STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F757	Continued From page 394 than 100 nte (not to exceed) 3g/24hrs (grams in 24 hours). Order Date: 11/01/2017. Start Date: 11/01/2017." The eMAR (electronic medication administration record) for Resident # 27 dated "May 2019" documented the same orders as stated in the POS above. Review of the eMAR revealed Acetaminophen 470mg was administered on "05/03/19 at 1447 (2:47 p.m.), 05/07/19 at 1141 (11:41 a.m.), 05/08/19 at 1401 (2:41 p.m.), 05/16/19 at 1817 (5:17 p.m.) and on 05/20/19 at 0315 (3:15 a.m.)." Further review failed to evidence documentation of non-pharmacological interventions on the dates listed above. The eMAR (electronic medication administration record) for Resident # 27 dated "June 2019" documented the same orders as stated in the POS above. Review of the eMAR revealed Acetaminophen 470mg was administered on "06/01/19 at 2100 (9:00 p.m.), 06/10/19 at 0242 (2:42 a.m.), 06/13/19 at1840 (6:40 p.m.), 06/20/19 at 0027 (12:27 a.m.), 06/22/19 at 0400 (4:00 a. m.), 06/24/19 at 1549 (3:49 p.m.), 06/26/19 at 2000 (8:00 p.m.) and on 06/30/19 at 1835 (6:35 p.m.)." Further review failed to evidence documentation of non-pharmacological interventions on the dates listed above. The eMAR (electronic medication administration record) for Resident # 27 dated "Jul (July) 2019" documented the same orders as stated in the POS above. Review of the eMAR revealed Acetaminophen 470mg was administered on "07/03/19 at 1826 (6:26 p.m.), 07/27/19 at 1231 (12:31 p.m.), 07/29/19 at 1800 (6:00 p.m.) and on 07/31/19 at 1600 (4:00 p.m.)." Further review failed to evidence documentation of non-pharmacological interventions on the dates listed above.	F757		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F757	Continued From page 395 Review of the nurse's progress notes and eMAR notes for Resident # 27 dated 05/03/19 through 07/31/19 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 # 27 dated 11/07/2017 documented, "Need. Potential for pain r/t (related to) Arthritis. Date Initiated: 11/07/2017." Under "Interventions" it documented, "Assist to position for comfort with physical support as necessary. Date Initiated: 11/07/2017." 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 ask the resident where the pain is, what the level 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 # 27's eMARs, nurse's notes and eMAR notes dated 05/03/19 through 07/31/19 LPN # 2 stated, "It's not being done because it's not documented." 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	F757		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F757	Continued From page 396 above concern. No further information was presented prior to exit. References: (1) Acetaminophen Used to relieve mild to moderate pain: This information was obtained from the website: https: https://medlineplus.gov/druginfo/meds/a681004.html. (2) The most common form of arthritis. It causes pain, swelling, and reduced motion in your joints. It can occur in any joint, but usually it affects your hands, knees, hips or spine. This information was obtained from the website: https://medlineplus.gov/osteoarthritis.html. 11. The facility staff failed to implement and monitor the effectiveness of non-pharmacological interventions prior to administering as needed (PRN) Oxycodone (1) to Resident # 1 as ordered by the physician on multiple occasions in June and July of 2019. Resident # 1 was admitted to the facility on 5/12/2011 with a readmission on 10/19/2017, with diagnoses that included but were not limited to: muscle spasm (2), pressure ulcer (3), and osteomyelitis (4). Resident # 1's most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 06/12/19, coded Resident # 1 as scoring a 13 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 13- being cognitively intact for making daily decisions. Section J coded Resident # 1 as having pain frequently.	F757		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F757	Continued From page 397 On 07/30/19 at 2:15 p.m., an interview was conducted with Resident # 1. When asked if the staff assess her pain before giving her an as needed pain medication, Resident # 1 stated, "They ask me the number." When asked if the staff try other methods to alleviate the pain before administering the pain medication, Resident # 1 stated, "No, they give me my pill." The POS (physicians order sheet) dated "07/31/2019" for Resident # 1 documented, "OxyCODONE Tablet 5MG Give 5 (five) mg (milligrams) by mouth every 6 (six) hours as needed for breakthrough pain Start Date: 12/06/2017." The POS also documented, "Document non-pharmacological interventions prior to administering PRN (as needed) medication for pain. 1) Re-positioning, 2) Cold compress or ice pack 3) Warm compress 4) Massage 5)elevation 6) deep breathing or guided imagery as needed for pain management indicate intervention number. Order Date 07/25/2018 Start date 07/25/2018." The comprehensive care plan for Resident # 1 dated 1/29/2019 documented, "[name of resident] is at risk for pain and has chronic pain r/t (related to) DX. (Diagnosis) of Osteoporosis (5) and complain of pain all over, has 2 (two) stage 4 (four) pressure ulcers and one vascular wound. History of muscle spasms Date Initiated 1/29/2019. Revision on: 01/29/2019." Under "Interventions" it documented, "Evaluate the effectiveness of pain interventions as given. Review for compliance, alleviating of symptoms, dosing schedules and resident satisfaction with results, impact on functional ability and impact on cognition as needed. Date Initiated: 01/29/2019." The eMAR (electronic medication administration	F757		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F757	Continued From page 398 record) dated "Jun (June) 2019" documented the same orders as documented above in the POS, review of the eMAR revealed staff administered Oxycodone 5mg administered on the following dates: On 06/03/19 at "09:15 (9:15 a.m.), 15:09 (3:09 p.m.) and 20:32 (8:32 p.m.), 06/04/19 at 07:05 (7:05 a.m.), and 13:08 (1:08 p.m.), 06/08/19 at 07:57 (7:57 a.m.), 06/10/19 at 05:22 (5:22 a.m.), 06/23/19 at 08:23 (8:23 a.m.), 06/27/19 at 14:57 (2:57 p.m.) and 20:27 (8:27 p.m.), and 06/29/19 at 10:25 (10:25 a.m.)." Further review failed to evidence documentation of non-pharmacological interventions attempted for the dates listed above on the eMAR. Review of the nurse's progress notes and the eMAR notes dated 06/01/2019 through 06/30/19 failed to evidence documentation non-pharmacological interventions were attempted for the dates documented above. There was no documentation evidencing the resident refused non-pharmacological interventions. The eMAR (electronic medication administration record) dated "Jul (July) 2019" documented the physician order as above, review of the eMAR revealed Staff administered Oxycodone 5mg on the following dates: On 07/10/19 at "17:00 (5:00 p.m.), 07/12/19 at 08:14 (8:14 a.m.), 07/30/19 at 13:02 (1:02 p.m.)." Further review failed to evidence documentation of attempted non-pharmacological interventions for the dates listed above on the eMAR. Review of the nurse's progress notes and the eMAR notes dated 07/01/19 through 07/31/2019 failed to evidence documentation of non-pharmacological interventions or any refusal by	F757		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F757	Continued From page 399 the resident for the interventions. On 07/31/19 at 4:30 p.m., an interview was conducted with LPN (licensed practical nurse) # 17. LPN # 17 was asked to describe the procedure for the administration of prn (as needed) pain medication. LPN # 17 stated, "If the patient is in pain, first I try to use interventions, if they don't work then I give medication. I check back after intervention to see if it worked before giving the medication." When asked what she meant by intervention LPN # 17 stated, "Interventions like positioning, creating a calm environment." When asked if the interventions attempted are documented, LPN # 17 stated, "Yes on the MAR, there is a place on the computer to put it in." After reviewing the POS (physician order summary) and eMAR (electronic medication administration record) for Resident # 1 dated June 2019 and July 2019, LPN # 17 agreed that non-pharmacological interventions were not documented for the dates that prn pain medications were administered. When asked if non-pharmacological interventions should be documented when there are orders and/or care plan interventions addressing them, LPN # 17 stated, "Yes." When asked if not attempting the non-pharmacological interventions would it being following the orders, LPN # 17 stated, "If ordered and not documented, I guess it is not following orders." When asked if non-pharmacological interventions should have been attempted for Resident #1, LPN # 17 stated, "Yes I would try non-pharmacological interventions for [name of Resident #1]" LPN # 17 stated that it should be documented if the resident refuses or if non-pharmacological interventions were attempted and that refusals would be documented on the eMAR.	F757		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F757	Continued From page 400 On 8/01/19 at 12:30 p.m., an interview was conducted with ASM (administrative staff member) # 3, director of nursing. When asked to describe the process for the administration of prn (as needed) pain medication ASM # 3 stated, "Staff need to do non-pharmacological interventions unless the resident specifically asks for medication." When asked if the resident specifically asks for the medication should staff document that offers were made ASM # 3 stated they should be documented on the MAR (medication administration record). ASM #3 was asked if there is an order stating to offer non-pharmacological interventions prior to prn (as needed) pain medication should the non-pharmacological interventions be attempted and documented prior to the administration of the medication. ASM # 3 stated prior to giving prn pain medications there should be a refusal in the non-pharmacological intervention box or documentation that it was done. ASM # 3 reviewed the eMAR and POS dated June and July 2019 for Resident # 1 and stated that non-pharmacological interventions should have been documented as done, or refused on the dates above when the prn pain medication was administered. On 08/02/19 at approximately 2:00 p.m., ASM # 1 (administrator) ASM # 2 (regional clinical coordinator) and ASM # 3 (director of nursing) were made aware of the findings. No further information was provided prior to exit. Reference: 1. Oxycodone- is used to relieve moderate to severe pain. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682132.	F757		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F757	Continued From page 401 2. Muscle spasm often occur when a muscle is overused or injured. This information was obtained from the website: https://medlineplus.gov/ency/article/002066.htm 3. Pressure ulcer are also called bedsores, or pressure sores. This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000147.htm. 4. Osteomyelitis is the medical term for inflammation in a bone. It's usually caused by a bacterial infection. This information was obtained from the website: https://kidshealth.org/en/parents/osteomyelitis.html 5. Osteoporosis makes your bones weak and more likely to break. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/osteoporosis.html. 12. The facility staff administered Tramadol (1) to Resident #71 on 6/3/19, 6/19/19, 6/30/19 and 7/2/19 without implementing or monitoring non-pharmacological interventions prior administering the medication to determine if administering medication was indicated. Resident # 71 was admitted to the facility on 06/21/2012 with a readmission on 01/02/2016, with diagnoses that included but were not limited to contracture (2), and paraplegia (3). Resident # 71's most recent MDS (minimum data set), a quarterly assessment with an ARD	F757		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F757	Continued From page 402 of 0 - 15, 13- being cognitively intact for making daily decisions. Section J coded Resident # 71 as having pain frequently. On 07/31/19 at 8:45 a.m., an interview was conducted with Resident # 71. When asked if the staff assess her pain before giving her an as needed pain medication, Resident # 71 stated, "Yes, they ask where it is and how bad it is." When asked if the staff try other methods to alleviate the pain before administering the pain medication Resident # 71 stated, "No, they give me my medicine when I need it." The comprehensive care plan for Resident # 71 dated 10/20/2017 documented, "Actual pain related to: muscle spastisity [sic] (4), bilateral foot drop (5) ankle contractures, paraplegia, gas/constipation. Date Initiated 10/20/2017. Revision on: 06/25/2019." Under "Interventions", it documented, "Instruct in relaxation techniques as needed and offer comfort measure such as: distraction, back rubs, slow breathing, change of position, etc. Date Initiated: 10/20/2017." The POS (physicians order sheet) dated "07/31/2019" for Resident # 71 documented, "Tramadol HCL (hydrochloride) F/C 50MG (milligram) tablet Give 1 (one) tablet by mouth every 8 (eight) hours as needed for pain. Order date 02/27/2017, Start date 09/21/2017." The POS also documented, "Document non-pharmacological interventions prior to administering PRN (as needed) medication for pain. 1) Re-positioning, 2) Cold compress or ice pack 3) Warm compress 4) Massage 5) elevation 6) deep breathing or guided imagery as needed for pain document intervention number attempted. Order Date 07/24/2018 Start date 07/24/2018."	F757		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F757	Continued From page 403 The eMAR (electronic medication administration record) dated "Jun (June) 2019" documented the same orders as above in the POS. Review of the eMAR revealed Tramadol HCL F/C 50MG was administered on the following dates and time: On 06/03/19 at "19:00 (7:00 p.m.), 06/09/19 at 23:54 (11:54 p.m.), 06/30/19 at 14:08 (2:08 p.m.)." Further review failed to evidence documentation of non-pharmacological interventions or any refusals for non-pharmacological interventions for the dates listed above on the eMAR. Review of the nurse's progress notes and the eMAR notes dated 06/01/2019 through 06/30/2019 failed to evidence documentation of non-pharmacological interventions or refusals for the interventions by the resident. The eMAR (electronic medication administration record) dated "Jul (July) 2019" documented the same orders as above. Review of the eMAR revealed Tramadol HCL F/C (film coated) 50MG was administered on the following dates and time: On 07/23/19 at "23:49 (11:59 p.m.)." Further review failed to evidence documentation of non-pharmacological interventions for the dates listed above on the eMAR. Review of the nurse's progress notes and the eMAR notes dated 07/01/19 through 07/31/19 failed to evidence documentation of and or refusal by the resident for non-pharmacological interventions. On 07/31/19 at 04:30 p.m., an interview was conducted with LPN (licensed practical nurse) # 17. After reviewing the POS (physician order	F757		

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

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F757	Continued From page 404 summary) and eMAR (electronic medication administration record) for Resident # 71 dated June and July 2019 LPN # 17 agreed that non-pharmacological interventions were not documented as being provided for the dates that prn pain medications were administered. LPN #17 was asked if it was following physician orders if non-pharmacological interventions are ordered prior to administering pain medications and there is no documentation they were implemented. LPN # 17 stated, "If ordered and not documented, I guess it is not following orders." LPN #17 was asked if non-pharmacological interventions should have been attempted for Resident # 71. LPN # 17 stated, "She usually asks specifically for the pill. If they (the resident) are alert and oriented and ask directly for the pill, and the CNA (certified nursing assistant) has already tried non-pharmacological interventions, I give the pill." LPN # 17 agreed that it should be documented if the resident refuses or if non-pharmacological interventions were attempted. LPN #17 stated refusals would be documented on the eMAR. On 8/01/19 at 12:30 p.m., an interview was conducted with ASM (administrative staff member) # 3, director of nursing. When asked to describe the process for the administration of prn (as needed) pain medication ASM # 3 stated, "Staff need to do non-pharmacological interventions unless the resident specifically asks for medication." When asked if the resident specifically asks for the medication should staff document that offers were made ASM # 3 stated they should be documented on the MAR (medication administration record). When asked if there is an order stating to offer non-pharmacological interventions prior to prn pain medication should there be documentation prior to the administration of the medication	F757		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F757	Continued From page 405 ASM # 3 stated that there should be a refusal in the non-pharmacological intervention box or documentation that it was done. ASM # 3 reviewed the eMAR and POS dated June and July 2019 for Resident # 71 and stated that non-pharmacological interventions should have been documented as done, or refused on the dates above when the prn pain medication was administered. On 08/02/19 at approximately 2:00 p.m., ASM (administrative staff member) # 1, the administrator, ASM # 2, regional clinical coordinator and ASM # 3, director of nursing were made aware of the findings. No further information was provided prior to exit. References: 1. Tramadol-used to relieve moderate to moderately severe pain. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a695011.html 2. Contracture- a contracture develops when the normally stretchy (elastic) tissues are replaced by nonstretchy (inelastic) fiber-like tissue. This information was obtained from the website: https://medlineplus.gov/ency/article/003185.htm. 3. Paraplegia is the loss of muscle function in part of your body. This information was obtained from the website: https://medlineplus.gov/paralysis.html 4. Spasticity- condition in which there is an abnormal increase in muscle tone or stiffness of muscle: This information was obtained from the	F757		

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

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F757	Continued From page 406 Disorders/Spasticity-Information-Page 5. Foot drop: when you have difficulty lifting the front part of your foot. This information was obtained from the website: https://medlineplus.gov/ency/article/007761.htm	F757		
F760 SS=E	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- 483.45(f)(2) Residents are free of any significant medication errors. 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 ensure two of 72 residents in the survey sample, (Residents #189 and #8), were free from significant medication errors. The facility staff failed to administer Coumadin to Resident #189 and held the Coumadin on: 8/15/18, 9/27/18, 11/15/18, 1/10/19, 4/25/19, 5/12/19, 5/20/19, without physicians orders when the residents INR (international normalized ratio) was below the documented goal placing the resident at risk for blood clots. Resident #8 was administered a double dose of Coumadin (15.5 milligram) on 8/21/18, and on 5/2/19, staff administered 6 mg of Coumadin and failed to hold the medication as ordered by the physician. The findings include: 1. The facility staff failed to ensure Resident #189 was free from significant medication errors, related to Coumadin, an anticoagulant. The facility staff failed to administer Coumadin to	F760	F760 Resident #189: No negative outcome occurred as a result of this practice. A stat PT/INR was ordered and a revised Coumadin log was initiated for the resident corresponding physician orders were transcribed into the EMR. Resident #8: No negative outcome occurred as a result of this practice. A stat PT/INR was ordered and a revised Coumadin log was initiated for the resident corresponding physician orders were transcribed into the EMR. Residents receiving Coumadin have the potential to be affected. The Anticoagulation Therapy Record and policy have been updated, the Anticoagulation therapy process has been updated, the PT/INR competency checklist has been updated. The DON or designee has educated licensed nursing staff on the updated policies and procedures regarding Coumadin and education has been provided on implementing and documenting non pharmacological approaches for pain management.	9/20/19

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 407 Resident #189 and held the Coumadin on: 8/15/18, 9/27/18, 11/15/18, 1/10/19, 4/25/19, 5/12/19, 5/20/19, without physicians orders when the residents INR (international normalized ratio) was below the documented goal placing the resident at risk for blood clots. Resident #189 was admitted to the facility on 9/16/17, with a most recent readmission on 7/16/19, with diagnoses that included but were not limited to: mechanical heart valve, stroke, high blood pressure and atrial fibrillation. (Atrial fibrillation is a condition characterized by rapid and random contraction of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria). [1] The most recent MDS (minimum data set) assessment, a Medicare five day admission, with an assessment reference date of 7/23/19, coded the resident as scoring a "11" on the BIMS (brief interview for mental status score) indicating the resident was moderately impaired to make daily decisions. In Section N - Medications, the resident was coded as receiving an anticoagulant for the seven days of the look back period. Warfarin (also known by the brand names Coumadin....) is a blood thinner prescribed to prevent and treat blood clots. Warfarin therapy may be prescribed for patients with certain types of irregular heartbeat, blood clots in the legs or lungs, and patients who have certain medical device implants such as artificial heart valves. Warfarin must be monitored to ensure it is working effectively and being used safely. Achieving the correct warfarin dosage can be difficult but is extremely important. If the dose of warfarin is too low, the patient is at risk of	F760	DON or designee will audit residents receiving Coumadin in the clinical operations meeting to ensure that Coumadin is being administered as ordered. Nursing administration or designee will monitor Coumadin logs 5 days a week for 1 week, 3 days a week for 2 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 variances will be corrected and additional education or counseling will be provided as needed. Any concerns will be reported to the quality assurance committee monthly until resolved. Continued compliance will be monitored through the facility's quality assurance program. Additional education and monitoring will be initiated for any identified concerns. Completion Date: September 20, 2019	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 408 developing harmful blood clots. If the dose of warfarin is too high, the patient may be at risk of serious bleeding. A health care provider sets an INR [International normal ratio] target range. It is typically between 2.0 and 3.0 for basic blood-thinning needs, though the range may vary based on a patient's specific conditions. An INR above the patient-specific target range may increase the risk of bleeding, while an INR below the target range may increase the risk of developing a blood clot. [2] The comprehensive care plan dated, 12/19/18 and revised on 3/7/19, documented in part, "Focus: (Resident #189) is at risk for abnormal bleeding/bruising R/T (related to) medication use, anticoagulant diagnosis of A-Fib (atrial fibrillation), stroke." The "Interventions" documented in part, "Administer medications as ordered. Observe for ineffectiveness and side effects, report abnormal findings to the physician.... ." The nurse practitioner note dated, 8/10/18, documented, "INR goal 2.5 - 3.5." "Prothrombin time (PT) is a blood test that measures the time it takes for the liquid portion (plasma) of your blood to clot." "PT is measured in seconds. Most of the time, results are given as what is called INR (international normalized ratio)." "The most common reason to perform this test is to monitor your levels when you are taking a blood-thinning medicine called warfarin [Coumadin]. You are likely taking this medicine to prevent blood clots. Normal Results: PT is measured in seconds. Most of the time, results are given as what is called INR (international normalized ratio). If you are taking warfarin to prevent blood clots, your provider will most likely, choose to keep your INR between 2.0 and	F760		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 409 3.0." [3] The "Anticoagulant Record," which was not part of the electronic medical record and stored on a shelf at the nurse's station, revealed On 8/15/18, Resident #189's documented INR on the Anticoagulant record was 1.8, [below the documented INR goal of 2.5 - 3.5 placing the resident at risk for blood clots]. The current Coumadin dose was documented as "5 mg [milligrams]" the physician directive documented, "Increase to 5.5 mg recheck 8/18/18. Review of the EMR (electronic medical record) revealed a documented physicians order to increase Coumadin to 5.5 mg dated 8/15/18. Review of the August 2018 MAR revealed the documented order for "Coumadin 5.5 mg by mouth in the evening, effective 8/15/18." Further review of the MAR revealed a "5" documented for the dose of Coumadin due on 8/15/18. A "5" per the MAR indicated to "Hold/see nurse's notes." A review of the EMR [electronic medical record] failed to evidence a nurse's note for 8/15/18. The resident did not receive any Coumadin on 8/15/18, as per the physician order. There was no order in the EMR to hold Resident #189's Coumadin on 8/15/18. Resident #189's INR on the "Anticoagulant Record" dated; 8/15/8 was 1.8 and on 8/17/18, the INR was documented as 1.6, below the documented INR goal of 2.5 - 3.5 placing the resident at risks for blood clots. The "Anticoagulant Record" dated 8/20/18, documented the current Coumadin dose of 5.5 mg, INR 1.8, [below therapeutic range placing the resident at risk for blood clots], the physician was notified on 8/20/18, and under the heading "Action Taken by Physician," "resident was sent	F760		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 410 out for acute neurological changes." A nurse's note dated, 8/25/18, documented, "Guest returned to facility on 8/24/18." The physician progress note dated, 8/26/18 documented in part, "Readmission: s/p (status post) CVA (stroke) with vision loss - on ASA (aspirin) and Coumadin...Atrial Fibrillation - stable. On Coumadin. Pertinent Lab (laboratory) Data/Test Results: 8/24/18 INR 2.4." The "Anticoagulant Record" dated 9/27/18 documented the "Current Anticoagulant Drug and Dose" as "On Hold." The PT/INR 9/27/18 was documented as 1.8. The physician directive documented, "5 mg qd (every day) recheck 10/1/18. Review of the physician orders revealed a documented order for Coumadin 5 mg qd (every day) on 9/27/18. Review of the September MAR documented the above 9/27/18 physician order for Coumadin 5 mg qd. The start date documented, 9/28/18. Further review of the MAR failed to evidence the resident received any Coumadin on 9/27/18 per the physician's orders. There was no order to hold Resident #189's Coumadin on 9/27/18 and staff failed to administer the medication as ordered when the residents INR was below the identified goal of 2.5-3.5 placing the resident at risk for blood clots. Resident #189's "Anticoagulant Record" dated, 11/9/18 documented, "Current Anticoagulant Drug and Dose: 5 mg Coumadin." The PT/INR was documented as 3.3. The physician directive documented, "4.5 mg (Coumadin) qd recheck 11/15/18."	F760		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 411 The "Anticoagulant Record" revealed the 11/15/18 date was crossed off and the date of 11/14/18 was documented the PT/INR as 2.2 below the identified goal of 2.5-3.5 placing the resident at risk for blood clots]. The physician directive documented, to increase Coumadin to 5 mg and recheck on 11/19/18. A nurse practitioner note dated, 11/15/18, documented in part, "CC: lab (laboratory) review. INR today 2.2. On Coumadin 4.5 mg for MVR (mechanical 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 MAR documented the above directive on 11/9/18 for Coumadin 4.5 mg qd. The medication was administered from 11/9/18 through 11/14/18. On 11/15/18, a "5" was documented under the Coumadin 4.5 mg dose. A "5" indicated, "Hold/See nurse's note." There was no nurse's note for 11/15/18. Review of the electronic medical record failed to evidence a physician order to hold Resident #189's Coumadin on 11/15/18. Staff held the medication without a physician's order and failed to administer Coumadin 5 mg as ordered by the physician on 11/15/18. 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 in the EMR to hold the Coumadin and to recheck the	F760		

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

STATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 412 PT/INR on 1/10/19. On 1/10/19, the "Anticoagulant Record" documented the current Coumadin dose as "HOLD" "INR 2.8." The physician directive documented, "(Coumadin) 4.5 mg qd (every day), recheck 1/15/19. Physician orders were in place in the EMR for the above Coumadin directives. The January 2019 MAR documented the following order, "Coumadin 2.5 mg; give 1 tablet by mouth in the evening for A fib to give with 2 mg to make 4.5 mg." Further review of the January 2019 MAR failed to evidence the resident received any Coumadin on 1/10/19. The order was transcribed to start on 1/11/19. There was no physician order in the clinical record to hold Resident #189'2 Coumadin on 1/10/19. Review of the physician's orders revealed an order dated 4/24/19 that documented 6 mg of Coumadin every day. The April 2019 MAR documented that the resident received the Coumadin 6 mg on 4/24/19. On the "Anticoagulant Record" dated, 4/25/19, the current Coumadin dose was documented as "6 mg". The PT/INR obtained was documented as 2.2 [below the identified goal of 2.5-3.5 placing the resident at risk for clots]. The physician directive on the record documented, no change recheck on 4/27/19. Review of the April MAR failed to evidence the resident received the prescribed dose of Coumadin, 6 mg on 4/25/19. There was no physician order in the clinical record to hold Resident #189's Coumadin on 4/25/19. The "Anticoagulant Record" dated, 5/12/19, documented the current Coumadin dose as 5.5 mg. The INR was documented as 2.8. The	F760		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 413 physician directive documented, "Decrease (Coumadin) to 3 mg, recheck 1 wk." A physician order in the EMR dated, 5/12/19, documented, "Coumadin 3 mg by mouth in the evening for anticoagulation." The order was transcribed to the May 2019 MAR. The MAR documented the order to start on 5/13/19. The resident did not receive any Coumadin on 5/12/19. There was no physician order in the EMR to hold Resident #189's Coumadin on 5/12/19. The "Anticoagulant Record" dated, 5/20/19, documented the current Coumadin dose as 3 mg INR 1.6 [below the therapeutic goal]. The physician directive documented, "Increase to 4 mg, recheck 1 wk [week]." The physician order in the EMR dated, 5/20/19 documented, "Coumadin 4 mg; give 1 tablet by mouth in the evening for prevent dvt (deep vein thrombosis)." The May MAR documented the order above for the Coumadin 4 mg. The order was documented to start on 5/21/19. Further review of the MAR failed to evidence the resident received any Coumadin on 5/20/19 and there was no physician order in the EMR to hold Resident #189's Coumadin. An interview was conducted with administrative staff member (ASM) #7, the nurse practitioner for Resident #189, on 8/6/19 at 7:53 a.m. When asked if an order for Coumadin is written on the same day the PT/INR test is obtained, when does that order take effect, ASM #7 stated it should be initiated that same day. An interview was conducted with RN #8 on 8/6/19 at 3:12 p.m. When asked if the physician's order documents to administer a dose of Coumadin, should the medication be given as ordered, RN #8 stated, "Yes, we should	F760		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 414 always follow the physician order." RN #8 was asked if the physician gives an order to change the dose of Coumadin, after the PT/INR is obtained in the morning, when is the change dose effective. RN #8 stated, "It goes in effect before the evening dose [of Coumadin] that same day." When asked if the physician ordered dose change should be documented to start the next day, RN #8 stated, "No, it has to start the same day. That's why we do PT/INRs in the morning so we can have the correct dose for the evening dose of Coumadin." The "Anticoagulant Record" for Resident #189, nurse's notes, MARs, physician and NP notes and orders from 7/18/18 through 7/29/19, was reviewed with RN #8 and the above documented concerns reviewed. When RN #8 was asked if staff hold a dose of Coumadin, should there be a physicians order in the electronic record. RN #8 sated, "Yes, there should be an order anytime the Coumadin is held." 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, ASM #2 stated, "We follow our policies and Lippincott." One of the responsibilities of the nurse administering medications is to check to ensure the medications are available for administration at the times ordered ...verify the physician's order and check the drugs to be sure they are correct ... if medications are not given for any reason the physician must be notified ...Lippincott Handbook of Nursing Procedures Bethlehem Pa 2008 page 569-570. ASM (administrative staff member) #1, the administrator, ASM #2, the regional clinical coordinator, and ASM #3, the director of nursing	F760		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 415 were made aware of all of the above concerns on 8/6/19 at 5:19 p.m. No further information was provided prior to exit. [1] Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55. [2] This information was obtained from the webiste: https://www.fda.gov/medical-devices/vitro-diagnostics/warfarin-inr-test-meters [3] This information was obtained from the following website: This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3aproject=medlineplus&v%3asources=medlineplus-bundle&query=laboratory%20tests%20for%20PT%20calculation%20of%20INR&4) 2. The facility staff administered 15.5 mg (milligarm) of Coumadin to Resident #8 on 8/21/18 instead of the 8mg ordered by the physician and held the residents Coumadin 6 mg on 8/11 and 8/12/18 without a physicians order. On 5/2/19, staff administered 6 mg of Coumadin, instead of holding the medication as ordered by the physician. Resident # 8 was admitted to the facility on 08/14/2015 and a readmission on 01/08/2019 with diagnoses that included but were not limited to: deep vein thrombosis [1], other specified disorders of veins and high cholesterol. Resident # 8's most recent MDS (minimum data	F760		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 416 (assessment reference date) of 04/19/19, coded Resident # 8 as scoring a seven on the brief interview for mental status (BIMS) of a score of 0 - 15, seven - being severely impaired of cognition for making daily decisions. Section N "Medications" coded Resident # 8 as receiving an anticoagulant in the past seven days. The comprehensive care plan for Resident # 8 dated 02/05/2019 documented, "Need. (Resident # 8) is at risk for abnormal bleeding/bruising R/T (related to): medication use. Anticoagulant. Hx (history) of GI (gastrointestinal) bleeding." Under "Interventions", it documented in part, "Administer medications as ordered. Observe for effectiveness and side effects, report abnormal findings to the physician. Date initiated: 02/05/2019, Obtain labs (laboratory tests) and diagnostics as ordered and report abnormal findings to the physician. Date initiated02/05/2019." A nurse practitioner's note dated 06/28/1018 documented, "HPI (history of present illness): Male patient on Coumadin (1) for DVT. INR (international normalized ratio) 2.2. He is currently taking Coumadin 6.5mg (milligrams) daily. No s/sx (signs or symptoms) of bleeding. A/P (Assess/Plan): Leg DVT (deep vein thrombosis) (4) - Stable. INR 2.2. Goal: 2-3 (two to three)." A medicine that makes your blood less likely to form clots. It is important that you take warfarin exactly as you have been told. Changing how you take your warfarin, taking other medicines, and eating certain foods all can change the way warfarin works in your body. If this happens, you may be more likely to form a clot or have bleeding problems. [2]	F760		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 417 "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 normalized ratio] ...." "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." [3] The facility's "Anticoagulant Record" for Resident # 8 dated 8/20/19, documented, "Current Anticoagulant Drug and Dose: Coumadin 7.5mg." "PT: 16.7. INR: 1.4" "08/20/18 Action Taken by Physician: an arrow point up (indicating increase Coumadin) 8mg qd (every day)." A physician's telephone order dated 08/20/18 for Resident # 8 documented, "Warfarin (Coumadin) [2] Sodium Tablet Give 8mg by mouth every evening shift for treating/preventing blood clots." The eMAR (electronic medication administration record) dated August 2018 documented the physician's telephone order dated 08/20/18 as stated above with a start date of 07/11/2018. Further review of the eMAR revealed a check mark and the nurse's initials under the date of 08/21/18 indicating Resident # 8 received 8 mg and 7.5 mg of Coumadin on 08/21/18. Review of the nurse's progress notes, physician	F760		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 418 notes and nurse practitioner notes dated 08/01/18 through 08/31/18 failed to evidence any documented recommendations or orders for the resident to receive both 8 mg and 7.5 mg for a total of 15.5mg of Coumadin on 08/21/18. On 8/23/19, a physicians order to discontinue Coumadin 7.5 mg was obtained from the physician and documented: "Order Summary: Coumadin Tablet 7.5 MG (Warfarin Sodium) Give 1 (one) tablet by mouth in the evening for anticoagulant therapy. Discontinue Date / Reason: increase in dosage." A physicians order dated 5/1/19 documented, "Oder Summary: PT/INR 5/01/19 one time only for anticoagulation therapy for 1 day. A "Nurse Practitioner's Note" for Resident # 8 dated 05/01/19 and signed by ASM (administrative staff member) # 7, nurse practitioner, at 12:26 p.m. documented in part, "HPI (history of present illness) INR: 5.1. Under "A/P" it documented, "Leg DVT - Stable. INR elevated. Hold Coumadin x1 (times one day) and recheck on 5/2/19. Monitor closely." A physician's telephone order dated 05/01/19 for Resident # 8 documented, "Coumadin Tablet 6MG (Warfarin Sodium). Give 6MG by mouth one time a day for anti-coagulant. Hold 05/01/2019 14:45 (2:45 p.m.) - 05/02/2019 14:44 (2:44 p.m.)." The facility's "Anticoagulant Record" for Resident # 8 dated 05/01/19 documented, "Current Anticoagulant Drug Dose Coumadin 6 mg PT 61.5 INR: 5.1." Under "Action Taken by Physician" it documented, "Hold x 1 (times one day) re-check 5/2/19." On 5/2/19 the "Anticoagulant Record" for	F760		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 419 Resident # 8 dated 05/01/19 documented, "Current Anticoagulant Drug Dose: Held on 5/1/19, PT 36.9 INR 3.1" Under "Action Taken by Physician" it documented, "Hold x 1 (times one day) re-check 5/3/19." The nurse's progress note for Resident # 8 dated 05/02/2019 at 4:44 p.m. documented in part, "PT/INR 39.0/3.2. Per MD (medical doctor), hold Coumadin today and recheck tomorrow." A "Nurse Practitioner's Note" for Resident # 8 dated 5/03/19, signed by ASM (administrative staff member) # 7, nurse practitioner, at 5:10 p.m. documented in part, "A/P: Leg DVT - Stable. 5MG coumadin QD (every day) and check INR 5/10/19. Monitor closely." On 5/3/19 Resident #8's "Anticoagulant Record" documented, "Current Anticoagulant Drug Dose: Coumadin 6 mg held on 5/2/19, PT 24.9 INR 2.1" Under "Action Taken by Physician" it documented, "5 mg QD [every day] re-check 5/10/19." Further review of the "Anticoagulant Record" failed to evidence results of a PT/INR for 05/10/19. The Date 5/10/19 was crossed out with a line on the Anticoagulant Record. A hand written notation was written beside the crossed out date 5/10/10, documented, "MD (medical doctor aware NNO (no new order)." Review of the May 2019 eMAR revealed, "Coumadin Tablet 6 MG (Warfarin Sodium) Give 6 mg by mouth one time a day for anti-coagulant. Start Date- 01/11/2019 1700 (5:00 p.m.), -Hold Date- from 05/01/2019 1445 (4:45 p.m.) -05/02/2019 1444 (2:44 p.m.). This order was documented as discontinued on 5/15/19. Review of the eMAR for 5/2/19 evidenced staff initials with a check mark on 5/2/19 indicating	F760		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 420 Resident #8 was administered 6 mg of Coumadin instead of holding the medication as ordered. An interview was conducted with administrative staff member (ASM) #7, the nurse practitioner on 8/6/19 at 7:53 a.m. When asked if an order written on the same day the PT/INR test is obtained, when does that order take effect, ASM #7 stated that it should be initiated that same day. On 08/06/19 at 11:15 a.m., an interview was conducted with RN (registered nurse) # 8, assistant director of nursing/unit manager regarding the double dose of Coumadin Resident # 8 received on 8/21/18 and staff failure to hold coumadin as ordered on 5/2/19. After reviewing the anticoagulant record, eMAR dated August 2018 and May 2019 and the progress notes RN # 8 stated, "He should have only received 8mg" referring to 08/21/18 and confirmed that staff failed to hold Resident #8's Coumadin 6mg on 5/2/19, as ordered by the physician. When asked what would happen if a resident received too much Coumadin, RN # 8 stated the resident's blood could become too thin and they could bleed. The facility's policy "Medication Administration" documented in part, "Policy: All medications and treatments shall be initiated, administered, and/or discontinued in accordance with written physician orders (either written or per telephone order.)." 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.	F760		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F760	Continued From page 421 No further information was presented prior to exit. References: [1] A condition that occurs when a blood clot forms in a vein deep inside a part of the body. It mainly affects the large veins in the lower leg and thigh, but can occur in other deep veins such as in the arms and pelvis. This information was obtained from the website: https://medlineplus.gov/ency/article/000156.htm. [2]This information was obtained from the website: https://medlineplus.gov/ency/patientinstructions/000292.htm. [3] This information was obtained from the website: https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=d91934a0-902e-c26c-23ca-	F760		
F761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) 483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. 483.45(h) Storage of Drugs and Biologicals 483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.	F761	F761 The expired medication was disposed of when identified during the survey. No negative outcomes occurred as a result of this practice. Med carts have been inspected for any expired medication. Current residents have the potential to be affected. DON or designee will educate licensed nursing staff on identifying expired medications and the disposal of them.	9/20/19

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F761	Continued From page 422 483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and facility documentation review, it was determined that the facility staff failed to ensure the disposal of an expired medication in one of four medication carts inspected, (Medication cart on Regency Unit). An expired bottle of Floranex Lactobacillus tablets was available for use in a medication cart on the Regency Unit during a medication cart inspection conducted on 8/2/19. The findings include: On 8/02/19 at 11:30 AM, an inspection of a medication cart on the Regency Unit was conducted. An over-the counter stock bottle of Floranex Lactobacillus (1) tablets labeled as opened on 3/5/19, with a manufacturer's expiration date of 7/19, was observed in a drawer in the medication cart available for use. On 8/02/19 at 11:30 AM, an interview was conducted with LPN (Licensed Practical Nurse) #7. When LPN #7 was asked about the process for checking and removing expired medications in the medication carts. LPN #7 stated, "I check the date when it was opened and then check the	F761	DON or designee will audit medication carts for expired medication. DON or designee will monitor medication carts 5 days a week for 1 week, 3 days a week for 2 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 committee monthly until resolved. Continued compliance will be monitored through the facility's quality assurance program. Additional education and monitoring will be initiated for any identified concerns. Completion Date: September 20, 2019	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F761	Continued From page 423 expiration date. I float to different units and I did not check every single bottle in the cart today and this one got missed." On 8/05/19 12:54 PM, an interview with LPN #10 was conducted. LPN #10 was asked about the process for checking and removing expired medications in the medication carts. LPN #10 stated, "When we use the medication carts, we are supposed to check for the expiration dates. Every time I dispense a drug, I check the date before I dispense a medication." A review of the facility policy "Storage and Expiration of Medications, Biologicals, Syringes and Needles" documented in part, " ...4. Facility should ensure that medications ...Have not been retained longer than recommended by manufacturer or supplier guidelines ...5. Once any medications ...is opened, Facility should follow manufacturer/supplier guidelines with respect to expiration dated for opened medications ..." A review of the facility policy "General Dose Preparation and Medication Administration" documented in part, " ...6.2. Dispose of unused medication portions in accordance with Facility policy ..." 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. Reference:	F761		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F761	Continued From page 424 (1). Floranex Lactobacillus: Lactobacillus is a type of bacteria. There are lots of different species of lactobacillus. These are "friendly" bacteria that normally live in our digestive, urinary, and genital systems without causing disease. Lactobacillus is also in some fermented foods like yogurt and in dietary supplements. Lactobacillus is taken by mouth to treat and prevent diarrhea, including infectious types such as rotaviral diarrhea in children and traveler's diarrhea. It is also taken to prevent and treat diarrhea linked with using antibiotics. This information was obtained from the following website: https://medlineplus.gov/druginfo/natural/790.html	F761		
F770 SS=D	Laboratory Services CFR(s): 483.50(a)(1)(i) 483.50(a) Laboratory Services. 483.50(a)(1) The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. (i) If the facility provides its own laboratory services, the services must meet the applicable requirements for laboratories specified in part 493 of this chapter. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to perform PT/INRs per the manufacturer's instructions for two of 72 residents in the survey sample, Resident #189 and #8. The facility staff failed to ensure the test strip lot number and the quality control checks were acceptable or if an error message came up on the CoaguChek XS	F770	F770 Resident #189: No negative outcome occurred as a result of this practice. A stat PT/INR was ordered and a revised Coumadin log was initiated for the resident corresponding physician orders were transcribed into the EMR Resident #8: No negative outcome occurred as a result of this practice. A stat PT/INR was ordered and a revised Coumadin log was initiated for the resident corresponding physician orders were transcribed into the EMR Residents receiving Coumadin have the potential to be affected. DON or designee will educate licensed nursing staff on the coagucheck process and accurate documentation on the tracking log.	9/20/19

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F770	Continued From page 425 machine for Resident #189's PT/INR laboratory tests completed on 3/6/19, 4/11/19, 5/8/19, and 5/10/19, and for Resident #8's PT/INR test completed on 5/15/19. The findings include: 1. The facility staff failed to ensure the test strip, lot number and the quality control checks were acceptable or if an error message came up on the CoaguChek XS machine for Resident #189's PT/INR tests completed on 3/6/19, 4/11/19, 5/8/19, and 5/10/19. Resident #189 was admitted to the facility on 9/16/17 with recent readmission on 7/16/19, with diagnoses that included but were not limited to: mechanical heart valve, stroke, high blood pressure and atrial fibrillation. (Atrial fibrillation is a condition characterized by rapid and random contraction of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria) (1). The most recent MDS (minimum data set) assessment, a Medicare five day admission, with an assessment reference date of 7/23/19, coded the resident as scoring an "11" on the BIMS (brief interview for mental status score) indicating the resident was moderately impaired to make daily decisions. In Section N - Medications, the resident was coded as receiving an anticoagulant for the seven days of the look back period. "Prothrombin time (PT) is a blood test that measures the time it takes for the liquid portion (plasma) of your blood to clot." "PT is measured in seconds. Most of the time, results are given as what is called INR (international normalized	F770	DON or designee will conduct employee competencies on use of the coagucheck xs machine with licensed nursing staff. An audit of residents receiving Coumadin will be conducted for accuracy and completion. DON or designee will conduct observations of return demonstration on 2 nurses 5 days a week for 1 week, 3 days a week for 2 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 variances will be corrected and additional education or counseling will be provided as needed Any concerns will be reported to the quality assurance committee monthly until resolved. Continued compliance will be monitored through the facility's quality assurance program. Additional education and monitoring will be initiated for any identified concerns. Completion Date: September 20, 2019	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F770	Continued From page 426 ratio)." "The most common reason to perform this test is to monitor your levels when you are taking a blood-thinning medicine called warfarin. You are likely taking this medicine to prevent blood clots. Normal Results: PT is measured in seconds. Most of the time, results are given as what is called INR (international normalized ratio). If you are taking warfarin to prevent blood clots, your provider will most likely, choose to keep your INR between 2.0 and 3.0." (2) The "Anticoagulant Record" was reviewed for Resident #189 from 7/19/18 through 7/29/19. The "Anticoagulant Record" dated 3/6/19, documented the PT/INR was tested for Resident #189. The Record failed to document anything under the columns, Test strip Lot #, Quality Control Test - Successful QC (quality control) or Error Noted. The "Anticoagulant Record" dated 4/11/19, documented the PT/INR was tested for Resident #189. The Record failed to document anything under the columns, Test strip Lot #, Quality Control Test - Successful QC (quality control) or Error Noted. The "Anticoagulant Record" dated 5/8/19, documented the PT/INR was tested for Resident #189. The Record failed to document anything under the columns, Test completed by, Test strip Lot #, Quality Control Test - Successful QC (quality control) or Error Noted.. The "Anticoagulant Record" dated 5/10/19, documented the PT/INR was tested for Resident #189. The Record failed to document anything under the columns, Test completed by, Test strip Lot #, Quality Control Test - Successful QC (quality control) or Error Noted..	F770		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F770	Continued From page 427 An interview was conducted with administrative staff member (ASM) #3, the director of nursing, on 8/5/19 at 2:30 p.m. When asked about the process for the CoaguChek machine and the quality control checks, ASM #3 stated the quality control checks have to be done with every test. The nurse has to ensure that the strips match the chip in the machine and document it. When asked what blanks on the flow sheet mean, ASM #3 stated, "It's either not done or not documented." 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. 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 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."	F770		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F770	Continued From page 428 ASM #1, the administrator, ASM #2, the regional clinical coordinator, and ASM #3, the director of nursing, were made aware of the above concern on 8/6/19 at 5:19 p.m. No further information was provided prior to exit. (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55. (2) This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3aproject=medlineplus&v%3asources=medlineplus-bundle&query=laboratory%20tests%20for%20PT%20calculation%20of%20INR& 2. The facility staff failed to ensure the test strip, lot number and the quality control checks were acceptable or if an error message came up on the CoaguChek XS machine PT/INR test completed on 5/15/19 for Resident #8's. Resident # 8 was admitted to the facility on 08/14/2015 and a readmission on 01/08/2019 with diagnoses that included but were not limited to: deep vein thrombosis (1), other specified disorders of veins and high cholesterol. Resident # 8's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/19/19, coded Resident # 8 as scoring a seven on the brief interview for mental status (BIMS) of a score of 0 - 15, seven - being severely impaired of cognition for making daily decisions. Section N	F770		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F770	Continued From page 429 an anticoagulant in the past seven days. The "Anticoagulant Record" was reviewed for Resident # 8 from 06/28/2018 through 07/31/2019. The "Anticoagulant Record" dated 05/15/2019, documented the PT(Prothrombin time (2))/INR was tested for Resident # 8. The record failed to document anything under the columns, Test strip Lot #, Quality Control Test - Successful QC (quality control) or Error Noted. An interview was conducted with administrative staff member (ASM) #3, the director of nursing, on 8/5/19 at 2:30 p.m. When asked the process for the CoaguChek machine and the quality control checks, ASM #3 stated the quality control checks have to be done with every test. The nurse has to ensure that the strips match the chip in the machine and document it. When asked what blanks on the flowsheet ["Anticoagulant Record"] mean, ASM #3 stated, "It's either not done or not documented." 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: (1) DVT (deep vein thrombosis: This information was obtained from the website: https://medlineplus.gov/ency/article/000156.htm. (2) This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-	F770		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F770	Continued From page 430 bin/query-meta?v%3aproject=medlineplus&v%3asources=medlineplus-bundle&query=laboratory%20tests%20for%20PT%20calculation%20of%20INR&	F770		
F773 SS=E	Lab Srvcs Physician Order/Notify of Results CFR(s): 483.50(a)(2)(i)(ii) 483.50(a)(2) The facility must- (i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. (ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility document review, and clinical record review, the facility staff failed to obtain a physician order prior to obtaining laboratory tests, for five of 9 sampled residents receiving Coumadin, in the survey sample of 74 residents, (Residents #189, #8, #116 #527 and #45), and staff failed to notify the physician, of a laboratory result below the identified therapeutic goal for one, of the 9 reviewed, residents (Resident #189). The findings include: 1. The facility staff failed to obtain a physician order prior to drawing a PT/INR on 7/31/18 and 8/29/18, and failed to notify the physician or	F773	F773 Resident #189: No negative outcome occurred as a result of this practice. A stat PT/INR was ordered and a revised Coumadin log was initiated for the resident corresponding physician orders were transcribed into the EMR. Resident #8: No negative outcome occurred as a result of this practice. A stat PT/INR was ordered and a revised Coumadin log was initiated for the resident corresponding physician orders were transcribed into the EMR. Resident #116: No longer resides in the facility. Resident #527: No longer resides in the facility. Resident #45: No negative outcome occurred as a result of this practice. A stat PT/INR was ordered and a revised Coumadin log was initiated for the resident corresponding physician orders were transcribed into the EMR. Residents who receive Coumadin have the potential to be affected. DON or designee will educate licensed	9/20/19

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 431 nurse practitioner of a PT/INR result below the documented therapeutic range for management of Resident #189's Coumadin (anticoagulant medication) dosage, a high-risk medication on 5/4/19. Resident #189 was admitted to the facility on 9/16/17, with a most recent readmission on 7/16/19 with diagnoses that included but were not limited to mechanical heart valve, stroke, high blood pressure and atrial fibrillation. (Atrial Fibrillation is a condition characterized by rapid and random contraction of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria). [1] The most recent MDS (minimum data set) assessment, a Medicare five day admission, with an assessment reference date of 7/23/19, coded the resident as scoring an "11" on the BIMS (brief interview for mental status score) indicating the resident was moderately impaired to make daily decisions. In Section N - Medications, the resident was coded as receiving an anticoagulant for the seven days of the look back period. "Prothrombin time (PT) is a blood test that measures the time it takes for the liquid portion (plasma) of your blood to clot." "PT is measured in seconds. Most of the time, results are given as what is called INR (international normalized ratio)."[2] Warfarin (also known by the brand names Coumadin and..) is a blood thinner prescribed to prevent and treat blood clots. Warfarin therapy may be prescribed for patients with certain types of irregular heartbeat, blood clots in the legs or lungs, and patients who have certain medical	F773	nursing staff on the new anticoagulant therapy process and obtaining and transcribing physician orders. DON or designee will audit residents receiving Coumadin for PT/INR lab orders. DON or designee will monitor Coumadin logs 5 times a week for 1 week, 3 times a week for 2 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 committee monthly until resolved. Continued compliance will be monitored through the facilitys quality assurance program. Additional education and monitoring will be initiated for any identified concerns. Completion Date: September 20, 2019	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 432 device implants such as artificial heart valves. Warfarin must be monitored to ensure it is working effectively and being used safely. Achieving the correct warfarin dosage can be difficult but is extremely important. If the dose of warfarin is too low, the patient is at risk of developing harmful blood clots. If the dose of warfarin is too high, the patient may be at risk of serious bleeding. An INR [International normal ratio] target range is set by a health care provider. It is typically between 2.0 and 3.0 for basic blood-thinning needs, though the range may vary based on a patient's specific conditions. An INR above the patient-specific target range may increase the risk of bleeding, while an INR below the target range may increase the risk of developing a blood clot. [3] The comprehensive care plan dated, 12/19/18 and revised on 3/7/19, documented in part, "Focus: (Resident #189) is at risk for abnormal bleeding/bruising R/T (related to) medication use, anticoagulant diagnosis of A-Fib (atrial fibrillation), stroke." The "Interventions" documented in part, "Administer medications as ordered. Observe for ineffectiveness and side effects, report abnormal findings to the physician. Obtain labs (laboratory) and diagnostics as ordered and report abnormal findings to the physician." The "Anticoagulant Record" dated 7/31/18, documented the INR level as 2.1, below the therapeutic range. There was no physician order on the "Anticoagulant Record" or the electronic medical record for the test to be completed on 7/31/18. This INR was completed without a physician order. The "Anticoagulant Record" dated 8/29/18, documented the INR level as 3.5. There was no	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 433 physician order or physician directive to do the test on 8/29/18. This INR was completed without a physician's order. The previous physician directive of 8/28/18, documented to recheck 8/30/18. Review of the clinical record revealed Nurse practitioner notes dated, 8/10/18, and 6/26/19, that in part documented Resident #189's INR goal for the administration of Coumadin was: " ...goal 2.5 - 3.5 ....." The physician order dated, 5/2/19 in the EMR (electronic medical record) documented, "Coumadin 5.5 mg, give by mouth every evening." The "Anticoagulant Record" dated, 5/4/19, documented Resident #189's current Coumadin dose of 5.5 mg, INR 2.3 [below the documented INR goal of 2.5-3.5 placing the resident at risk for blood clots]. Further review of the "Anticoagulant Record" revealed the column under "Doctor Notified: Date & Initials" was blank. Review of the clinical record failed to evidence a nurse's note, a physician order or a physician/nurse practitioner note for 5/4/19, or any documentation the physician was notified of the PT/INR result that was below the documented therapeutic goal for Resident #189's INR. An interview was conducted with RN (Registered nurse) #8 on 8/6/19 at 3:12 p.m. When asked if a nurse can obtain a laboratory test without a physician order, RN #8 stated, "No, Ma'am. Nurses have to get an order to perform any laboratory test." RN #8 was shown the "Anticoagulant Record" for Resident #189 for 5/4/19. When asked what the blank indicated on	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 434 the "Anticoagulant Record" on 5/4/19, RN #8 stated, "If it's not documented, it wasn't done." RN #8 reviewed the nurse's notes dated 5/4/19. She confirmed there was no nurse's notes to document the physician was notified of Resident #189's INR that was below the residents identified goal for the administration of Coumadin. The facility policy, "PT/INR: Using the Coaguchek XS System" documented in part, "Procedure: 1. Verify the physician's order." ASM #1, the administrator, ASM #2, the regional clinical coordinator, and ASM #3, the director of nursing were made aware of all of the above concerns on 8/6/19 at 5:19 p.m. No further information was provided prior to exit. [1] Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55. [2] This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3aproject=medlineplus&v%3asources=medlineplus-bundle&query=laboratory%20tests%20for%20PT%20calculation%20of%20INR& [3] https://www.fda.gov/medical-devices/vitro-diagnostics/warfarin-inr-test-meters 2. The staff obtained a PT/INR (prothrombin time (1) / international normalized ratio) (2) for Resident #8 on 11/12/18 without a physician order or documented directive.	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 435 08/14/2015 and a readmission on 01/08/2019 with diagnoses that included but were not limited to: deep vein thrombosis (3), other specified disorders of veins and high cholesterol. Resident # 8's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/19/19, coded Resident # 8 as scoring a seven on the brief interview for mental status (BIMS) of a score of 0 - 15, seven - being severely impaired of cognition for making daily decisions. Section N "Medications" coded Resident # 8 as receiving an anticoagulant in the past seven days. The comprehensive care plan for Resident # 8 dated 02/05/2019 documented, "Need. (Resident # 8) is at risk for abnormal bleeding/bruising R/T (related to): medication use. Anticoagulant. Hx (history) of GI (gastrointestinal) bleeding." Under "Interventions" it documented in part, "Administer medications as ordered. Observe for effectiveness and side effects, report abnormal findings to the physician. Date initiated: 02/05/2019, Obtain labs (laboratory tests) and diagnostics as ordered and report abnormal findings to the physician. Date initiated 02/05/2019." The facility's "Nurse Practitioner's Note" for Resident # 8 dated 11/09/18 and signed by ASM (administrative staff member) # 7, nurse practitioner, at 12:45 p.m. documented in part, "HPI (History of Present Illness): ATSP (Asked To See Patient) for lab (laboratory) review. Male patient on Coumadin for DVT. INR: 3.5. Goal 2-3 (two to three). On 6 (six) mg daily. No s/sx (signs or symptoms) of bleeding." Under "A/P (Assessment/Plan)" it documented, "Leg DVT - Stable. INR elevated. Hold Coumadin x1 (times	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 437 (1) A blood test that measures the time it takes for the liquid portion (plasma) of your blood to clot. This information was obtained from the website: https://medlineplus.gov/ency/article/003652.htm. (2) International normalized ratio (INR) is the preferred test of choice for patients taking vitamin K antagonists (VKA). It can also be used to assess the risk of bleeding or the coagulation status of the patients. Patients taking oral anticoagulants are required to monitor INR to adjust the VKA doses because these vary between patients. The INR is derived from prothrombin time (PT) which is calculated as a ratio of the patient's PT to a control PT standardized for the potency of the thromboplastin reagent developed by the World Health Organization (WHO) using the following formula: This information was obtained from the website: https://www.ncbi.nlm.nih.gov/books/NBK507707/ . (3) A condition that occurs when a blood clot forms in a vein deep inside a part of the body. It mainly affects the large veins in the lower leg and thigh, but can occur in other deep veins such as in the arms and pelvis. This information was obtained from the website: https://medlineplus.gov/ency/article/000156.htm. 3. The facility staff failed to obtain a physician/NP (nurse practitioner) order/directive prior to obtaining a PT/INR (1) for Resident #116 on 6/14/19 and 6/18/19. Resident #116 was admitted to the facility on 6/4/19. Resident #116's diagnoses included but were not limited to muscle weakness and	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 439 LPN #1 stated she did not work 6/8/19 but on 6/10/19, she noticed Resident #116's PT/INR was not obtained on 6/8/19 because the columns on the anticoagulant record for that date was blank. LPN #1 stated she obtained a PT/INR on 6/10/19 and made the NP (nurse practitioner) aware the PT/INR was not done on 6/8/19. In regards to 6/14/19, LPN #1 confirmed a PT/INR was not obtained on that date although the physician/NP gave a directive to do so in the anticoagulant record. LPN #1 stated a PT/INR was then obtained on 6/18/19 and the NP was made aware. LPN #1 was asked if nurses are supposed to obtain PT/INRs per the physician/NP directives in the anticoagulant record and stated, "Yes. It's nurses' responsibility to check the log (anticoagulant record) daily." On 8/6/19 at 11:25 a.m., ASM #1 (the administrator), ASM #2 (the regional clinical coordinator) and ASM #3 (the director of nursing) were made aware of the above concern. No further information was presented prior to exit. (1) "Prothrombin time (PT) is a blood test that measures the time it takes for the liquid portion (plasma) of your blood to clot." This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3aproject=medlineplus&v%3asources=medlineplus-bundle&query=laboratory%20tests%20for%20PT%20calculation%20of%20INR& 4. The facility staff failed to obtain an order for a	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 441 no documented evidence on Resident #527's of a directive from the physician/NP to obtain this laboratory test on 7/22/19. A review of Resident #527's EHR (electronic health record) for July 2019 revealed there was no provider's order for this PT/INR on 7/22/19. On 8/1/19 at 3:15 p.m., LPN #3 was interviewed. She reviewed Resident # 527's Anticoagulant Records, providers' orders and TAR (treatment administration record), laboratory administration record, and MAR for July 2019. When asked if she could see evidence that a provider's order or directive had been written for the 7/22/19 PT/INR performed for Resident #527, she stated she could not. On 8/6/19 at 11:15 a.m., ASM (administrative staff member) #1, the administrator, ASM #2, the regional clinical coordinator, and ASM #3, the director of nursing, were informed of these concerns. (1) Coumadin (generic name Warfarin). This information is taken from the National Institutes of Health website https://medlineplus.gov/druginfo/meds/a682277.html. (2) "Prothrombin time (PT). This information is taken from the National Institutes of Health website https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5569083/. [4] "Thrombosis is the medical term for the formation of a blood clot in a blood vessel. In deep vein thrombosis (DVT), the blood clot forms in one of the larger, deeper veins that run	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 432 device implants such as artificial heart valves. Warfarin must be monitored to ensure it is working effectively and being used safely. Achieving the correct warfarin dosage can be difficult but is extremely important. If the dose of warfarin is too low, the patient is at risk of developing harmful blood clots. If the dose of warfarin is too high, the patient may be at risk of serious bleeding. An INR [International normal ratio] target range is set by a health care provider. It is typically between 2.0 and 3.0 for basic blood-thinning needs, though the range may vary based on a patient's specific conditions. An INR above the patient-specific target range may increase the risk of bleeding, while an INR below the target range may increase the risk of developing a blood clot. [3] The comprehensive care plan dated, 12/19/18 and revised on 3/7/19, documented in part, "Focus: (Resident #189) is at risk for abnormal bleeding/bruising R/T (related to) medication use, anticoagulant diagnosis of A-Fib (atrial fibrillation), stroke." The "Interventions" documented in part, "Administer medications as ordered. Observe for ineffectiveness and side effects, report abnormal findings to the physician. Obtain labs (laboratory) and diagnostics as ordered and report abnormal findings to the physician." The "Anticoagulant Record" dated 7/31/18, documented the INR level as 2.1, below the therapeutic range. There was no physician order on the "Anticoagulant Record" or the electronic medical record for the test to be completed on 7/31/18. This INR was completed without a physician order. The "Anticoagulant Record" dated 8/29/18, documented the INR level as 3.5. There was no	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 433 physician order or physician directive to do the test on 8/29/18. This INR was completed without a physician's order. The previous physician directive of 8/28/18, documented to recheck 8/30/18. Review of the clinical record revealed Nurse practitioner notes dated, 8/10/18, and 6/26/19, that in part documented Resident #189's INR goal for the administration of Coumadin was: " ...goal 2.5 - 3.5 ....." The physician order dated, 5/2/19 in the EMR (electronic medical record) documented, "Coumadin 5.5 mg, give by mouth every evening." The "Anticoagulant Record" dated, 5/4/19, documented Resident #189's current Coumadin dose of 5.5 mg, INR 2.3 [below the documented INR goal of 2.5-3.5 placing the resident at risk for blood clots]. Further review of the "Anticoagulant Record" revealed the column under "Doctor Notified: Date & Initials" was blank. Review of the clinical record failed to evidence a nurse's note, a physician order or a physician/nurse practitioner note for 5/4/19, or any documentation the physician was notified of the PT/INR result that was below the documented therapeutic goal for Resident #189's INR. An interview was conducted with RN (Registered nurse) #8 on 8/6/19 at 3:12 p.m. When asked if a nurse can obtain a laboratory test without a physician order, RN #8 stated, "No, Ma'am. Nurses have to get an order to perform any laboratory test." RN #8 was shown the "Anticoagulant Record" for Resident #189 for 5/4/19. When asked what the blank indicated on	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 434 the "Anticoagulant Record" on 5/4/19, RN #8 stated, "If it's not documented, it wasn't done." RN #8 reviewed the nurse's notes dated 5/4/19. She confirmed there was no nurse's notes to document the physician was notified of Resident #189's INR that was below the residents identified goal for the administration of Coumadin. The facility policy, "PT/INR: Using the Coaguchek XS System" documented in part, "Procedure: 1. Verify the physician's order." ASM #1, the administrator, ASM #2, the regional clinical coordinator, and ASM #3, the director of nursing were made aware of all of the above concerns on 8/6/19 at 5:19 p.m. No further information was provided prior to exit. [1] Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 55. [2] This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3aproject=medlineplus&v%3asources=medlineplus-bundle&query=laboratory%20tests%20for%20PT%20calculation%20of%20INR& [3] https://www.fda.gov/medical-devices/vitro-diagnostics/warfarin-inr-test-meters 2. The staff obtained a PT/INR (prothrombin time (1) / international normalized ratio) (2) for Resident #8 on 11/12/18 without a physician order or documented directive.	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 435 08/14/2015 and a readmission on 01/08/2019 with diagnoses that included but were not limited to: deep vein thrombosis (3), other specified disorders of veins and high cholesterol. Resident # 8's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/19/19, coded Resident # 8 as scoring a seven on the brief interview for mental status (BIMS) of a score of 0 - 15, seven - being severely impaired of cognition for making daily decisions. Section N "Medications" coded Resident # 8 as receiving an anticoagulant in the past seven days. The comprehensive care plan for Resident # 8 dated 02/05/2019 documented, "Need. (Resident # 8) is at risk for abnormal bleeding/bruising R/T (related to): medication use. Anticoagulant. Hx (history) of GI (gastrointestinal) bleeding." Under "Interventions" it documented in part, "Administer medications as ordered. Observe for effectiveness and side effects, report abnormal findings to the physician. Date initiated: 02/05/2019, Obtain labs (laboratory tests) and diagnostics as ordered and report abnormal findings to the physician. Date initiated 02/05/2019." The facility's "Nurse Practitioner's Note" for Resident # 8 dated 11/09/18 and signed by ASM (administrative staff member) # 7, nurse practitioner, at 12:45 p.m. documented in part, "HPI (History of Present Illness): ATSP (Asked To See Patient) for lab (laboratory) review. Male patient on Coumadin for DVT. INR: 3.5. Goal 2-3 (two to three). On 6 (six) mg daily. No s/sx (signs or symptoms) of bleeding." Under "A/P (Assessment/Plan)" it documented, "Leg DVT - Stable. INR elevated. Hold Coumadin x1 (times	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 436 one day) and recheck tomorrow." The Physician's telephone order documented, "Created Date: 11/9/18 at 17:14 (5:14 p.m.) Communication method: Phone." Documented "Order Summary: Coumadin Tablet 6 MG [milligram] (Warfarin Sodium) Give 6 MG by mouth in the evening for anticoagulant therapy Discontinue 11/9/18 17:14 (5:14 p.m.) Discontinue Date/Reason: on hold Confirmed By: name of (Licensed Practical Nurse)." A second physicians order date 11/9/2018 at 17:15 (5:15 p.m.) documented, "Order Summary: check pt/inr on sat [Saturday] 11/10/18 one time only for coumadin use 1 day." The next completed PT INR for Resident #8 was not obtained until 11/12/19. The Anticoagulant Record documented on 11/12/18, under "Anticoagulant Drug and Dose" (a zero with a line trough it) medication (Coumadin), PT 15.6, INR: 1.3". Under "Action Taken by Physician: "Coumadin 5.5 mg daily. Recheck 11/15/18." An interview was conducted with RN (Registered nurse) #8 on 8/6/19 at 3:12 p.m. When asked if a nurse can obtain a laboratory test without a physician order, RN #8 stated, "No, Ma'am. Nurses have to get an order to perform any laboratory test." 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:	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 437 (1) A blood test that measures the time it takes for the liquid portion (plasma) of your blood to clot. This information was obtained from the website: https://medlineplus.gov/ency/article/003652.htm. (2) International normalized ratio (INR) is the preferred test of choice for patients taking vitamin K antagonists (VKA). It can also be used to assess the risk of bleeding or the coagulation status of the patients. Patients taking oral anticoagulants are required to monitor INR to adjust the VKA doses because these vary between patients. The INR is derived from prothrombin time (PT) which is calculated as a ratio of the patient's PT to a control PT standardized for the potency of the thromboplastin reagent developed by the World Health Organization (WHO) using the following formula: This information was obtained from the website: https://www.ncbi.nlm.nih.gov/books/NBK507707/ . (3) A condition that occurs when a blood clot forms in a vein deep inside a part of the body. It mainly affects the large veins in the lower leg and thigh, but can occur in other deep veins such as in the arms and pelvis. This information was obtained from the website: https://medlineplus.gov/ency/article/000156.htm. 3. The facility staff failed to obtain a physician/NP (nurse practitioner) order/directive prior to obtaining a PT/INR (1) for Resident #116 on 6/14/19 and 6/18/19. Resident #116 was admitted to the facility on 6/4/19. Resident #116's diagnoses included but were not limited to muscle weakness and	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 438 (blood clot) of unspecified deep veins of left lower extremity. Resident #116's most recent MDS (minimum data set), a 30 day Medicare assessment with an ARD (assessment reference date) of 7/2/19, coded the resident as being cognitively intact. Section N coded Resident #116 as having received an anticoagulant (blood thinning) medication seven out of the last seven days. Resident #116's comprehensive care plan dated 6/14/19 documented, "(Name of Resident 116) is at risk for abnormal bleeding/bruising R/T (related to) Anticoagulant use...Obtain labs [laboratory] and diagnostics as ordered..." Review of Resident #116's anticoagulant record (a tracking flowsheet utilized by facility staff and used for Coumadin monitoring that includes the date, current anticoagulant drug and dose, PT/INR, name of the nurse who completed the PT/INR, the test strip lot number, quality control test for the machine used to test for the PT/INR, the date the physician was notified and action taken by the physician) for June 2019 revealed PT/INRs were supposed to be obtained per physician/NP (nurse practitioner) directive on 6/8/19 and 6/14/19 and were not. Instead, PT/INRs were obtained on 6/10/19 and 6/18/19 (in place of 6/8/19 and 6/14/19). Further review of Resident #116's anticoagulant record and physician's orders for the month of June 2019 failed to reveal physician/NP directives/orders for PT/INRs to be obtained on 6/14/19 or 6/18/19. On 8/6/19 at 10:54 a.m., Resident #116's anticoagulant record was reviewed with LPN (licensed practical nurse) #1. LPN #1 stated nurses are supposed to check the anticoagulant records every day at the beginning of the shift.	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 439 LPN #1 stated she did not work 6/8/19 but on 6/10/19, she noticed Resident #116's PT/INR was not obtained on 6/8/19 because the columns on the anticoagulant record for that date was blank. LPN #1 stated she obtained a PT/INR on 6/10/19 and made the NP (nurse practitioner) aware the PT/INR was not done on 6/8/19. In regards to 6/14/19, LPN #1 confirmed a PT/INR was not obtained on that date although the physician/NP gave a directive to do so in the anticoagulant record. LPN #1 stated a PT/INR was then obtained on 6/18/19 and the NP was made aware. LPN #1 was asked if nurses are supposed to obtain PT/INRs per the physician/NP directives in the anticoagulant record and stated, "Yes. It's nurses' responsibility to check the log (anticoagulant record) daily." On 8/6/19 at 11:25 a.m., ASM #1 (the administrator), ASM #2 (the regional clinical coordinator) and ASM #3 (the director of nursing) were made aware of the above concern. No further information was presented prior to exit. (1) "Prothrombin time (PT) is a blood test that measures the time it takes for the liquid portion (plasma) of your blood to clot." This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3aproject=medlineplus&v%3asources=medlineplus-bundle&query=laboratory%20tests%20for%20PT%20calculation%20of%20INR& 4. The facility staff failed to obtain an order for a	F773		

STATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 440 normalized ratio) laboratory test completed on 7/22/19 for Resident #527. Resident #527 was admitted to the facility on 7/12/19 with diagnoses including, but not limited to: broken rib, broken arm, broken hip which had been repaired by recent surgery, and a history of a DVT (deep vein thrombosis) (4) and PE (pulmonary embolism) (5). On the most recent MDS (Minimum Data Set), an admission assessment with an ARD (assessment reference date) of 7/19/19, Resident #527 was coded as being severely cognitively impaired for daily decision making, having scored 3 out of 15 on the BIMS (brief interview for mental status). In Section N of this assessment, she was coded as receiving an anticoagulant on all seven days of the look back period. On 8/6/19 at 10:20 a.m., Resident #527 was observed in the therapy gym. Both arms were covered with clothing. There were no bruises or wounds visible on her hands. A review of the physician/NP recertification progress notes for Resident #527 for 7/12/19 until the survey dates failed to reveal any identification of a therapeutic range goal for Resident #527's PT/INR [2] blood test results for the administration of Coumadin (anticoagulant medication) [1] to the resident. Review of Resident #527's Anticoagulant Record revealed on 7/17/19 that the in part documented in the column "Action Taken by Physician," the record documented "3 mg QD (every day). Re [check] [PT/INR] 7/20." The next entry on the "Anticoagulant Record" was dated 7/22/19. The entry documented the resident's PT/INR on as 30.5/2.5 (6). There was	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 441 no documented evidence on Resident #527's of a directive from the physician/NP to obtain this laboratory test on 7/22/19. A review of Resident #527's EHR (electronic health record) for July 2019 revealed there was no provider's order for this PT/INR on 7/22/19. On 8/1/19 at 3:15 p.m., LPN #3 was interviewed. She reviewed Resident # 527's Anticoagulant Records, providers' orders and TAR (treatment administration record), laboratory administration record, and MAR for July 2019. When asked if she could see evidence that a provider's order or directive had been written for the 7/22/19 PT/INR performed for Resident #527, she stated she could not. On 8/6/19 at 11:15 a.m., ASM (administrative staff member) #1, the administrator, ASM #2, the regional clinical coordinator, and ASM #3, the director of nursing, were informed of these concerns. (1) Coumadin (generic name Warfarin). This information is taken from the National Institutes of Health website https://medlineplus.gov/druginfo/meds/a682277.html. (2) "Prothrombin time (PT). This information is taken from the National Institutes of Health website https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5569083/. [4] "Thrombosis is the medical term for the formation of a blood clot in a blood vessel. In deep vein thrombosis (DVT), the blood clot forms in one of the larger, deeper veins that run	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 442 https://www.ncbi.nlm.nih.gov/books/NBK425364/ . [5] "A pulmonary embolism (PE) is a sudden blockage in a lung artery. It usually happens when a when a blood clot breaks loose and travels through the bloodstream to the lungs." This information is taken from the National Institutes of Health website https://medlineplus.gov/pulmonaryembolism.html. 5. The facility staff completed a PT (prothrombin time)/INR (international normalized ratio) laboratory test on 8/31/19 for Resident #45 without an order or documented directive for the laboratory test. Resident #45 was admitted to the facility on 12/14/13, with diagnoses that included, but not limited to, a history of a stroke, and the presence of a prosthetic (artificial) heart valve. On the most recent MDS (Minimum Data Set), a quarterly assessment with the ARD (assessment reference date) of 5/6/19, Resident #45 was coded as having no cognitive impairment for daily decision making, having scored 15 on the BIMS (brief interview for mental status). In section N of this assessment, he was coded as having received an anticoagulant on all seven days of the look back period. On 8/6/19 at 10:15 a.m., Resident #45 was observed lying on his back in bed. His eyes were closed. There was no bruising and there were no wounds visible on his skin. A review of the physician/NP recertification progress notes for Resident #45 from November 2018 through June 2019 failed to reveal any	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 443 Resident #45's PT/INR [2] blood test results for administration of Coumdain [1]. A review of Resident #45's Anticoagulant Record revealed an entry on 8/1/18. In the column "Action Taken by Physician," the record documented the resident's PT/INR on 8/1/18 as 29.8/2.5. Under the "Action Taken by Physician", the following was documented, "[No change]. Re [check] [PT/INR] in 3." A review of Resident #45's nurses' note dated 8/2/18 revealed, in part, the following: "New order for Coumadin (sic) 5mg recheck PT/INR IN 3 WEEKS left message for RP (responsible party)." The next entry on the Anticoagulant Record was dated 8/22/18. There was no information in any of the columns for this date; the entire line was blank. Further review of the Anticoagulant Record revealed an entry on 8/31/18 the Anticoagulant Record documented in part, the residents PT/INR as "96/8". Under "Action Taken by Physician on 8/31/18: "hold X 4d (days) recheck on 9/4." The INR was obtained as directed on 9/4/18. A review of the EHR (electronic health record) for August 2018 for Resident #45 revealed no evidence that the PT/INR directed by the physician/NP on 8/1/18 on the Anticoagulation record, and documented in the 8/2/18 nurses' note, was ever completed on 8/22/18. This record review revealed no evidence that the physician/NP directive to perform a PT/INR on 8/22/18 was transcribed as an order into the EHR and there was no documented order to obtain the PT/INR on 8/31/19. On 8/6/19 at 10:25 a.m., LPN (licensed practical	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 444 nurse) #1 was interviewed regarding these findings and sked if she could locate an order for the PT/INR test completed on 8/31/19. LPN #1 reviewed Resident #45's Anticoagulant Record, providers' orders, and laboratory test records for August 2018. She stated that, in looking at the Anticoagulant Flow Sheet, it appeared that on 8/31/18, she was caring for Resident #45 and realized the 8/22/18 PT/INR had not been done, and she went ahead and performed the test on 8/31/18. On 8/6/19 at 11:15 a.m., ASM (administrative staff member) #1, the administrator, ASM #2, the regional clinical coordinator, and ASM #3, the director of nursing, were informed of these concerns. (1) Coumadin (generic name Warfarin) - "Warfarin is used to prevent blood clots from forming or growing larger in your blood and blood vessels. This information is taken from the National Institutes of Health website https://medlineplus.gov/druginfo/meds/a682277.html. "Coumadin: Maintaining Clotting Profiles: Prothrombin time (PT) and international normalized ratio (INR) are the coagulation tests used to monitor the anticoagulation effects of Coumadin. The patient's INR should be 2 to 3.5 times the control. Note: the desired levels of the INR are determined by the health care provider. Obtain PT/INR levels daily or as ordered. Coumadin dose will be adjusted to achieve the desired level of anticoagulation. Preventing Bleeding: Have on hand the antidotes to reverse anticoagulants being used: Warfarin-phytonadione (vitamin K, AquaMEPHYTON). Patient Education and Health Maintenance: Instruct patient about	F773		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F773	Continued From page 445 carefully and take medications exactly as prescribed; if a dose is missed, do NOT double up dose". This information is taken from Lippincott Manual of Nursing Practice. (2) "Prothrombin time (PT). This information is taken from the National Institutes of Health website https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5569083/.	F773		
F812 SS=F	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) 483.60(i) Food safety requirements. The facility must - 483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. 483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and facility document review it was determined facility staff failed to store and server food in a	F812	Ftag 812 Expired items have been removed and disposed of. No negative outcome has occurred as a result of this practice. The slicer has been cleaned. No negative outcome has occurred as a result of this practice. The mixer has been cleaned. No negative outcome has occurred as a result of this practice. Dietary staff is covering their moustaches. No negative outcome has occurred as a result of this practice. Residents who are currently in the facility have the potential to be affected. NHA or designee will educate the dietary manager and dietary department on identifying expired food and disposing of it, cleaning the slicer and the mixer, and covering up moustaches.	9/20/19

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F812	Continued From page 446 sanitary manner. Staff failed to dispose of refrigerated and dry goods past their expiration date, failed to ensure proper cleaning of the stand mixer and slicer, and served food without properly covering facial hair. The findings include: On 07/30/19 at approximately 11:30 a.m., an observation of the facility's kitchen was conducted with OSM (other staff member) # 3, dietary manager. An observation of the kitchen area revealed three containers of 32oz (ounce) nectar milk with an expiration date of 7/27/19, located in the reach in refrigerator in the kitchen service area. Two of the containers were not opened and one was opened with approximately two-thirds of its contents inside. The opened container was dated 2/26/19; OSM # 3 stated that 2/26/19 was the date it was taken out of the box. OSM # 3 immediately removed the expired containers. An opened one-gallon bottle of teriyaki sauce was observed in the refrigerator with approximately one-quarter cup left in the bottle, there was no opened, use by, or manufacturer's expiration date noted on the bottle. A one pound stick of butter was observed opened in its packaging with approximately one-half left, there was no opened or use by date observed on the box, OSM # 3 stated that it should be dated. Further observation of the kitchen revealed a stand mixer marked ready for use. Upon inspection of the mixer, food residue was noted on the attachment shaft and body of the mixer. OSM # 3 confirmed it was food residue by wiping the residue off with his finger and a cleaning wipe. A deli slicer was observed	F812	Dietary manager or designee will audit food storage areas for expired food, the slicer for cleanliness, and observation of moustaches being covered. Dietary manager or designee will monitor food storage areas, food slicer and mixer for cleanliness, and moustache coverings weekly for 4 weeks. Any variances will be corrected and additional education or counseling will be provided as needed. Any concerns will be reported to the quality assurance committee monthly until resolved. Continued compliance will be monitored through the facility quality assurance program. Additional education and monitoring will be initiated for any identified concerns. Completion Date: September 20, 2019	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F812	Continued From page 447 marked ready for use. Food debris was observed on the handgrip. OSM # 3 agreed that it was food residue on the grip. Observation of the walk in refrigerator revealed on the bottom shelf of a three shelf wire rack three 5 (five) pound bags of lettuce with a best if used by date of 7/25/19. Further observation in the walk in refrigerator revealed a white bucket labeled 25 pound peeled hard cooked eggs with approximately twenty-five percent of the contents inside. The use by date documented on the eggs was 7/29/19. OSM # 3 confirmed they were past their use by date and immediately removed them from the refrigerator. During observation in the kitchen, service area three employees were observed wearing beard guards not covering mustaches. One employee was observed plating food for residents during service, OSM # 3 identified him as a cook. OSM # 3 was observed wearing a beard guard while checking food temperatures, the beard guard did not cover the mustache. OSM # 4, a dietary aide, was observed in the kitchen area loading the tray carts wearing a beard guard not covering the mustache. On 07/31/19 at 12:54 p.m., an interview was conducted with OSM # 3, dietary manager. When asked about the process staff follows for maintaining the mixer and meat slicer in a clean manner OSM # 3 stated that the meat slicer and mixer are cleaned after every use and they are both on a cleaning schedule if not used regularly. When asked if the mixer and meat slicer should have food debris on them when marked ready for use, OSM # 3 stated, "No, they should be cleaned after every use or as needed." When asked about the process of cleaning them OSM # 3 stated that the machine	F812		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F812	Continued From page 448 is taken apart as much as possible, each part is cleaned, washed, rinsed and sanitized. OSM # 3 stated if the parts can go through the dishwasher, they use that. When asked should the mixer and meat slicer be inspected after cleaning, OSM # 3 stated, "They should be inspected after cleaned, the cook or I go back around and check to make sure it is cleaned as it is supposed to be." When asked about the process staff follows to ensure expired products are not available for use OSM # 3 stated, "Every day I go by the reach-in's, walk-in's and check dates. We rotate stock first in, first out." OSM # 3 stated when he is not at the facility someone on his staff is responsible for checking for expiration dates daily. When asked the purpose of this process OSM # 3 stated "So we don't give anyone any expired products, we want to make sure it is safe." When asked about the process staff follows for storing open refrigerated items OSM # 3 stated, "Everything is six inches off the floor, we inspect cold items and frozen items before putting them up, we make sure they are at the correct temperature when they come in. We make sure the floor is clean and check for any spoiled products received." When asked if there is a process for use, beyond the- best used by date OSM # 3 stated, "No, it should be discarded when they reach their use by date. Even if the manufacturer has a best by date, I use the same process, I fall back to that and throw it away." On 07/31/19 at approximately 2:10 p.m., an interview was conducted with OSM # 3, dietary manager. When asked about the facility process staff follows for facial hair in food service, OSM # 3 stated, "We wear a beard	F812		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F812	Continued From page 449 guard." When asked why OSM # 3 stated, "To protect against hair falling in food." When asked if mustache is considered facial hair, OSM # 3 stated, "Technically it is part of facial hair." OSM # 3 immediately had his employees cover their mustaches. The facility policy "Date Marking" documented "All refrigerated, ready-to-eat, potentially hazardous foods prepared and held refrigerated shall be clearly marked at the time of preparation to indicate the date by which the food shall be consumed or discarded. Certain unpackaged food should be clearly marked to indicate the date by which the food must be discarded." Under "Procedure" it is documented, "3. Date marking is required for food that are considered held under refrigeration for more than a cumulative total of 24 hours before service. 9. Discard all foods past their "use-by" date. ServSafe manager (1) guidelines document "Work Attire Guidelines- Hair restraints. Wear a clean hat or other hair restraint when in a food-prep area. This can keep hair from falling into food and onto food-contact surfaces. Food handlers with facial hair should also wear a beard restraint." According to the FDA (Food and Drug Administration) 2017 Food Code: Hair Restraints 2-402.11 Effectiveness. Consumers are particularly sensitive to food contaminated by hair. Hair can be both a direct and indirect vehicle of contamination. Food employees may contaminate their hands when they touch their hair. A hair restraint keeps dislodged hair from ending up in the food and may deter employees from touching their hair.	F812		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F812	Continued From page 450 On 7/31/19 at approximately 6:10 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, regional clinical coordinator and ASM #3, director of nursing were made aware of the findings. No further information was provided prior to exit. Reference: 1. ServSafe manager (7th ed.). (2017). Chicago, IL: National Restaurant Association Solutions, LLC. 2. FDA 2017 Food Code: This information was obtained from the website: https://www.fda.gov/media/110822/download	F812		
F841 SS=E	Responsibilities of Medical Director CFR(s): 483.70(h)(1)(2) 483.70(h) Medical director. 483.70(h)(1) The facility must designate a physician to serve as medical director. 483.70(h)(2) The medical director is responsible for- (i) Implementation of resident care policies; and (ii) The coordination of medical care in the facility. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review, the facility staff failed to ensure, the medical director, coordinated medical care, and the implementation of resident care policies for monitoring, and safe administration of high- risk anticoagulant medication for eight residents,(Residents #338, #116, #45, #527, #189, #129,	F841	Ftag 841 Resident #338: Resident no longer resides at the facility. Resident #116: Resident no longer resides at the facility. Resident #45: No negative outcome occurred as a result of this practice. A stat PT/INR was ordered and a revised Coumadin log was initiated for the resident corresponding physician orders were transcribed into the EMR. Resident #527: The resident no longer resides at the facility. Resident #189: No negative outcome occurred as a result of this practice. A stat PT/INR was ordered and a revised Coumadin log was initiated for the resident	9/20/19

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 451 #601 and #8), who received Coumadin, in a sample of 72 residents. The findings include: The medical director failed to coordinate medical care to ensure residents received adequate monitoring and services for the use of the high risk medication Coumadin. The facility had no policy and process for the use of the "Anticoagulant Record" that was being used to monitor and adjust Coumadin doses for residents, without physician signatures. The record was maintained separately from the clinical record. The facility failure to have a functioning policy and process evidenced an ineffective system of monitoring for the safe administration of anticoagulant medications for Resident #338 who received no monitoring for the administration of Coumadin from date of admission on 6/29/18 through date of transfer to the hospital on 7/23/18, and for Residents #338, #116, #45, #527, #189, #129 #601 and #8. 1. Resident #338 was admitted to the facility on 6/29/18. Resident #338's diagnoses included but were not limited to revision of left total knee removal, asthma and high blood pressure. Resident #338's most recent MDS (minimum data set) (prior to discharge), a 14 day Medicare assessment with an ARD (assessment reference date) of 7/13/18, coded the resident as being cognitively intact. Section N coded Resident #338 as having received an anticoagulant medication seven out of the last seven days. Review of Resident #338's hospital record prior to discharge to the facility revealed Coumadin was initiated during the resident's hospitalization	F841	corresponding physician orders were transcribed into the EMR. Resident #129: The resident no longer resides at the facility. Resident #601: The resident no longer resides at the facility. Resident # 8: No negative outcome occurred as a result of this practice. A stat PT/INR was ordered and a revised Coumadin log was initiated for the resident corresponding physician orders were transcribed into the EMR. Residents on Coumadin have the potential to be affected. The Anticoagulation Therapy Record and policy have been updated, the Anticoagulation therapy process has been updated, and was reviewed and approved with the Medical Director and the QA committee. The PT/INR competency checklist has been updated. The DON or designee has educated licensed nursing staff on the updated policies and procedures regarding Coumadin. RCC or designee will educate the Medical Director on the new policy and procedure for Coumadin management to include therapeutic range for PT/INR. The Medical Director will be responsible for educating the attending physicians and nurse practitioners on the new procedure for Coumadin management.	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 452 for dvt (deep vein thrombosis [2]) prophylaxis. Further review of the hospital record revealed a PT/INR (prothrombin time/international normalized ratio [3]) of 24.1/2.4 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) [DVT] prophylaxis s/p (status post) orthopedic surgery. INR Goal: 1.7-2.2. Drugs that may increase INR: Ceftriaxone [6]. Drugs that may decrease INR: None. Other current anticoagulants/drugs that may increase bleeding risk: NSAIDs (nonsteroidal anti-inflammatory drugs) [7]. Risk factors: > (greater than) 65. Daily INR ordered: Yes... Date INR Dose 6/15 1.0 6/25 4mg (milligrams) 6/26 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." Warfarin (Coumadin) is in a class of medications called anticoagulants ('blood thinners'). It works by decreasing the clotting ability of the blood. [1] Black Box Warning [A boxed warning is the strongest warning that the FDA (Food and Drug Administration) requires, and signifies that medical studies indicate that the drug carries significant serious or even life-threatening adverse effects]: BLEEDING RISK: COUMADIN can cause major or fatal bleeding. Perform regular monitoring of INR [international normalized ratio - a laboratory blood test that	F841	DON or designee has conducted an audit of current residents receiving Coumadin to ensure the new anticoagulation process has been followed. Medical Director will conduct an audit of current residents receiving Coumadin. Competencies on licensed nursing staff were conducted for proper use of the coagucheck xs machine. An audit was done on Coagucheck xs machines to assure proper function. DON or designee will continue to monitor Anticoagulant therapy logs and corresponding orders and EMR transcription, it will be monitored in the clinical meeting 5 days a week for 1 week, 3 days a week for 2 weeks, weekly for 4 weeks, and monthly for 3 months. resolved. Medication errors will be reviewed with the Medical Director and the quality assurance committee. The Medical Director will attend clinical operations meeting weekly for 4 weeks to review physician oversight of Coumadin therapy to include established therapeutic range goals and to ensure adequate monitoring of Coumadin. Any variances will be corrected and additional education or counseling will be provided as needed. Any concerns will be reported to the quality assurance committee monthly until resolved. Continued compliance will be monitored through the facility's quality assurance program. Additional education and	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 453 measures how long it takes for blood to clot [3]] in all treated patients. [4] Warfarin therapy may be prescribed for patients with certain types of irregular heartbeat, blood clots in the legs or lungs, and patients who have certain medical device implants such as artificial heart valves. Warfarin must be monitored to ensure it is working effectively and being used safely. Achieving the correct warfarin dosage can be difficult but is extremely important. If the dose of warfarin is too low, the patient is at risk of developing harmful blood clots. If the dose of warfarin is too high, the patient may be at risk of serious bleeding. A health care provider sets an INR [International normal ratio] target range. It is typically between 2.0 and 3.0 for basic blood-thinning needs, though the range may vary based on a patient's specific conditions. An INR above the patient-specific target range may increase the risk of bleeding, while an INR below the target range may increase the risk of developing a blood clot. [5] Review of Resident #338's facility clinical record revealed discharge orders from the hospital which were documented as being verified on 6/29/18 by a facility nurse with the on-call physician for ASM (administrative staff member) #5 (Resident #338's facility physician), documented an order for warfarin (Coumadin) 2 mg- one tablet by mouth daily for dvt (deep vein thrombosis) prevention. Further review of the discharge orders verified by the facility on-call physician failed to reveal any orders for a PT/INR or any orders for the monitoring of adverse outcomes. Review of Resident #338's clinical record revealed a physician's order dated 6/29/18, the	F841	monitoring will be initiated for any identified concerns. Completion Date: September 20, 2019	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 454 date of admission to the facility that documented an order for Coumadin- 2 mg by mouth in the evening for DVT prophylaxis. 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. [This review also revealed there were no orders for PT/INR laboratory testing for the administration of Coumadin to Resident #338]. Resident #338's baseline care plan (no date) documented "Anticoagulant- (a check mark beside) Observe S/S (signs or symptoms) of bleeding, report as indicated..." Resident #338's comprehensive care plan dated 7/11/18 documented, " BLEED101: At risk for abnormal bleeding R/T (related to) anticoagulant use...Interventions: Administer medications as ordered...Observe for abnormal s/sx (signs/symptoms) of bleeding. i.e. Bruising, bleeding gums, petechiae (tiny red spots caused by bleeding into the skin), nosebleeds, hematuria (bloody urine), headaches, back of abdominal pain, decrease blood pressure or pulse, occult blood in the stool, etc. Obtain labs [laboratory tests] as ordered. Report abnormal findings to physician. Report all abnormal findings to physician..." Further review of Resident #338's clinical record (including nurses' notes, NP [nurse practitioner] notes and physician notes from date of admission on 6/29/18 to date of discharge to the hospital on 7/23/18) failed to reveal any documentation of monitoring for the prescribed use of Coumadin. The physician note dated 7/2/18 failed to document information regarding Coumadin or monitoring for the medication. The NP notes dated 7/3/18, 7/10/18, 7/11/18, 7/12/18, 7/16/18, 7/17/18, 7/18/18, 7/19/18 and	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 455 7/20/18 documented information regarding, "Pertinent lab results" but failed to document any information regarding PT/INRs and Coumadin monitoring. The notes further documented, "On Coumadin therapy for DVT prophylaxis..." but failed to document any information regarding the monitoring of Coumadin. There was no anticoagulant record for Resident #338. (The "Anticoagulant Record" a tracking flowsheet that was being utilized by facility staff for Coumadin monitoring separate from the clinical record. It includes the date, current anticoagulant drug and dose, PT/INR, name of the nurse who completed the PT/INR, the test strip lot number, quality control test for the machine used to test for the PT/INR, the date the physician was notified and action taken by the physician. Directives for testing and Coumadin dose changes were documented on the sheet by nurses and physicians but were not signed and the facility did not have a policy regarding the process and use of the flowsheet). Review of notes documented by the pharmacist on 7/2/18 and 7/21/18 revealed the pharmacist reviewed Resident #338's clinical record on those dates. The notes failed to document any information regarding the use of Coumadin or 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	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 456 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 relief...A/P (Assessment/Plan) GI (gastrointestinal) bleeding: referred to ER (emergency room)..." On 7/23/18 Resident #338 was transferred to the hospital where she was administered clotting medication and a blood transfusion. On 7/31/19 at 2:36 p.m., an interview was conducted with ASM (administrative staff member) #5 (Resident #338's physician at the facility). ASM #5 was asked about the process for Coumadin monitoring for a resident newly admitted to the facility. ASM #5 stated the process depends on the orders provided by the hospital. ASM #5 stated the hospital usually specifies the next date a PT/INR should be obtained and that order should be followed. ASM #5 was asked what should be done if the hospital does not provide an order for a PT/INR. ASM #5 stated usually she would review the resident's chart, find out the last date a PT/INR was checked and order for a PT/INR to be checked within the next few days. ASM #5 stated she likes to have a baseline PT/INR and the value of that PT/INR will determine when the	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 457 next one should be done. ASM #5 stated the facility staff obtains PT/INRs and documents them in the "Coumadin book" (anticoagulant record). ASM #5 stated the clinician can be proactive and check the anticoagulant record or often, the nurses will flag the anticoagulant record for a recently obtained PT/INR or the nurses will verbally tell her that they checked a resident's PT/INR and ask for her review. ASM #5 was asked why Coumadin must be monitored. ASM #5 stated Coumadin (levels) could quickly become out of control because the medication can variably react with food and other medications. ASM #5 stated this is why the medication has to be monitored. ASM #5 was asked how often PT/INRs should be obtained to monitor Coumadin. ASM #5 stated that depends on the patient and other variables. When asked where staff document the monitoring of Coumadin and PT/INR tests, ASM #5 stated it (PT/INR laboratory tests) is documented in the Coumadin book (anticoagulant record). When asked how orders for Coumadin changes and PT/INRs are communicated, ASM #5 stated those are written in the anticoagulant record. She stated she does not write actual orders for those. When asked who is responsible for overseeing the anticoagulant record, ASM #5 stated she was not sure but she assumed the unit managers. ASM #5 was made aware there was no evidence of Coumadin monitoring in Resident #338's clinical record and no evidence of an "Anticoagulant Record" for the resident. ASM #5 reviewed her notes and stated she had no documentation in her notes. On 7/31/19 at 2:45 p.m. and 4:57 p.m., ASM #1 (the administrator) was asked to provide Resident #338's anticoagulant record. On	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 458 8/1/19 at 7:57 a.m., ASM #1 stated she could not find Resident #338's anticoagulant record. On 8/1/19 at approximately 10:45 a.m., ASM #1 was asked to provide the anticoagulant policies. On 8/1/19 at approximately at approximately 2 p.m. ASM #1, the administrator provided the policy titled Anticoagulant Therapy. The facility policy titled, "ANTICOAGULANT THERAPY" (revised 10/10), documented, "Policy: Anticoagulant therapy delays clotting and prevents formation of a thrombus (blood clot) in immobile and/or postoperative guests, as well as intercepting the extension of a thrombus once it has formed. Periodic prothrombin time tests are done to control the administration of anticoagulants. Procedure: 1. Verify physician's order. 2. Explain the procedure to the guest. 3. Obtain the blood specimen prior to the guest's daily dose of Coumadin. 4. Collect approximately 5 to 7 ml (milliliters) of venous blood in a blue top tube. 5. List on the laboratory slip any drugs that may affect test results. 6. After obtaining the specimen, apply pressure to the venipuncture site. 7. If the PT is greatly prolonged, evaluate the guest for bleeding tendencies (blood in the urine and all excretions, bruises, petechiae [tiny red dots on the skin resulting from broken blood vessels bleeding into the skin] and low back pain). 8. A licensed nurse will notify the physician of the test results. 9. The physician will re-order the drug, the dosage to be given, and the date the Prothrombin time is to be repeated.	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 459 10. All scheduled Prothrombin times will be placed in the lab book..." The policy failed to document any information regarding the anticoagulant records. The facility was not aware of or using a policy for the "Anticoagulant Record" which was maintained separately from the clinical record until it was full. 8/2/19 at 3:20 p.m., during a telephone call by the team coordinator with ASM #1, the administrator and ASM #2, (the regional clinical coordinator), ASM #2 the stated that they had located a policy on the "Anticoagulation Record" from another entity. When asked if the policy addressed the process, ASM #2 stated it does not address the whole of the process. Review of current residents receiving Coumadin, identified the following concerns evidencing an ineffective system of monitoring for the safe administration of anticoagulant medications for seven out of eight current residents reviewed (Residents #116, #527, #45, #189, #129, #601, and #8): - Staff failed to establish INR parameters (therapeutic range and goal) for monitoring and the safe administration of Coumadin, (Resident # 116, #527, #45, #129 and #601), - PT/INR monitoring, was not obtained per physician/nurse practitioner's directive and/or order to ensure adequate monitoring and the safe administration of Coumadin for seven of the eight current residents (Residents #116, #527, #45, #189, #129, #601, and #8). *"Prothrombin time (PT) is a blood test that measures the time it takes for the liquid portion (plasma) of your blood to clot." "PT is measured in seconds. Most of the time, results are given	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 460 as what is called INR (international normalized ratio)." "The most common reason to perform this test is to monitor your levels when you are taking a blood-thinning medicine called warfarin [Coumadin]. You are likely taking this medicine to prevent blood clots. Normal Results: PT is measured in seconds. Most of the time, results are given as what is called INR (international normalized ratio). If you are taking warfarin to prevent blood clots, your provider will most likely, choose to keep your INR between 2.0 and 3.0." [3] 2. Resident #116 was admitted to the facility on 6/4/19. Resident #116's diagnoses included but were not limited to muscle weakness, chronic embolism (2) and thrombosis (3) of unspecified deep veins of left lower extremity. Resident #116's most recent MDS, a 30 day Medicare assessment with an ARD of 7/2/19, coded the resident as being cognitively intact. Section N coded Resident #116 as having received an anticoagulant medication seven out of the last seven days. Resident #116's comprehensive care plan dated 6/14/19 documented, "(Name of Resident 116) is at risk for abnormal bleeding/bruising R/T (related to) Anticoagulant use...Administer medications as ordered. Observe for ineffectiveness and side effects, report abnormal findings to the physician. Obtain labs and diagnostics as ordered and report abnormal findings to the physician..." A review of the physician/NP progress notes from admission to the time of the survey revealed no evidence of an identified therapeutic goal (parameter) for Resident #116's PT/INR. Review of Resident #116's clinical record	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 461 revealed a physician's order dated 6/5/19 for a PT/INR one time only. Resident #116's "Anticoagulant Record" (a flow sheet used by the facility for monitoring Coumadin that was maintained separately from the clinical record with physician directives documented by the nurses and or physician that were not signed by the doctor) was reviewed and revealed: On 6/5/19 the anticoagulant record for Resident #116 documented in part, " Action Taken By Physician: restart (Coumadin) 3.5 mg QD (every day) re (check) (PT/INR) 6/8/17 (sic)..." Review of Resident #116's clinical record (HER [electronic clinical record]) revealed a physician's order dated 6/5/19 for Coumadin 3.5 mg (milligrams) in the evening but failed to reveal a transcribed physician's order for a PT/INR on 6/8/19. On 6/8/19, Resident #116'w anticoagulant record documented in part, "Current Anticoagulant Drug and Dose: 3.5 mg QD. PT: (blank) INR: 1. Action Taken By Physician: (blank)." An interview conducted with LPN [licensed practical nurse] #1 on 8/6/19 at 10:54 a.m., revealed the 6/8/19 entry was documented in error. LPN #1 stated a PT/INR was not obtained on 6/8/19, as ordered. Further review of the anticoagulant record and physician's orders failed to reveal a physician/NP directive and/or order for the next PT/INR. On 6/10/19, the anticoagulant record documented, "Current Anticoagulant Drug and Dose: 3.5 mg. PT: 21.9. INR: 1.8. Action Taken By Physician: (An arrow pointing up to	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 462 indicate the word increase) 4 mg. Re (check) 6/14/19." Review of physician's orders failed to reveal a transcribed physician order to recheck Resident #116's PT/INR on 6/14/19. There was no entry dated 6/14/19 on the anticoagulant record and no evidence that a PT/INR was obtained on that date. The next PT/INR was obtained on 6/18/19 and the anticoagulant record documented the result was "26.9. INR: 2.2." "Action Taken By Physician: No (change). Re (check) 1 wk (week)." Further review of physician's orders failed to reveal a transcribed order to recheck the PT/INR in one week. The next PT/INR was obtained on 6/25/19 and was 26.1/2.2. On 8/6/19 at 10:54 a.m., Resident #116's anticoagulant record was reviewed with LPN (licensed practical nurse) #1. LPN #1 stated nurses are supposed to check the anticoagulant records every day at the beginning of the shift. LPN #1 was asked if nurses are supposed to transcribe physician/NP directives from the anticoagulant record to physician's orders in the EHR. LPN #1 stated prior to the survey, nurses were not required to do so. 3. Resident #527 was admitted to the facility on 7/12/19 with diagnoses including, but not limited to: broken rib, broken arm, broken hip which had been repaired by recent surgery, and a history of a DVT (deep vein thrombosis) and PE (pulmonary embolism). On the most recent MDS (Minimum Data Set), an admission assessment with an ARD (assessment reference date) of 7/19/19, Resident #527 was coded as being severely cognitively impaired for daily decision	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 463 making, having scored 3 out of 15 on the BIMS (brief interview for mental status). In Section N of this assessment, she was coded as receiving an anticoagulant (blood thinner) on all seven days of the look back period. A review of the physician/NP recertification progress notes for Resident #527 for 7/12/19 until the survey dates failed to reveal any identification of a therapeutic range goal (parameters) for Resident #527's PT/INR (laboratory test results). Review of Resident #527's Anticoagulant Record (a flow sheet maintained separately from the clinical record) revealed on 7/17/19 the following in part: In The resident's PT/INR on 7/17/19 was documented as "22.2/1.9." The column "Action Taken by Physician," documented, "3 mg QD (every day). Re [check] [PT/INR] 7/20." There were no entries on Resident #527's Anticoagulant Record dated 7/20/19. The next entry on the Anticoagulant Record was dated 7/22/19. The resident's PT/INR on 7/22/19 was documented as 30.5/2.5 (6). There was no documented evidence from the physician/NP directive on the Anticoagulant Record to obtain this laboratory test on 7/22/19. A review of Resident #527's EHR for July 2019 revealed there was no provider's order for this PT/INR on 7/22/19. A review of the EHR (electronic health record) for July 2019 for Resident #527 revealed no evidence that the PT/INR on 7/20/19 was obtained as directed on the 7/17/19 Anticoagulant Record. This record review revealed no evidence that the recommendation	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 464 to perform a PT/INR on 7/20/19 was transcribed as an order into the EHR. In addition, there was no physician's order for the PT/INR obtained on 7/22/19. A review of Resident #527's comprehensive care plan initiated on 7/12/19 revealed, in part, the following: "[Resident #527] is at risk for abnormal bleeding/bruising R/T (related to): medication use. Anticoagulant...Date Initiated 8/1/19. Created on 8/1/19...Will have no signs of active bleeding through next review...Administer medications as ordered ...Obtain labs [laboratory tests] and diagnostics as ordered and report abnormal findings to the physician." 4. Resident #45 was admitted to the facility on 12/14/13, with diagnoses that included, but not limited to, a history of a stroke, and the presence of a prosthetic (artificial) heart valve. On the most recent MDS (Minimum Data Set), a quarterly assessment with the ARD (assessment reference date) of 5/6/19, Resident #45 was coded as having no cognitive impairment for daily decision making, having scored 15 on the BIMS (brief interview for mental status). In section N of this assessment, he was coded as having received an anticoagulant (Coumadin) on all seven days of the look back period. A review of the physician/NP recertification progress notes for Resident #45 from November 2018 through June 2019 failed to reveal any identification of a therapeutic range goal for Resident #45's PT/INR blood test results. A review of Resident #45's Anticoagulant Record (a flowsheet maintained desperately from the clinical record) revealed an entry on 8/1/18. In the column "Action Taken by	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 465 Physician," the record documented the resident's PT/INR on 8/1/18 as 29.8/2.5. Under the "Action Taken by Physician", the following was documented, "[No change]. Re [check] [PT/INR] in 3." A review of Resident #45's nurses' note dated 8/2/18 revealed, in part, the following: "New order for Coumadin (sic) 5mg recheck PT/INR IN 3 WEEKS left message for RP (responsible party)." The next entry on the Anticoagulant Record was dated 8/22/18. There was no information in any of the columns for this date; the entire line was blank. Further review of the Anticoagulant Record revealed an entry on 8/31/18 the Anticoagulant Record documented in part, the residents PT/INR on 8/22/18 as "96/8". (4) Under "Action Taken by Physician: "hold X 4d (days) recheck on 9/4." The INR was obtained as directed on 9/4/18. A review of the EHR (electronic health record) for August 2018 for Resident #45 revealed no evidence that the PT/INR directed by the physician/NP on 8/1/18 on the Anticoagulation record, and documented in the 8/2/18 nurses' note, was ever completed on 8/22/18. This record review revealed no evidence that the physician/NP directive to perform a PT/INR on 8/22/18 was transcribed as an order into the EHR and there was no documented order to obtain a PT/INR test on 8/31/19. A review of Resident #45's comprehensive care plan dated 11/23/17 revealed, in part, the following: "BLEED101: At risk for abnormal bleeding/bruising R/T (related to)anticoagulation use ...Date Initiated: 11/23/17. Created on 11/23/17...Will have no signs of active	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 466 bleeding...Administer medications as ordered ...Obtain labs as ordered. Report abnormal findings to the physician." 5. The facility staff failed to ensure Resident #189 received adequate monitoring for the use of Coumadin, an anticoagulant (a blood thinning medication), to ensure appropriate administration of the high-risk medication. The facility staff failed to obtain a laboratory test PT (prothrombin)/INR (international normalized ratio) on date 4/12/19 and 6/27/19 and 7/26/19 per the physician's order and on 5/1/19, per documented directives on the anticoagulant record. The facility staff failed to transcribe physician orders for PT/INR levels rechecks and the doses of Coumadin to be given, into the electronic medical record (EMIR) and physicians orders. Resident #189 was admitted to the facility on 9/16/17 with a most recent readmission on 7/16/19 diagnoses included but were not limited to: mechanical heart valve, stroke, high blood pressure and atrial fibrillation. (Atrial fibrillation is a condition characterized by rapid and random contraction of the atria of the heart causing irregular beats of the ventricles and resulting in decreased heart output and frequently clot formation in the atria) (1). The most recent MDS (minimum data set) assessment, a Medicare five day admission, with an assessment reference date of 7/23/19, coded the resident as scoring an "11" on the BIMS (brief interview for mental status score) indicating the resident was moderately impaired to make daily decisions. In Section N - Medications, the resident was coded as	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 467 receiving an anticoagulant for the seven days of the look back period. Review of Resident #189's "Anticoagulant Record" which was maintained separately by the facility revealed: The "Anticoagulant Record" dated, 4/11/19, documented the current Coumadin dose as 2.5 mg, INR 2.3, [below therapeutic goal placing the resident at risk for blood clots for a level too low and bleeding for a level to high]. A physician order dated, 4/11/18 in the EMR documented, "Recheck PT/INR level on 4/12/19 On 4/12/19, the "Anticoagulant Record" failed to evidence the PT/INR test was performed on 4/12/19. The form was dated 4/12/19 with the current Coumadin dose documented as 2.5 mg but the rest of the line was empty. Review of the nurse's note failed to evidence a nurse's note for 4/12/19. The test was not completed per the physician order. On 6/26/19, the "Anticoagulant Record" documented the current Coumadin dose as 5.5 mg. The INR was documented as 4.3 [higher than the identified goal]. The physician directive documented, "Hold x1, recheck 6/27/19." The nurse practitioner note dated, 6/26/19, documented in part, "INR today 4.6. On Coumadin 5.5.mg qd., goal 2.5 - 3.5, hold x 1 and recheck 6/27/19." The EMR documented physician orders dated 6/27/19 to hold the Coumadin and recheck on 6/27/19. The "Anticoagulant Record" failed to evidence documentation that Resident #189's INR was obtained on 6/27/19, as ordered by the	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 468 physician. A physician order in the EMR dated, 7/25/19, documented, "PT/INR on 7/26/19, notify MD of results." On 7/26/19, the "Anticoagulant Record" documented the current Coumadin dose of 5 mg. The rest of the line was blank and there was no PT/INR documented. The PT/INR for Resident #189 was not obtained as ordered by the physician. There were no nurse's notes for 7/26/19. 6. Resident #129 was admitted to the facility on 6/25/19, diagnoses that included but are not limited to: acute embolism, [a clot that can lodge in an artery at the new location and block the flow of blood there] and thrombosis of unspecified deep veins of right lower extremity [a blood clot that forms in a vein deep in the body], fracture of one rib, diabetes and hypertension. The MDS (minimum data set) assessment, a 14 day Medicare Payment assessment, with an ARD (assessment reference date) of 7/9/19, coded the resident as scoring a 6 out of 15 on the BIMS (brief interview for mental status) score, indicating severe cognitive impairment. In Section N- Medications, the resident was coded as receiving an anticoagulant for the seven days of the look back period. The comprehensive care plan dated 7/10/19, documented in part, "Need": (Resident #129) "is at risk for abnormal bleeding/bruising related to anticoagulant use Administer medications as	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 469 ordered. Observe for ineffectiveness and side effects, report abnormal findings to the physician." A review of the hospital discharge summary dated 6/25/19 at 2:54 pm, documented in part; "Discharge medications: Coumadin 5 mg oral daily. Check INR Thursday or Friday, dose as necessary." A review of the calendar indicates that 6/25/19 was a Tuesday, 6/27/19 was a Thursday, and 6/28/19 was a Friday. A review of the clinical record documented the first order to obtain a PT INR was on 7/3/19, indicating there was no monitoring of Resident #129 for the administration of Coumadin until that date. A physicians order documented on the POS (physicians order sheet) for June 2019, documented, "Order Date: 6/25/19, 18:29 (6:29 P.M.) Communication Method: Phone, Order Summary: Coumadin Tablet 5MG (milligram) (Warfarin Sodium) Give 1 tablet by mouth in the evening related to ACUTE EMBOLISM AND THROMBOSIS OF UNSPECIFIED DEEP VEINS OF RIGHT LOWER EXTREMITY." The physician's note of 6/26/19 documented in part: "Complaint Right DVT (Deep Vein Thrombosis), on Coumadin with pertinent lab (laboratory tests) results from hospital 6/24/19 & 6/25/19 listed". The note did not include any hospital PT/INR results for Resident #129. Further review of the clinical record failed to evidence an order for PT INR laboratory tests, or documentation of an identified therapeutic range for the administration of Coumadin to Resident #129. Nurse practitioner's notes on 6/27/19, 6/28/19, 6/29/19, 6/30/19, 7/1/19, documented in part:	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 470 "Right popliteal DVT (on Coumadin). Monitor closely with pertinent lab results from hospital 6/24/19 & 6/25/19 listed". The notes did not include any hospital PT/INR results for Resident #129. A nurse practitioner's note on 7/2/19 documented in part; "Right popliteal DVT (on Coumadin). Monitor closely. Pertinent lab results from hospital 6/24/19 & 6/25/19 listed". The note did not include any hospital PT/INR results for Resident #129, and there was no documentation about obtaining PT INR laboratory tests or a therapeutic range for the administration of Coumadin to Resident #129. On 7/3/19, a "Anticoagulant Record" maintained separate from the clinical record for Resident #129, was started, (nine days after the resident was admitted) and documented in part; "7/3/19 Current Anticoagulant Drug Dose: Coumadin 5 mg with results PT 58.2 INR 4.8; action taken by physician Stop x 2 days, recheck 7/5/19". 7. Resident #601 was admitted to the facility on 7/23/19 with diagnoses that include but are not limited to: acute embolism, and thrombosis of unspecified deep veins of right lower extremity, weakness and altered mental status. The most recently submitted MDS (minimum data set) 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... ".	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 471 The baseline care plan dated 7/23/19, documented in part, "Anticoagulant": (Resident #601) "Goal documented in part- no signs/symptoms of action bleeding", with "Interventions documented in part- labs [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, Sun for A-fib [atrial fibrillation]". A nurse practitioner's note dated 7/25/19, documented in part: "Of note, patient on warfarin for history of left ventricular thrombus. INR was therapeutic on day of discharge 7/23/19 at 2.4. Ordered warfarin 5mg daily, ordered INR 7/26, if INR at goal will order INR 2/week on Mon/Thur". The note did not include identified INR parameters (therapeutic goal) for monitoring, to ensure safe administration of Coumadin to Resident #601. A physician's order documented on the POS for July 2019, documented, "Order Date: 7/26/19, 9:00 A.M. Communication Method: Computer, Order Summary: PT/INR one time only for LV (left ventricular) thrombus". "Order Date: 7/26/19, 9:00 A.M. Communication Method: Computer, Order Summary: Warfarin Sodium Tablet 5 mg by mouth in the evening for LV thrombus".	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 472 A nurse progress note of 7/26/19 11:12 pm, documented in part: "PT INR one time for LV (left ventricular) thrombus for 1 day, call result to NP. This order was put in for 9:00am not sure if was obtained". The nurse practitioner's note of 7/29/19, documented in part: "Patient fell 7/26 PM while transferring wheel chair to toilet; hit head, no loss of consciousness, complaint headache and nursing staff gave Tylenol; on call doctor given INR result of 2.2; no dose change. INR 7/26 was 2.2; continue warfarin 5mg daily; ordered INR 8/1/19". The PT/INR referenced in the above note was not located in the EMR (electronic medical record). The record failed evidence the 7/26/19 INR results, were obtained. There were no documented results located under the laboratory results tab in the EMR (electronic medical record), or nurses notes. An "Anticoagulant record" for Resident #601 was not initiated until 8/1/19 and documented in part; 8/1/19 Coumadin 5mg with results PT 16.4 INR 1.5; action taken by physician Coumadin 5.5 mg, recheck 8/5/19. 8. Resident # 8 was admitted to the facility on 08/14/2015 and a readmission on 01/08/2019 with diagnoses that included but were not limited to: deep vein thrombosis (3), other specified disorders of veins and high cholesterol. Resident # 8's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 04/19/19, coded Resident # 8 as scoring a seven on the brief	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 473 interview for mental status (BIMS) of a score of 0 - 15, seven - being severely impaired of cognition for making daily decisions. Section N "Medications" coded Resident # 8 as receiving an anticoagulant in the past seven days. The facility's "Nurse Practitioner's Note" for Resident # 8 dated 11/09/18 and signed by ASM (administrative staff member) # 7, nurse practitioner, at 12:45 p.m. documented in part, "HPI (History of Present Illness): ATSP (Asked To See Patient) for lab (laboratory) review. Male patient on Coumadin for DVT. INR: 3.5. Goal 2-3 (two to three). On 6 (six) mg daily. No s/sx of bleeding." Under "A/P (Assessment/Plan)" it documented, "Leg DVT - Stable. INR elevated. Hold Coumadin x1 (times one day) and recheck tomorrow." The Physician's telephone order documented, "Created Date: 11/9/18 at 17:14 (5:14 p.m.) Communication method: Phone." Documented "Order Summary: Coumadin Tablet 6 MG [milligram] (Warfarin Sodium) Give 6 MG by mouth in the evening for anticoagulant therapy Discontinue 11/9/18 17:14 (5:14 p.m.) Discontinue Date/Reason: on hold Confirmed By: name of (Licensed Practical Nurse)." A second physicians order date 11/9/2018 at 17:15 (5:15 p.m.) documented, "Order Summary: check pt/inr on sat [Saturday] 11/10/18 one time only for coumadin use 1 day." The facility's "Anticoagulant Record" for Resident # 8 dated 11/09/18 documented, Current Anticoagulant Drug and Dose: "Coumadin 6 mg (milligrams)" "PT 3.5 INR: 41.6." Under "Action Taken by Physician" it documented, "Hold x 1 (times one day) re-check 11/10/18." Further review of the "Anticoagulant Record" failed to evidence results of a PT/INR	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 474 for 11/10/18 as ordered by the physician. The facility's "Nurse's Note" for Resident # 8 dated 11/09/18 at 7:25 p.m. documented, "Hold Coumadin 6MG (milligrams) today 11/09/18 recheck PT/INR on SAT (Saturday) 11/10/18 will cont (continue) to monitor guest." Further review failed to evidence nurses notes documenting why the PT INR was not obtained on 11/10/19 as ordered by the physician and no documentation evidencing the physician was notified the laboratory testing was not obtained. On 8/5/19 at 2:30 p.m., an interview was conducted with ASM #1, ASM #2 and ASM #3. When asked if they were aware of the situation that was uncovered (regarding the ineffective process for the safe administration of Coumadin and monitoring), ASM #3 stated, "No. The nurses were not necessarily doing the process and they assumed the doctor was putting the orders in the system and the doctors assumed the nurses were putting the order in the EMR (electronic medical record)." On 8/5/19 at 3:44 p.m., an interview was conducted with RN (registered nurse) #8. RN #8 was asked if physician's orders regarding Coumadin and PT/INRs should be written. RN #8 stated physician's orders to hold Coumadin, change a dose of Coumadin, and for the next PT/INR that is due should be written. When asked the facility process for ensuring the orders are written, RN #8 stated the anticoagulant records should be reviewed each morning. On 8/6/19 at 9:39 a.m., a telephone interview was conducted with ASM #9 (the facility medical director), regarding the facility Coumadin monitoring process and his role as the medical	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 475 director. ASM #9 stated in general, he attends the monthly facility QAPI (quality assurance and performance improvement) meetings and ad hoc meetings that are held for issues that need to be addressed. ASM #9 stated he also participates in the facility policy and procedure reviews. ASM #9 stated he does not currently have any patients who reside at the facility but providers from the company he is employed at do. ASM #9 stated Coumadin monitoring is a partnership between the nursing staff, the pharmacist, the doctors and the nurse practitioners. When ASM #9 was asked if he was aware of any concerns regarding Coumadin monitoring (prior to the survey), he stated he was not. ASM #9 was asked what monitoring is expected for a resident receiving Coumadin admitted to the facility. ASM #9 stated in general, the facility physicians are getting orders from the hospital and this is about transition of care. ASM #9 stated, if a resident is admitted from an acute care environment then the resident should have medication and PT/INR check orders that are submitted to the facility staff, and the interdisciplinary team reviews, follows and implements the orders and discharges the patient when appropriate. ASM #9 stated appropriate recommendations and order clarifications should be obtained for any medication that requires supervision. ASM #9 was asked if there was any special items (recommendations) for Coumadin. ASM #9 stated that it goes back to all medications, including the right drug and the right dose. ASM #9 was asked if the use of Coumadin requires any lab monitoring and stated INRs and the therapeutic index should be checked. When asked who is responsible for Coumadin monitoring, ASM #9 stated that while residents are admitted under the care of the attending	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 476 physicians, residents often have outside providers such as a cardiologist. ASM #9 stated the attending physicians review the medications that residents were on in the hospital and decide what is needed to be done at the facility. ASM #9 stated there is a shared responsibility between the attending physicians and the outside providers because the physicians want optimal transition of care. ASM #9 was asked if he could provide information for the facility process regarding the anticoagulant records. ASM #9 stated he had a general understanding of that process for the facility company but he had not recently used the anticoagulant records in that particular facility and did not have any specific information. The facility policy titled, "MEDICAL DIRECTOR" documented, "The facility will designate a physician to serve as Medical Director. The Medical Director is responsible for: -Implementation of guest [resident] care policies -Coordination of Medical Care in the facility." On 8/07/19 at 9:30 a.m., another telephone interview was conducted with ASM # 9. During the interview, Section 3c and 3d of the facility's "Medical Directors Agreement" were read to ASM # 9 as well as the facility's policy, "Medical Director." Section 3c and 3d under "Responsibilities of the Medical Director" documented, "3c. To act as an effective liaison with attending physicians, and participate in reviewing the practices of the attending medical staff, upon request of the administrator" and "3d. To advise the Administrator, Director of Nursing, and other management of the Facility in their efforts to ensure that the Facility meets all federal and state regulations and requirements pertaining to long-term care." When ASM #9 was asked if it was his responsibility to	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 477 coordinate the medical care of the facility's residents. ASM # 9 stated it was his role to advise and coordinate with the care of the patient. When asked if he was responsible for the residents overall care, ASM # 9 repeated his answer. On 8/7/19 at 2:52 p.m., ASM #1 (the administrator), ASM #2 (the regional clinical coordinator) and ASM #3 (the director of nursing) were made aware of the above concern. No further information was presented prior to exit. [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 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 blood clot in the lung). Warfarin is in a class of medications called anticoagulants ('blood thinners'). It works by decreasing the clotting ability of the blood." This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a682277.html [2] "Deep vein thrombosis, or DVT, is a blood clot that forms in a vein deep in the body. Most deep vein clots occur in the lower leg or thigh. If the vein swells, the condition is called thrombophlebitis. A deep vein thrombosis can break loose and cause a serious problem in the lung, called a pulmonary embolism." This information was obtained from the website:	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 478 bin/query-meta?v%3Aproject=medlineplus&v%3Asources=medlineplus-bundle&query=dvt&_ga=2.137988019.2081124811.1565615930-1667741437.1550160688 [3] "Prothrombin time (PT) is a blood test that measures the time it takes for the liquid portion (plasma) of your blood to clot." "PT is measured in seconds. Most of the time, results are given as what is called INR (international normalized ratio)." "The most common reason to perform this test is to monitor your levels when you are taking a blood-thinning medicine called warfarin. You are likely taking this medicine to prevent blood clots. Normal Results: PT is measured in seconds. Most of the time, results are given as what is called INR (international normalized ratio). If you are taking warfarin to prevent blood clots, your provider will most likely, choose to keep your INR between 2.0 and 3.0." This information was obtained from the website: https://vsearch.nlm.nih.gov/vivisimo/cgi-bin/query-meta?v%3aproject=medlineplus&v%3asources=medlineplus-bundle&query=laboratory%20tests%20for%20PT%20calculation%20of%20INR& [4] Black Box Warning [A boxed warning is the strongest warning that the FDA (Food and Drug Administration) requires, and signifies that medical studies indicate that the drug carries significant serious or even life-threatening adverse effects]: BLEEDING RISK: COUMADIN can cause major or fatal bleeding. Perform regular monitoring of INR [international normalized ratio - a laboratory blood test that measures how long it takes for blood to clot [3]] in all treated patients. [3]This information was	F841		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F841	Continued From page 479 nih.gov/dailymed/drugInfo.cfm?setid=d91934a0-902e-c26c-23ca-d5accc4151b6 [6] Ceftriaxone is used to treat infections. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a685032.html [7] "NSAIDs (nonsteroidal anti-inflammatory drugs) are some of the most commonly used pain medicines in adults." This information was obtained from the website: https://www.rheumatology.org/I-Am-A/Patient-Caregiver/Treatments/NSAIDs [8] Zofran is used to prevent nausea. This information was obtained from the	F841		
F842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) 483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. 483.70(i) Medical records. 483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized	F842	Ftag 842 Resident #188: No longer resides at the facility. Resident # 85: Is currently receiving her prescribed medication and administration is being documented on the MAR. No negative outcome occurred as a result of this practice. Resident #93: Documentation has been updated to reflect the incident. No negative outcome occurred as a result of this practice. All residents have the potential to be affected. DON or designee will educate licensed	9/20/19

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F842	Continued From page 480 483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. 483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. 483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. 483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and	F842	nursing staff on documenting on the MAR when administering medication, documenting MD communication in the clinical record, and incident documentation. DON or designee will audit MARs for current residents for any missed documentation. A review of reportable incidents since survey exit will be conducted for documentation in the clinical record. Audits will occur during the clinical operations meeting. DON or designee will monitor MARs and reportable incidents 5 times a day for 1 week, 3 times a week for 2 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 committee monthly until resolved. Continued compliance will be monitored through the facility quality assurance program. Additional education and monitoring will be initiated for any identified concerns. Completion Date: September 20, 2019	

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F842	Continued From page 481 determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under 483.50. 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 maintain a complete and accurate clinical record for three of 72 residents in the survey sample, Residents #93, #188 and #85. The findings include: 1. The facility staff failed to document an incident where an employee hit Resident #93 on 2/13/19 in the resident's clinical record. Resident #93 was admitted to the facility on 7/30/15. Resident #93's diagnoses included but 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. A FRI (facility reported incident) submitted from the facility to the SA (state agency) on 2/13/19 documented, "Report date: 2/13/19. Incident date: 2/13/19. Residents involved: (name of Resident #93). Injuries: No. Incident type: Allegation of abuse/mistreatment. Describe incident, including location, and action taken: Resident observed by nurse (LPN [licensed practical nurse]) sliding to floor. Nurse asked for assistance. Housekeeper quickly came into	F842		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F842	Continued From page 482 room & said, 'I can do this, no problem.' Nurse told her she needed appropriately trained staff & that she (housekeeper) could not assist. Housekeeper picked resident up off the floor and placed in chair as CNA (certified nursing assistant) arrived. (Name of Resident #93) struck the housekeeper & per resident & LPN, Housekeeper struck the resident back." The housekeeper was suspended, pending outcome of the investigation. A final report submitted from the facility to the SA on 2/18/19 documented in part: "To Whom It May Concern: On February 13, 2018 (sic), (LPN #19), reported that she witnessed (OSM #12), housekeeper, hit the resident. (OSM #12) was suspended pending investigation, the resident was assessed, and no injuries were observed. ... The LPN reported that the resident was being assisted to her chair from sitting on the floor. The resident allegedly hit the housekeeper and then witnessed the housekeeper hit her back. She was then removed from the situation. An interview was conducted with (CNA #8) who was present during the situation. She reports that the resident hit the housekeeper in the back and that she witnessed the employee 'swinging back' stating 'it happened so quick, it could have been a reflex.' An interview was conducted with (CNA #9); she reports not witnessing the resident being hit but hearing the sound of a 'second hit' as she was walking out of the room. An interview was conducted with (OSM #12), she reports that the resident hit her in the back and that a second attempt was made by the resident to hit her. She reports that during this time she put her arm up to block the resident from hitting her again. Interviews were conducted with the resident and the roommate, but neither could not recall the incident. Based on interviews and	F842		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F842	Continued From page 483 witnesses to the incident, the facility can substantiate that the employee hit back at the resident. Despite the resident's extensive aggressive behavior history, the facility feels that the housekeeper could have responded differently to behaviors displayed, therefore employment has been terminated. The resident remains in the facility at this time, and has no recollection of the event..." Review of Resident #93's clinical record (including February 2019 nurses' notes) failed to document information regarding the above incident. On 8/5/19 at 3:44 p.m., an interview was conducted with RN (registered nurse) #8. RN #8 was asked if an incident where an employee hits a resident should be documented in the resident's clinical record. RN #8 stated, "Yes." When asked why, RN #8 stated, "Because the guest may develop a bruise or injury. We need to be able to trace back to the origin; the cause of it." On 8/6/19 at 11:25 a.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the regional clinical coordinator) and ASM #3 (the director of nursing) were made aware of the above concern. On 8/6/19 at 1:50 p.m. ASM #1 was provided a list of policies requested by the survey team (including documentation). On 8/6/18 at 4:25 p.m. ASM #2 presented multiple policies but none of the policies documented information regarding the above concern. No further information was presented prior to exit.	F842		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F842	Continued From page 484 2. The facility staff failed to maintain a complete and accurate clinical record for Resident #188. Staff failed to document in the clinical record conversations with the medical director of the transplant team regarding medications prescribed for Resident #188. Resident #188 was admitted to the facility on 7/24/19, discharged on 7/26/19, with diagnoses that included but were not limited to: stroke, high blood pressure and history of heart transplant in 2002. There was no completed MDS (minimum data set) assessment completed assessment at the time of the survey. The "Nursing Comprehensive Evaluation" dated, 7/24/19 at 11:29 p.m. documented in part, the resident was alert and oriented to time, place and person. Review of a "Guest Satisfaction Concern/Suggestion" form was conducted during a complaint investigation. The form dated 7/25/19, documented in part, "Spoke with daughter, stated he (Resident #188) missed two anti-rejection medications. ADON (assistant director of nursing) had already notified the Medical Director of Transplant Unit - stated there as no worry - NNO (no new orders) given." The form further documented under "Resolution: I followed up with is PCP (primary care physician) - he was also aware of the one missed dose (although at that point I was not sure that he was medicated prior to leaving hospital - so I told him he missed two doses)." The director of nursing signed this note. On 7/31/19 at 5:02 p.m., an interview was	F842		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F842	Continued From page 485 conducted with RN (registered nurse) #8, the ADON, RN #8 was asked about the lack of documentation in the clinical record regarding her conversation with Resident #188's daughter and the Medical Director of the Transplant Unit at the hospital regarding Resident #188's medications. RN #8 stated, "Yes, I didn't chart it." When asked if conversations related to the resident's medical care and medications should be documented in the clinical record, RN #8 stated, "Yes, it should have been." An interview was conducted with administrative staff member (ASM) #3, the director of nursing, on 7/31/19 at 5:10 p.m. The "Guest Satisfaction Concern/Suggestion" form was reviewed with ASM #3. When asked if conversations regarding a resident's care and medications with a physician should be documented in the clinical record, ASM #3 stated, "I only documented in on the grievance form. I should have documented it in the clinical record." The following quotation is found in Lippincott's Fundamentals of Nursing 5th edition (2007, page 237): "The client record serves as a legal document of the client's health status and care received .....Because nurses and other healthcare team members cannot remember specific assessments or interventions involving a client years after the fact, accurate and complete documentation at the time of care is essential. The care may have been excellent, but the documentation must prove it." Administrative staff member (ASM) #1, the administrator, ASM #2, the regional clinical coordinator and ASM #3, the director of nursing, were made aware of the above concern on 8/2/19 at 2:00 p.m.	F842		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F842	Continued From page 486 A policy on documentation related to conversations with a physician regarding a resident's medical care was requested on 8/6/19 at 1:50 p.m. No policy was received prior to exit. No further information was provided prior to exit. 3. The facility staff failed to document Resident #85's medication was administered on 7/6/19 and 7/16/19. Resident #85 was admitted to the facility on 10/9/17. Resident #85's diagnoses included but were not limited to gastro-esophageal reflux disease (1) and diverticulosis (2). Resident #85's most recent MDS (minimal data set), a quarterly review assessment with an ARD (assessment reference date of 5/27/19, coded the resident as having moderate cognitive impairments. Review of Resident #85's clinical record revealed a physician order dated 9/18/18 that documented, "Omeprazole Tablet Delayed Release 20 mg (milligrams) (3). Give 2 tablets by mouth one time a day for acid indigestion. Give 1-3 hours before breakfast." Review of Resident #85's July 2019 MAR (medication administration record) revealed Omeprazole was not documented as administered on 7/6/19 and 7/16/19. On 7/29/19 at approximately 9:35 a.m., an interview was conducted with LPN (licensed practical nurse) #9 via telephone. LPN #9 was asked if she recalled working on 7/6/19 and 7/16/19. LPN #9 stated, "Yes, I do recall working on both of those days." LPN #9 was asked if she recalled administering medications to Resident #85. LPN #9 stated, "Yes, I do recall	F842		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F842	Continued From page 487 administering medications to that resident." LPN #9 was asked the process she follows when administering medications to residents. LPN #9 stated, I check the medications against the MAR (medication administration record), check, each medication to ensure it is listed on the current MAR and I check to make sure it is the right resident. I would also look at the physician orders or call the physician if I noticed any discrepancies that needed clarification. After I administer all medications, I document them on the MAR by initialing." LPN #9 was made aware that the physician ordered Omeprazole for Resident #85 had no documentation noted on the MAR for 7/6/19 and 7/16/19. LPN #9 stated, "I do recall administering the medications for that resident. I may have forgotten due to answering a call bell or assisting with early morning care." On 8/5/19 at approximately 6:15 p.m., ASM #1 (administrator), ASM #2 (regional clinical coordinator) and ASM #3 (director of nursing) were made of the above concern. No further information was provided prior to the end of the survey. (1) Gastroesophageal reflux disease (GERD) happens when a muscle at the end of your esophagus does not close properly. This allows stomach contents to leak back, or reflux, into the esophagus and irritate it. You may feel a burning in the chest or throat called heartburn. Sometimes, you can taste stomach fluid in the back of the mouth. If you have these symptoms more than twice a week, you may have GERD. You can also have GERD without having heartburn. Your symptoms could include a dry cough, asthma symptoms, or trouble swallowing.	F842		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F842	Continued From page 488 Anyone, including infants and children, can have GERD. If not treated, it can lead to more serious health problems. In some cases, you might need medicines or surgery. However, many people can improve their symptoms by - Avoiding alcohol and spicy, fatty or acidic foods that trigger heartburn - Eating smaller meals - Not eating close to bedtime - Losing weight if needed - Wearing loose-fitting clothes This information was obtained from the following website: https://medlineplus.gov/gerd.html (2) Diverticula are small pouches that bulge outward through the colon, or large intestine. If you have these pouches, you have a condition called diverticulosis. It becomes more common as people age. About half of all people over age 60 have it. Doctors believe the main cause is a low-fiber diet. Most people with diverticulosis don't have symptoms. Sometimes it causes mild cramps, bloating or constipation. Diverticulosis is often found through tests ordered for something else. For example, it is often found during a colonoscopy to screen for cancer. A high-fiber diet and mild pain reliever will often relieve symptoms. If the pouches become inflamed or infected, you have a condition called diverticulosis. The most common symptom is abdominal pain, usually on the left side. You may also have fever, nausea, vomiting, chills, cramping, and constipation. In serious cases, diverticulosis can lead to bleeding, tears, or blockages. Your doctor will do	F842		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	C 08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF UNIVERSITY PARK	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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F842	Continued From page 489 a physical exam and imaging tests to diagnose it. Treatment may include antibiotics, pain relievers, and a liquid diet. A serious case may require a hospital stay or surgery. This information was obtained from the following website: https://medlineplus.gov/diverticulosisanddiverticulitis.html (3) Prescription omeprazole is used alone or with other medications to treat the symptoms of gastroesophageal reflux disease (GERD), a condition in which backward flow of acid from the stomach causes heartburn and possible injury of the esophagus (the tube between the throat and stomach) in adults and children 1 year of age and older. Prescription omeprazole is used to treat damage from GERD in adults and children 1 month of age and older. Prescription omeprazole is used to allow the esophagus to heal and prevent further damage to the esophagus in adults and children 1 year of age and older with GERD. Prescription omeprazole is also used to treat conditions in which the stomach produces too much acid such as Zollinger-Ellison syndrome in adults. Prescription omeprazole is also used to treat ulcers (sores in the lining of the stomach or intestine) and it is also used with other medications to treat and prevent the return of ulcers caused by a certain type of bacteria (H. pylori) in adults. Nonprescription (over-the-counter) omeprazole is used to treat frequent heartburn (heartburn that occurs at least 2 or more days a week) in adults. Omeprazole is in a class of medications called proton-pump inhibitors. It works by decreasing the amount of acid made in the stomach.	F842		

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