

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0376	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/31/2019
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NAME OF PROVIDER OR SUPPLIER THE NEWPORT	STREET ADDRESS, CITY, STATE, ZIP CODE 11141 WARWICK BLVD NEWPORT NEWS, VA 23601
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 05/29/2019 through 05/31/2019. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 60 licensed bed facility was 37 at the time of the survey. The survey sample consisted of 18 current Resident reviews and 5 closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations:</p> <p>12 VAC 5-371-220 (B). Nursing Services. Cross references to F-695 and F-697.</p> <p>12 VAC 5-371-220 (D). Podiatry Services. Cross references to F-687.</p> <p>12 VAC 5-371-250 (F). Resident Assessment and Care Planning. Cross Reference to F-656.</p> <p>12 VAC 5-371-300 (B). Pharmacy Services. Cross Reference to F-761.</p>	F 001	<p>This plan of correction is respectfully submitted as evidence of alleged compliance. The submission is not an admission that the deficiencies existed or that we are in agreement with them. It is an affirmation that corrections to the areas cited have been made and that the facility is in compliance with participation requirements.</p> <p>12 VAC 5-371-220 (B) Cross Reference F-695</p> <p>1. The liters per minute of oxygen administered to Resident #22 was adjusted to correspond with the current physician's order on May 30, 2019. The resident was assessed and was without negative outcome related to the oxygen liter flow. The staff have been</p>	7/12/19

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

Electronically Signed

TITLE

(X6) DATE

06/21/19

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F 001	Continued From page 1	F 001	<p>re-educated on the importance of monitoring the flow meter on the oxygen concentrator/ tank to ensure oxygen is administered at the prescribed rate.</p> <p>2. An audit was conducted for all residents with current oxygen orders. The audit included inspecting all concentrator/tank flow meters to ensure the oxygen was set at the ordered liters per minute. The nursing staff will be responsible for ensuring the oxygen equipment is set at the ordered liters per minute.</p> <p>3. RNs and LPNs were re-educated on "Oxygen Settings" by the Director of Nursing/ designee. The in-service included a review of the facility oxygen administration policy as well as the importance of checking the liter flow on the oxygen concentrator/tank ensuring it is set at the appropriate liter per current physician's order.</p> <p>4. The Charge Nurse/ designee will inspect daily all oxygen concentrator/tanks for residents with current oxygen orders to ensure oxygen is set at prescribed rate. The Director of Nursing/ designee will identify any patterns or trends and report results to the Quality Assurance and Performance Improvement Committee at least quarterly.</p>	

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F 001	Continued From page 2	F 001	<p>12 VAC 5-371-220 (B) Cross Reference F-697</p> <ol style="list-style-type: none"> The medical record for residents #6 and #22 were updated to reflect documentation of a complete pain assessment to include pain location. The residents were assessed and were without negative outcome. The medical records of all current residents receiving as needed pain medications were reviewed to ensure location of pain has been documented prior to administration of as needed pain medication and any variances have been addressed. The medication nurses will be responsible for documenting location of pain prior to administration of as needed pain medications. RNs and LPNs were re-educated on "Pain Management" by the Director of Education/ designee. The in-service included a review of the "Pain Management" policy as well as the importance of documenting the location of pain on the medication administration record when an as needed pain medication is administered. The Director of Nursing/designee will review ten current resident medication administration records weekly for a period 	

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F 001	Continued From page 3	F 001	<p>of six weeks to ensure pain location is documented prior to administration of as needed pain medication. The Director of Nursing/designee will identify any patterns or trends and report results to the Quality Assurance and Performance Improvement committee at least quarterly.</p> <p>12 VAC 5-371-220 (D) Cross Reference F-687</p> <ol style="list-style-type: none"> 1. Podiatry services were provided to Resident #27 on June 10, 2019. The staff have been re-educated on foot care and the importance of ensuring diabetic residents are seen by the podiatrist on a routine basis. 2. The Charge Nurse/designee will inspect all current residents to ensure foot care and/or podiatry services have been provided as needed. Any variances noted will be corrected and foot care and/or podiatry services will be obtained. 3. The Director of Nursing/designee will re-educate RNs, LPNs and CNAs on "Foot Care." The in-service will include but not limited to a review of the facility foot care policy as well as the process for obtaining podiatry services if facility staff unable to provide sufficient foot care. 4. The Director of Nursing/ designee will inspect twenty percent of current residents weekly for a period of six weeks to ensure foot care and/or podiatry services have been provided to current residents. The Director of Nursing/ 	

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F 001	Continued From page 4	F 001	<p>designee will identify any patterns or trends and report results to the Quality Assurance and Performance Improvement committee at least quarterly.</p> <p>12 VAC 5-371-250 (F) Cross Reference F-656</p> <ol style="list-style-type: none"> 1. The care plan for Resident #34 was updated to include use of an anticoagulant for the treatment of Atrial Fibrillation and an antipsychotic treating psychosis and depression. 2. The Director of Nursing/ designee will review the care plans of residents currently receiving anticoagulants and/or psychoactive medications to ensure there is a person centered care plan in place addressing the use of these medications. If variances are identified, the care plan will be updated to reflect the current status. 3. RNs and LPNs who are responsible for the care plan process were re-educated on "Person Centered Care Plans" by the Assistant Director of Nursing Operations/ designee. The in-service included a review of the facility policy "Person Centered Baseline and Comprehensive Care Plans." Staff were also educated on the importance of addressing resident conditions that may warrant use of anticoagulant and psychoactive medications. 	

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F 001	Continued From page 5	F 001	<p>4. The Director of Nursing/ designee will audit twenty percent of care plans weekly for a period of six weeks to ensure the care plan reflects the use of anticoagulants or psychotropic medications. The Director of Nursing/ designee will identify any patterns or trends and report results to the Quality Assurance and Performance Improvement committee at least quarterly.</p> <p>12 VAC 5-371-300 (B) Cross Reference F-761</p> <p>1. The multi-dose vial of morphine has been relocated to a permanently affixed locked medication cabinet.</p> <p>2. The medication room has been inspected to ensure any multi-dose vials of Schedule II medications are properly secured in a permanently affixed locked medication cabinet. The pharmacy is aware of the importance of ensuring multi-dose medications of Schedule II medications are properly secured.</p> <p>3. RNs, LPNs and pharmacy staff have been educated on the importance of securing Schedule II medications. The in-service included a review of the regulation for storage of Schedule II medications and facility procedure for properly securing medications.</p> <p>4. The Director of Nursing/ designee will inspect the medication room daily for a period of six weeks to ensure the Schedule II medications are stored in a</p>	

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F 001	Continued From page 6	F 001	permanently affixed locking medication cabinet. The Director of Nursing will report findings to the Quality Assurance and Performance Improvement committee at least quarterly.	