admission to acute The baseline care documented in patient patient has licapacity. Demer Resident #601 w admission to acute The baseline care documented in patient patient has licapacity. The baseline care documented in patient with the selection of the patient from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initiated 8/1/2 "Resident # 601 aboratory tests] signs/symptoms protect from injurplan initia	ras admitted to the facility on proses that include but are not embolism (1), and thrombosis pep veins of right lower akness and altered mental by submitted MDS (minimum ment, was an admission nent dated 7/23/19. The MDS and as of survey 7/30/19. The r's note of 7/25/19 at 9:55 a.m. scharged from (name of 1/19. Psychiatry has deemed imited decision-making natia behavior has stabilized ". as not observed due to the care facility on 8/4/19. be plan dated 7/23/19, art, "Anticoagulant": (Resident umented in part- no of action bleeding", with cumented in part- labs as ordered; observe for of bleeding, report as indicated; y." The comprehensive care 1/19, documented in part, at risk for abnormal bleeding, o anticoagulant use". ber documented on the POS sheet) for July 2019, der Date: 7/23/19, 23:50 mmunication Method: Phone, Coumadin Tablet 7.5 MG arin Sodium) Give 7.5 mg by ning every Mon, Wed, Thu, Fri,	F757				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BL	MULTIPLE CONSTRUCTION JILDING	(X3) DATE SURVEY COMPLETED C	
		495109	B. W	ING	08/07/	2019
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F757	documented in properties of the properties of th	page 375 ner's note dated 7/25/19, art: "Of note, patient on warfarin ventricular thrombus. INR was ay of discharge 7/23/19 at 2.4. 5mg daily, ordered INR 7/26, if rder INR 2/week on Mon/Thur". include identified INR apeutic goal) for monitoring, to inistration of Coumadin to er documented on the POS for mented, "Order Date: 7/26/19, nunication Method: Computer, PT/INR one time only for LV hrombus". "Order Date: M. Communication Method: Summary: Warfarin Sodium mouth in the evening for LV a note of 7/26/19 11:12 pm, art: "PT INR one time for LV hrombus for 1 day, call result to was put in for 9:00am not sure if ioner's note of 7/29/19, art: "Patient fell 7/26 PM while el chair to toilet; hit head, no mess, complaint headache and e Tylenol; on call doctor given no dose change. INR 7/26 e warfarin 5mg daily; ordered in located in the EMR. The lence the 7/26/19 INR results, here were no documented noder the laboratory results tab tronic medical record), or e anticoagulant record was not	F757			

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .) MULTIPLE CONSTRUCTION BUILDING	(X3) DATE SURV COMPLETE	
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F757	Continued From initiated until 8/1/19 An "Anticoagular not initiated until 8/1/19 Coumadin 1.5; action taken recheck 8/5/19. showed that the stranscribed to the was initiated and MAR. An interview was LPN for Resident When asked abo anticoagulation of LPN #1 stated, "I [anticoagulant rechaseline and get the next day". Wand procedure fo LPN #1 stated, "I own way. I'm say asked about the jon the log sheets orders in the EMI (medication admistated, "I go to the and enter it into the total stated, "I'm not physician comes, information. Now and the EMR (eled documentation of asked about Resiln INR parameters for Coumadin, LPN #1 therapeutic ranges	page 376 19 as documented below.] It record" for Resident #601 was 8/1/19 and documented in part; 5 mg with results PT 16.4 INR by physician Coumadin 5.5 mg, A review of the clinical record 8/1/19 order had been EMR and MAR and the order it was documented as given on conducted with LPN #1, the #129, on 8/7/19 9:53 am. The interpretation of the term of	F757	DEFICIENCY)	OPRIATE	DATE
	"Monday August	was started, LPN #1 stated 5th".				

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
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	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233		
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F757	Practitioner, on 8 about her role an PT INR tests, AS orders, I would a and based on the medication and leasked about ider administering an 7 stated, "Somet the therapeutic radepends on the respective to the therapeutic radepends on the respective to the pends of the pends on the respective to the pends of	is conducted with ASM #7, Nurse 1/6/19 at 7:53 am. When asked and responsibilities for ordering 1/6/19 at 7:53 am. When asked and responsibilities for ordering 1/6/19 at 7:53 am. When asked and responsibilities for ordering 1/6/19 at 7:54 at 1. The reviewed the sk for the INR on admission at result decide order for ab [laboratory test]". When natifying INR parameters for different monitoring Coumadin, ASM # imes the hospital is still getting ange. Therapeutic range resident's diagnosis. Usually 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked neters or goals for administering 1/6/19 at 9:30 am. When asked 1/6/19 at 9:	F757			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
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F757	following website https://medlineplu.htm 2. This information following website https://medlineplu.l 3. This information following website https://labtestson and-international-4. This information following website https://labtestson and-international-5. Nursing 2016 Kluwer, 2016, p. 1 8. The facility stareceived adequate anticoagulant (blumedication Couradministration of 11/10/18 and 05/(2)/INR [Internation of 11/10/INR [Internation of 11/1	on was retrieved from the standard section was	F757			
LARORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGNAT	TIRE			

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F757	Continued From page 379 multiple dates during June, July August 2018, January February, March, May and June 2019.		F757			
	"Black box Warning: WARNING: BLEEDING RISK: COUMADIN can cause major or fatal bleeding. Bleeding is more likely to occur within the first month. Risk factors for bleeding include high intensity of anticoagulation (INR >4.0), age greater than or equal to 65, history of highly variable INRs [international ration" "Perform regular monitoring of INR in all treated patients. Those at high risk of bleeding may benefit from more frequent INR monitoring careful dose adjustment to desired INR, and a shortest duration of therapy appropriate for the clinical condition. However, maintenance of INR in the therapeutic range does not eliminate the risk of bleeding." This information was obtained from the website: https://dailymed.nlm.nih.gov/dailymed/drugInfo.c fm?setid=d91934a0-902e-c26c-23ca-d5accc4151b6					
	08/14/2015 and a with diagnoses the to: deep vein thro	s admitted to the facility on a readmission on 01/08/2019 hat included but were not limited ombosis (1), other specified s and high cholesterol.				
	set), a quarterly a (assessment reference (assessment reference); as a sinterview for mer 0 - 15, seven - but cognition for male "Medications" co	nost recent MDS (minimum data assessment with an ARD erence date) of 04/19/19, coded scoring a seven on the brief ntal status (BIMS) of a score of being severely impaired of king daily decisions. Section N ded Resident # 8 as receiving (2) in the past seven days.				
LARORATOR		sive care plan for Resident # 8	TUDE			
	- white or tora or or provi	DEITOOTE FREN DEFDEGENIATIVE 9 SIGNA	・ロバニ			

STATEMENT OF DEFICIENCIES ID 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	ΓΥ PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
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F757	bleeding/bruising use. Anticoagula (gastrointestinal) "Interventions", it "Administer medifor effectiveness abnormal finding initiated: 02/05/2 tests) and diagnormal finding initiated 02/05/20 A nurse practition documented, "Hi Male patient on 0 (international nor currently taking 0 daily. No s/sx (s A/P (Assess/Plar thrombosis) (4) - to three)." The MAR for Juning of Coumadin Review of the M/administered as Prug and Dose: INR: 1.4 [below to "08/20/18 Action pointing up (increday) recheck in 1 A physician's telestics." A physician's telestics a.m. for Resummary: Warfamouth every	at risk for abnormal pR/T (related to): medication ant. Hx (history) of GI bleeding." Under documented in part, ications as ordered. Observe and side effects, report s to the physician. Date 019, Obtain labs (laboratory ostics as ordered and report s to the physician. Date 019." Ther's note dated 06/28/1018 PI (history of present illness): Coumadin (1) for DVT. INR malized ratio) 2.2. He is Coumadin 6.5mg (milligrams) igns or symptoms) of bleeding. The DVT (deep vein Stable. INR 2.2. Goal: 2-3 (two see 2018 documented give 6.5 with a start date of 6/22/18. AR revealed the Coumadin was ordered. Ident #8's "Anticoagulant need, "Current Anticoagulant Coumadin 7.5mg." "PT: 16.7. The documented goal of 2-3]" Taken by Physician: arrow ease Coumadin) 8mg qd (every	F757			

STATEMENT OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
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	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	<u> </u>	
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F757	record) dated Au physician's telepl stated above. Fur revealed a check under the date of 8 received 8 mg 08/21/18. The "A Resident # 8 date 429. INR: 3.6 [al 3 placing the resident where sand nurse 08/01/18 through any documented the resident to rea total of 15.5 mg 8/23/18, a physician and do Coumadin 7.5 mphysician and do Coumadin Table Give 1 (one) table	ronic medication administration gust 2018 documented the hone order dated 08/20/18 as urther review of the eMAR amark and the nurse's initials 6 08/21/18 indicating Resident # and 7.5 mg of Coumadin on Anticoagulant Record" for ed 08/27/18 documented, "PT: bove the documented goal of 2-ident at risk for bleeding]." rse's progress notes, physician practitioner notes dated 108/31/18 failed to evidence recommendations or orders for of Coumadin on 08/21/18. On claims order to discontinue g was obtained from the icumented: "Order Summary: the 7.5 MG (Warfarin Sodium) et by mouth in the evening for erapy. Discontinue Date /	F757			
	Resident # 8 date (administrative signs practitioner, at 12 "HPI (History of I To See Patient) patient on Coum 3 (two to three). bleeding." Under documented, "Le Hold Coumading tomorrow."	rse Practitioner's Note" for ed 11/09/18, signed by ASM taff member) # 7, nurse 2:45 p.m. documented in part, Present Illness): ATSP (Asked for lab (laboratory) review. Male adin for DVT. INR: 3.5. Goal 2- On 6 (six) mg daily. No s/sx of er "A/P (Assessment/Plan)" it eg DVT - Stable. INR elevated. x1 (times one day) and recheck				

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	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	MULTIPLE CONSTRUCTION UILDING	(X3) DATE SURV COMPLETE	
<u> </u>		495109	B. W	ING	08/07/	2019
ļ	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 (EACH CORRECTIVE ACTION SHOULD BE COI		(X5) COMPLETE DATE
F757	Communication r "Order Summary [milligram] (Warfi in the evening for Discontinue Date By: name of (Lice second physician 17:15 (5:15 p.m.) Summary: check 11/10/18 one time The facility's "Ant Resident # 8 date Current Anticoag "Coumadin 6 mg [Note the staff en and the PT level of elevated above the resident at risk for Taken by Physicial (times one day) review of the "Antievidence results of evidence and the for safe administration of the staff en at 7:25 p.m. docu (milligrams) today SAT (Saturday) 1 monitor guest." F evidence nurses of INR was not obtain the physician. A "Nurse Practition dated 05/01/19, s staff member) # 7	page 382 1/9/18 at 17:14 (5:14 p.m.) method: Phone." Documented: Coumadin Tablet 6 MG in Sodium) Give 6 MG by mouther anticoagulant therapy /18 17:14 (5:14 p.m.) //Reason: on hold Confirmed ensed Practical Nurse)." A sorder date 11/9/2018 at documented, "Order pt/inr on sat [Saturday] enonly for coumadin use 1 day." icoagulant Record" for ed 11/09/18 documented, ulant Drug and Dose: (milligrams)" "PT 3.5 INR: 41.6 tered the INR level under PT under the INR. The INR was ne resident goal placing the releding]." Under "Action an" it documented, "Hold x 1 e-check 11/10/18." Further ticoagulant Record" failed to of a PT/INR for 11/10/18 and facility system for monitoring ation of Coumadin was lated 11/09/18 for Resident # 8 mented, "Hold Coumadin 6MG of 11/09/18 recheck PT/INR on 1/10/18 will cont (continue) to curther review failed to notes documenting why the PT ined on 11/10/18 as ordered by oner's Note" for Resident # 8 igned by ASM (administrative in nurse practitioner, at 12:26 p. ER/SUPPLIER REPRESENTATIVE'S SIGNAT	F757			

FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: PZ4N11

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Facility ID: VA0249

If continuation sheet Page 383 of 491

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STATEMENT OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MUL	TIPLE CONSTRUCTION	(X3) DATE SURVI COMPLETED	
		495109	B. W	/ING		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	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F757	Continued From m. documented i illness) INR: 5.1. "Leg DVT - Stable Coumadin x1 (tim 5/2/19. Monitor of the Aphysicians ord "Order Summary for anticoagulation of the Aphysician's telesident # 8 doc 6MG (Warfarin Sone time a day for 05/01/2019 14:4 (2:44 p.m.)." The facility's "An Resident # 8 dat "Current Anticoamg PT 61.5 INR placing the resid "Action Taken by "Hold x 1 (times	page 383 n part, "HPI (history of present Under "A/P" it documented, le. INR elevated. Hold les one day) and recheck on closely." er dated 5/1/19 documented, le PT/INR 5/01/19 one time only on therapy for 1 day. ephone order dated 05/01/19 for cumented, "Coumadin Tablet lodium). Give 6MG by mouth or anti-coagulant. Hold lot (2:45 p.m.) - 05/02/2019 14:44 ticoagulant Record" for led 05/01/19 documented, logulant Drug Dose Coumadin 6 lot 5.1 [higher than the goal of 2-3 lent at risk for bleeding]." Under ly Physician" it documented, lone day) re-check 5/2/19."	F757			ROPRIATE	DATE
	Resident # 8 dat "Current Anticoa 5/1/19, PT 36.9 by Physician" it one day) re-che						
	dated 05/02/201 part, "PT/INR 39	gress note for Resident # 8 9 at 4:44 p.m. documented in 9.0/3.2. Per MD (medical umadin today and recheck					
	dated 5/03/19, s	ioner's Note" for Resident # 8 igned by ASM (administrative 7, nurse practitioner, at 5:10 p.					

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

Facility ID: VA0249

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. W	/ING	C 08/07/	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 PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPLICATION OF THE APPLICATI	OULD BE	(X5) COMPLETE DATE	
F757	5MG coumadin Coumation of 5/10/19. Monitor On 5/3/19 Resided documented, "Cu Coumadin 6 mg had 2.1" Under "Action documented, " 5 s/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 NN Review of the Ma "Coumadin Table 6 mg by mouth or coagulant. Start Ep.m.), -Hold Datep.m.), -Hold Datep.m.) -05/02/2019 was documented Review of the eM initials with a check Resident #8 was a Coumadin instead ordered. Further resident #8 recei (5:00 p.m.) every instead of the 5mg total of 12 days. Odcumented a "5" Per the eMAR a 5 notes. Review of the EHI failed to evidence transcribed for the Coumadin to 5mg	n part, "A/P: Leg DVT - Stable. DD (every day) and check INR	F757				

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STATEMENT OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495109	A. B	MULTIPLE CONSTRUCTION UILDING //ING	(X3) DATE SURV COMPLETE C 08/07/3	D (
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP COD 2420 PEMBERTON RD RICHMOND, VA 23233	Ē	
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F757	interview was co practical nurse), results on Reside 5/10/19. LPN # laboratory [lab] n LPN # 3 stated, drawn." LPN # 3 was aware the P LPN # 3 was ask had not been drastated, "I'm unsu #8's clinical reco documentation a drawn. Review of the clinurse's note date 5/14/19 docume 5/15/19. On 5/15/19 Resi Record" docume "Action Taken by "arrow pointing umg recheck 5/22 Test", the column control)" and "En was nothing documentation and completed to the strips match XS machine use ensure results on the strips match XS machine use ensure results on the strips match and completed to the strips match XS machine use ensure results on the strips match and completed with a member) #5, Refacility. ASM #5 be monitored. As the strips match and completed with a member) #5, Refacility. ASM #5 be monitored. As the strips match and the strips match and the strips match are strips match.		Ę			

Facility ID: VA0249

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PRÉFIX (EACI	H 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
could que medicate other med was made Coumand record a 05/02/18 stated si on 8/1/1 conductor regarding monitority orders a Coumand would pure Coumand for PT/IN document on 8/5/1 conductor (assistant if physician physician dose of its due si facility physician	uickly bed ion can vertion and the edication had aware lin monite and the C 9. ASM f he had n 19 at 8:46 ed with F and the fact and the	come out of control because the variably react with food and s. ASM #5 stated this is why as to be monitored. ASM #5 there was missing evidence of oring in Resident # 8's clinical oumadin was not held on #5 reviewed her notes and o documentation in her notes. S. a.m., an interview was RN (registered nurse) #1, sility process for Coumadin en asked if actual physician's en for PT/INR tests and changes, RN #1 stated she er into the computer for a change but she thought orders not written and are only ne anticoagulant record. If p.m., an interview was RN (registered nurse) #8 or of nursing). RN #8 was asked ers regarding Coumadin and be written. RN #8 stated as to hold Coumadin, change a in, and for the next PT/INR that written. When asked about the or ensuring the orders are ated the anticoagulant records are deach morning. Iticoagulant Record" for cumented, PT/INR checks are deach morning. Iticoagulant Record" for cumented, PT/INR checks are as a control of the computer of the computer of the computer of the dates are as a control of the computer of the dates are as a control of the computer of the dates are as a control of the computer of the dates are as a control of the dates are as	F757				

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

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

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '	MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	-	495109	1	1 B. WING		C 07/2019	
	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233			
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F757	physician order of telephone orders 06/25/19 failed to directives from R record were transithe dates listed at the dates listed at assistant director regarding the incompartment of the dates of Coumad 8/21/18 and 05/0 reviewed Reside eMAR dated Aug the progress note have only received and confirmed the receiving the corresident received stated the resident received stated the resident received stated the resident fordered on 05/02 should have been asked the transcribed directive from the Resident # 8's El the dates above, be a physician's the dose is chamand if the medical order." When into above, RN # 8 stantes. On 8/6/19 at 11:: conducted with A conducted wi	06/25/19. Review of the sheets and physician's dated 06/28/18 through pevidence the physician's desident # 8's anticoagulant scribed to physician's orders for	F757				

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



MAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK ORAJD PREFEX PIAO CALID PREFEX PIAO CALID PREFEX PIAO CONTINUED FROM MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING BYFORMATION) FRETA PROVIDERS PLAN OF CORRECTION PREFEX PIAO COntinued From page 388 ASM #3 stated the anticoagulant records were supposed to be reviewed during daily clinical operations meetings but that had not been reviewed daily at the meetings to ensure orders for PT.I.NRs and Coumadin are written, transcribed and done. On 8/6/19 at 10:16 a.m. administrative staff member (ASM) #2, the regional clinical coordinator, was asked what standard of practice the facility follows for the monitoring of anticoagulants, ASM #2 stated, "We follow our policies and Lippincott". On 08/06/19 at 3:15 p.m., RN # 8 stated that she was unable to find physician's orders for the PT/INRs and that the orders were not transcribed into Resident # 8's electronic record. On 08/05/19 at 5:10 p.m., ASM (administrative staff member) #1, administrator, ASM #2, regional clinical coordinator and ASM #3 (director of nursing) were made aware of the above concern. No further information was presented prior to exit. References: (2) PT (prothrombin): This information was obtained from the website: https://www.ncbi.nlm.nlh.gov/books/NBK507707/, (4) DVT (deep vein thrombosis): This		F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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ASM #3 stated the anticoagulant records were supposed to be reviewed during daily clinical operations meetings but that had not been "getting" done so now the records will be reviewed daily at the meetings to ensure orders for PT.INRs and Coumadin are written, transcribed and done. On 8/6/19 at 10:18 a.m. administrative staff member (ASM) #2, the regional clinical coordinator, was asked what standard of practice the facility follows for the monitoring of anticoagulants, ASM #2 stated, "We follow our policies and Lippincott". On 08/06/19 at 3:15 p.m., RN # 8 stated that she was unable to find physician's orders for the PTINIRs and that the orders were not transcribed into Resident # 8's electronic record. On 08/05/19 at 5:10 p.m., ASM (administrative staff member) #1, administrator, ASM #2, regional clinical coordinator and ASM #3 (director of nursing) were made aware of the above concern. No further information was presented prior to exit. References: (2) PT (prothrombin): This information was obtained from the website: https://medlineplus.gov/ency/article/03652.htm. (3) International normalized ratio (INR): This information was obtained from the website: https://www.ncbi.nlm.nih.gov/books/NBK507707/	PRÉFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECT CROSS-REFEREN	TIVE ACTION SHO	OULD BE	COMPLETE	
	F757	ASM #3 stated the supposed to be represented on some soreviewed daily at for PT.INRs and transcribed and consideration of the suppose of the	ne anticoagulant records were eviewed during daily clinical ngs but that had not been now the records will be the meetings to ensure orders. Coumadin are written, done. 18 a.m. administrative staff 12, the regional clinical asked what standard of the follows for the monitoring of asked what standard of the follows for the monitoring of asked what standard of the follows for the monitoring of asked what standard of the follows for the monitoring of asked what standard of the follows for the monitoring of asked what standard of the follows for the monitoring of asked what standard of the follows for the monitoring of asked what standard of the follows for the monitoring of asked what standard of the follows for the monitoring of asked what standard of the follows for the was electronic record. 10 p.m., ASM (administrative administrator, ASM # 2, coordinator and ASM # 3 and monitoring for the monitoring of the follows for the monitoring for the was electronic record. 11 p.m., ASM (administrative administrative administrator, ASM # 2, coordinator and ASM # 3 and monitoring for the follows for the monitoring for the follows for the follow	F757					

STATEMENT O	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	į.		(X2) MULTIPLE CONSTRUCTION A. BUILDING		ŒY D
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F757	9. The facility stamonitor the effect pharmacological administering as Resident # 96, at Pesident # 96 way 07/04/2019 with were not limited pain. Resident # 96's adata set), a quar (assessment reference for mer 0 - 15, 15 - being daily decisions. coded Resident pain. The POS (physic 2019 for Resident (oxyCODONE Hoby mouth every related to OTHE 05/30/2019. Stamon-pharmacolo administering Propain. 1) Repositing pack, 3) Warm of elevation, 6) decision num Start Date: 07/25.	obtained from the website: us.gov/ency/article/000156.htm. Iff failed to implement and tiveness of non- interventions prior to needed Roxicodone (1) to s ordered by the physician. It as admitted to the facility on diagnoses that included but to: chronic pain and right knee most recent MDS (minimum terly assessment with an ARD erence date) of 07/10/19, coded is scoring a 14 on the brief intal status (BIMS) of a score of g cognitively intact for making Section J "Health Conditions" # 96 as having frequent severe cian's order sheet) dated August int # 96documented: blet 5 (five) MG (milligrams) CI (hydrochloric acid) Give 5 mg is (six) hours as needed for Pain R CHRONIC PAIN. Order Date: t Date: 05/30/2019." "Document gical Interventions prior to RN [as needed] medication for oning, 2) cold compress or ice compress, 4) Massage, 5) up breathing or guided imagery ain management document laber. Date Ordered 07/25/2018.					

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	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURV COMPLETE A. BUILDING (X2) MULTIPLE CONSTRUCTION (X3) DATE SURV COMPLETE						
1		495109	B. W	VING		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	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG		ULD BE	(X5) COMPLETE DATE	
F757	documented the POS above. Rev Roxicodone 5mg at 10:28 a.m." F documentation were above on 05/31/3 The eMAR (elect record) for Resid documented the POS above. Rev Roxicodone 5mg "06/03/19 at 9:22 06/10/19 at 0243 (2:19 a.m.), and p.m.)." Further redocumentation interventions were the dates listed a The eMAR (elect record) for Resid documented the POS above. Rev Roxicodone 5mg "07/03/19 at 163-(1:32 p.m.), 07/12 07/18/19 at 1700 (1:35 p.m.), 07/2-07/22/19 at 0927 p.m.), 07/26/19 at 0200 (2:00 a.m.) on 07/29/19 at 10 review failed to e pharmacological	ent # 96 dated "May 2019" same orders as stated in the view of the eMAR revealed was administered on "05/31/19 urther review failed to evidence on-pharmacological re implemented as ordered 19 at 10:28 a.m. ronic medication administration ent # 96 dated "June 2019" same orders as stated in the view of the eMAR revealed was administered on: a.m. and 1630 (4:30 p.m.), (5:21 p.m.), 06/12/19 at 1800 (5:719 at 0145 (1:45 a.m.), (2:43 a.m.), 06/24/19 at 1419 on 06/27/19 at 1800 (6:00 eview failed to evidence on-pharmacological re implemented as ordered on	F757				

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

A95109 B. WING B. WING C 08/07/2019 NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK C 08/07/2019 STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVICE COMPLETED			
THE LAURELS OF UNIVERSITY PARK 2420 PEMBERTON RD RICHMOND, VA 232323 XMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX TAG PROPRIATE DATE F757 Continued From page 391 F757			495109	1		С С	
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) F757 Continued From page 391 Review of the nurse's progress notes and eMAR notes for Resident # 96 dated 05/31/19 through 07/29/19 failed to evidence documentation of non-pharmacological interventions prior to the administration of Roxicodone 5mg on the dates listed on the eMARs listed above. The comprehensive care plan for Resident # 96 dated 12/21/2018 documented, "Need. (Resident # 96) has chronic pain rift (related to) DX (diagnosis): gerd (gastroesophageal reflux disease), seizures, ms (multiple sclerosis), htn (hypertension). Date Initiated: 12/21/2018." Under "Interventions" it documented, "Administer medications as ordered. Observe for ineffectiveness and side effects, report abnormal finding to the physician. Date Initiated: 12/21/2018." On 08/01/19 at 11:36 a.m., an interview was conducted with LPN (licensed practical nurse) # 2 regarding the procedure for administering prin (as needed) pain medication. LPN # 2 stated, "I	,			2420 PEMBERTON RD	E		
Review of the nurse's progress notes and eMAR notes for Resident # 96 dated 05/31/19 through 07/29/19 failed to evidence documentation of non-pharmacological interventions prior to the administration of Roxicodone 5mg on the dates listed on the eMARs listed above. The comprehensive care plan for Resident # 96 dated 12/21/2018 documented, "Need. (Resident # 96) has chronic pain r/t (related to) DX (diagnosis): gerd (gastroesophageal reflux disease), seizures, ms (multiple sclerosis), htn (hypertension). Date Initiated: 12/21/2018." Under "Interventions" it documented, "Administer medications as ordered. Observe for ineffectiveness and side effects, report abnormal finding to the physician. Date Initiated: 12/21/2018." On 08/01/19 at 11:36 a.m., an interview was conducted with LPN (licensed practical nurse) # 2 regarding the procedure for administering prn (as needed) pain medication. LPN # 2 stated, "I	PREFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	(X5) COMPLETE DATE
is based a scale of zero to ten with ten being the worst pain, administer the medication and recheck the resident after about an hour for effectiveness." When asked if she would attempt non-pharmacological interventions prior to the administration of the pain medication to try and alleviate the pain LPN # 2 stated, "Generally yes." When asked where they document non-pharmacological interventions are tried and/or attempted LPN # 2 stated, "In the nurse's notes." After reviewing Resident # 96's eMARs, nurse's notes and eMAR notes dated 05/31/19 through 07/29/19 LPN # 2 stated, "It's not being done because it's not documented."	F757	Review of the numbers for Reside 07/29/19 failed to non-pharmacolo administration of listed on the eM/ The comprehens dated 12/21/201 (Resident # 96) IDX (diagnosis): disease), seizure (hypertension). Under "Intervent "Administer med for ineffectivenes abnormal finding Initiated: 12/21/2 On 08/01/19 at 1 conducted with I 2 regarding the pair ask the resident is based a scale worst pain, admirecheck the resident is based a scale worst pain, admirecheck the resident is based a scale worst pain, admirecheck the resident is based a scale worst pain, admirecheck the resident is based a scale worst pain, admirecheck the resident is based a scale worst pain, admirecheck the resident to the administration and alleviate the yes." When ask pharmacological attempted LPN # After reviewing finotes and eMAF 07/29/19 LPN # because it's not	urse's progress notes and eMAR and # 96 dated 05/31/19 through of evidence documentation of gical interventions prior to the f Roxicodone 5mg on the dates ARs listed above. Sive care plan for Resident # 96 8 documented, "Need. has chronic pain r/t (related to) gerd (gastroesophageal reflux es, ms (multiple sclerosis), htn Date Initiated: 12/21/2018." dications as ordered. Observe and side effects, report to the physician. Date 2018." 11:36 a.m., an interview was LPN (licensed practical nurse) # procedure for administering promedication. LPN # 2 stated, "I where the pain is, what the level of zero to ten with ten being the inister the medication and dent after about an hour for When asked if she would armacological interventions prior ation of the pain medication to try to pain LPN # 2 stated, "Generally ted where they document non-I interventions are tried and/or # 2 stated, "In the nurse's notes." Resident # 96's eMARs, nurse's R notes dated 05/31/19 through 2 stated, "It's not being done documented."	F757			

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

STATEMENT OF DEFICIENCIES (2) ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i	MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	į į		UILDING C 08/07/2019		2019
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	=	
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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
management. Whe prior to administerir Resident # 96 state pain, a number and asked if the staff trie attempting other me the pain medication. The facility's policy documented, "The I will be used by nurs appropriate interver effectiveness of the experiencing acute to promote comfort highest functional le is documented "1. written care plan for medicinal and non-I (Non-medicinal inte attempted before mexplored.) 11. The effectiveness of the effectiveness of the effectiveness of the with the current plan indicated. This sho and/or Non-Pharma On 08/05/19 at 5:10 staff member) #1, a regional clinical coordirector of nursing) above concern. No further informatic exit.	sident # 96 regarding her pain en asked what the nurse does ng her prn pain medication ed, "They ask me the level of diwhere the pain is." When les to alleviate her pain by easures prior to administering n, Resident # 96 stated, "No." "Pain Management Program" Pain Management Program sing staff to evaluate, provide ntions, and monitor the epain regimen for guests and/or chronic pain, in order and the ability to reach their evel." Under "Intervention" it The nurse will develop a proprint pain relief, considering medicinal interventions. Enventions should be nedicinal interventions are enurse will document the enurse will document the entire vention (may use E for per value to represent the entire intervention) and continue an or revise the plan as build be done for analgesic acy interventions." 10 p.m., ASM (administrative administrator, ASM # 2, ordinator and ASM #3) were made aware of the literal prior to atte-release oral formulation of	F757			

116

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STATEMENT OF (F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. W	B. WING C 08/07/20		2019	
	NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY 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 PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
F757	Continued From oxycodone hydromanagement of a the use of an opi This information https://dailymed.ifm?setid=d48c226eebff7b8e53. 10. The facility smonitor the effect pharmacological administering as Resident # 27, to indicated. Resident # 27 with were not limited cancer. Resident # 27's a data set), a quar (assessment reference interview for mer 0 - 15, one - beir cognition for mal coded Resident the pain assessment the pain assessment reference in the pai	page 393 ochloride indicated for the moderate to severe pain where oid analgesic is appropriate. was obtained from the website: nlm.nih.gov/dailymed/drugInfo.c 2ff-bbb4-4a93-a35b-	F757			·	
	complaints of pa showing indicate	in from Resident # 27 and ors of pain or possible pain days in the five days prior to the					
	2019 for Resider "Acetaminophen (milligrams. Give	cian's order sheet) dated August nt # 27 documented, Tablet 325 (five) MG two tablets by mouth every 4 needed for pain/ fever greater					

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