DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495315 B. WING 09/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST CONSULATE HEALTH CARE OF WOODSTOCK WOODSTOCK, VA 22664 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) E 000 **Initial Comments** E 000 F 000 **INITIAL COMMENTS** F 000 An unannounced Medicare/Medicaid standard survey was conducted 9/24/19 through 9/26/19. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Complaints were investigated during the survey. The Life Safety Code survey/report will follow. The census in this 88 certified bed facility was 77 at the time of the survey. The survey sample consisted of 37 current resident reviews and 4 closed record reviews. Resident Rights/Exercise of Rights F 550 1. Social Services met with R34. F 550 CFR(s): 483.10(a)(1)(2)(b)(1)(2) 88=E R61, R38, R2, and R21 to verify §483.10(a) Resident Rights. showers are being provided and The resident has a right to a dignified existence, dignity is respected per resident self-determination, and communication with and expectations. access to persons and services inside and outside the facility, including those specified in 2. All residents have the potential this section. to be effected. Quality review §483.10(a)(1) A facility must treat each resident by DON/designee of current with respect and dignity and care for each residents completed to verify resident in a manner and in an environment that respect/dignity and provision of promotes maintenance or enhancement of his or her quality of life, recognizing each resident's care according to resident's individuality. The facility must protect and preference. promote the rights of the resident. 3. Staff re-educated by §483.10(a)(2) The facility must provide equal

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

access to quality care regardless of diagnosis,

severity of condition, or payment source. A facility must establish and maintain identical policies and

Executive Direction by be excused from correcting providing it is determined the

DON/designee on 10/23 and

policy with a focus on providing

10/24 on Residents Rights

(X8) DATE

PRINTED: 10/09/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the instillution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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CONSULA	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 803 SOUTH MAIN ST WOODSTOCK, VA 22664	E	9/26/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG			(X5) COMPLETION DATE	
F 550	practices regarding tr provision of services residents regardless of the resident has the rights as a resident of or resident of the Unit \$483.10(b)(1) The fact resident can exercise interference, coercior from the facility. \$483.10(b)(2) The resident can exercise interference, coercior from the facility. \$483.10(b)(2) The resident from the facility. \$483.10(b)(2) The resident from the facility rights and to be supplexercise of his or her subpart. This REQUIREMENT by: Based on observation interview, facility docureview, and in the continvestigation, it was distaff failed to provide promote and maintain residents in the surve #61, #38, #2, and #21. The facility staff failed multiple days through August, and Septemb Resident #61 and Redependent on staff for stated the lack of confeel bad about herself	ansfer, discharge, and the under the State plan for all of payment source. of Rights. Inght to exercise his or her ithe facility and as a citizen ed States. sility must ensure that the his or her rights without it, discrimination, or reprisal sident has the right to be oercion, discrimination, and try in exercising his or her orted by the facility in the rights as required under this is not met as evidenced in, resident interview, staff intent review, clinical record inse of a complaint etermined that the facility care in a manner to a dignity for five of 42 by sample, Residents #34, into provide showers on out the months of July, er 2019, to Resident #34, sident #21 who are the bathing. Resident #34 sistent showers made her it. Resident #61 stated that	F 550	care that honors resist preferences. Direct of will be re-educated to DON/designee to use kardex to verify reside preferences. New resident's preferences morning meeting. 4. Social Services/designinterview 10 resident 4 weeks then month months to ensure respreferences are being Variances will be reported to QAPI with follow up a indicated. DON/designee will at kardexs weekly x 4 with months to ensure residents' preference being honored. Variances will be reported to QAPI with follow up as indicated. 5. Allegation of compliation of 11/06/2019	care staff by e the lents' sident's ed with e during nee will ts weekly x by x 3 sidents' g honored. orted to as adit 10 eeks then to ensure as are ances will with follow		
	stated the lack of con feel bad about hersel	sistent showers made her . Resident #61 stated that nt showers made him feel		0111/06/2019			

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F 550	Resident #54 stated caused him embarr failed to cover, Res was transported we her room to the their facility staff failed to promote Resident # meal on 9/24/19. Refor her food to be se residents at her tab. The findings include 1. The facility staff f promote and mainta Staff failed to proviot throughout the mon September 2019, to dependent on staff stated the lack of cofeel bad about herse Resident #34 was a 7/10/15, with diagnol limited to, history of disease, and diabet recent MDS (minimassessment with an date) of 8/22/19, Rehaving no cognitive decisions, having so BIMS (brief interview coded as being total assistance of two or transferring between	d not being provided showers assment. The facility staff ident #38's bare back as she aring a hospital gown from rapy gym on 9/24/19. The provide care in a manner to 2's dignity during the lunch esident #2 waited 30 minutes erved and watched while other le ate their food. ailed to provide care to ain Resident #34's dignity. He showers on multiple days the of July, August, and Resident #34, who is for bathing. Resident #34 onsistent showers made her elf. dmitted to the facility on bees that include, but not a stroke, chronic kidney es mellitus (1). On the most um data set), a quarterly a ARD (assessment reference esident #34 was coded as impairment for making daily cored 15 out of 15 on the word for mental status). She was ally dependent on the physical remore staff persons for a surfaces, and as being a the physical assistance of	F 5	50				

	OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 550	On 9/25/19 at 2:35 observed lying in be Resident #34 is the the surveyor asked to review the Resid past few months. Resident #34 stated, months ask facility staff were ask resolved to the resident ask facility staff were ask facility staff were ask facility staff were ask resolved to the resident had not gotten a shower chair had not gotten a shower made two weeks sing the only one. You Resident #61.]." On 9/25/19 at 5:25 observed lying in he conducted with the asked when she washower, Resident # day shift. It's when a mechanical lift) peo A review of Resider plan dated 9/24/18 in part, the following The resident is total provide bath/showe sponge bath when a be toleratedTRAN	p.m., Resident #34 was ed, watching television. Since Resident Council president, Resident #34 for permission ent Council minutes from the desident #34 stated, "Yes that Da.m., Resident #34 attended as a part of the survey red about any concerns the ware of but had not yet been dents' satisfaction, Resident eshowers." She stated that "is so short staffed," residents nanical lift to transfer into a ot been receiving showers "for desident #34 stated, "If I had relast Friday, it would have not live been bathed, and I'm ou need to go talk to [name of p.m., Resident #34 was resident at this time. When as scheduled to receive a 34 stated, "I'm scheduled for all the Hoyer (brand of	F	550				

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DEPARTMENT OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
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F 550	Information Kardex part, the following: 'Tuesday and Friday Current season, Lo a nursing homeTr Assist: Sling size - I A review of the unit' in part, the following and Friday." On 9/26/19 at 9:14 observed lying in he alert and interviewe she could provide n comments she had meeting, she stated (9/20/19). It was the May, June, July, and showers. "When as showers, she stated It's too much trouble enough staff to do it all of us who are Hofor transfer). If you is staff, you're not goir asked if she had recthese months, she sit that. They wipe m You can't even call i how this makes her	ge 4 se Tech (technician) for Resident #34 revealed, in 'Bathing: Shower. Bath Days: '. Shift: DayCognition: Alert, cation of room, Staff faces, In ransfers: Assist of 2. Transferarge, Transfer aid - Hoyer." s shower schedule revealed, g: "[Resident #34] - Tuesday a.m., Resident #34 was er bed. She was awake and d at this time. When asked if nore details about the made during the group , "I got a shower last Friday e first one in two weeks. In d August, I got almost no ked why she had not received d, "It's because I'm a Hoyer. e for them. There is not i. There is just not. It's true for overs (requiring mechanical lift need a Hoyer and there is no ng to get a shower." When ceived any kind of bath during stated, "Well if you want to call e down, but it's not a bath. t a bed bath." When asked feel, Resident #34 stated, "It ad about myself. Like I'm too	F 5					
	big. Like I don't mat (certified nursing as giving showers. "WI floor, there are just	ter." She stated that the CNAs sistants) are responsible for nen they have only two on the not enough people to do what us. It's pretty simple math."						

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
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F 550	Resident #34 reveal bathed on 8/9/19. The specify what type on this day. The doevidence that Resident from 7/1/19 the Allow specified as a spot check of dain July 2019 through the multiple days on which Resident #34's unit additional CNA, was CNA, called the "basident from A review of facility of that the unit on which a mechanical lift for the showers of the stated, "I don't know [give the showers], aide has never done the lift." When asked a resident who require a Hoye stated, "I don't know [give the showers], aide has never done the lift." When asked a resident who require a Hoye shower, CNA #2 stated when shown Resident who require a hoye shower, CNA #2 stated when shown Resident who require a hoye shower, and docume up on here."	lity's bathing record for alled that the resident was The documentation did not if bath Resident #34 received cumentation revealed no dent #34 received any kind of rough the time of the survey. Ity as-worked schedules for the time of the survey revealed nich only two CNAs worked on the common of these days, an is shown as working. This is shown as working. This is the aide" by facility staff, served or residents who did not require transfers. The sensus documents revealed the Resident #34 resides has	F	550					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 550	scheduled two days central supply. I have pulled me to work a am not familiar with the aide assigned to responsible for shot asked if she had give who required a Hoy shift that day, CNA who was supposed. On 9/25/19 at 3:22 #1, the MDS nurse, asked if any of the type of bath a resid. "The shower record number with a code of bath the resident means if there are at the shower record, record doesn't say, cognitively intact, the resident says." On 9/26/19 at 10:04 nurse) # 5 was intended the shower chance of a shower chance the shower and two CNAs to the bed after the shower aware of any days thappened for reside stated, "If a person what I am doing to the shower chance the shower aware of any days thappened for reside stated, "If a person what I am doing to the shower chance the shower aware of any days thappened for reside stated, "If a person what I am doing to the shower chance th	nink there are showers in a week. I usually only work in we my CNA license, and they as a CNA this week, but I really a the regular routines. I think of any particular hall is wers for the Hoyer lifts." When wen a shower to any resident wer lift for transfer during her #3 stated, "No. I'm not sure to get one." p.m., RN (registered nurse) was interviewed. When facility records showed the ent received, RN #1 stated, its should show it. There is a should show it. There is a should show what kind a got." When asked what it no numbers to indicate this on RN #1 stated, "If the ADL and if the resident is sen you have to go with what when the facility on a travel	F	550			

STATEMENT AND PLAN (STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E .	TIPLE CONSTRUCTION	((X3) DATE SURVEY COMPLETED	
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	I am agency. I have maybe a month or t knows who is to get #4 stated, "When I a sheet with the name shower, but mostly, am kind of figuring a CNA #4 stated it tak transfer a resident f one to give the resident fone to give the resident for transfer the floor. When asked if there have not been enough staff." On 9/26/19 at 11:06 interviewed. She stafacility for four years on the unit where Restated that showers Hoyer lift for transfer the floor. When asked baths, LPN #3 stated when showers have did not have enough	s a.m., CNA #4 was ated, "I don't really work here. been coming off and on here wo." When asked how she a shower on her shift, CNA come in, they give me a cheat as of the ones who need a I am just paying attention. I but whose days are what." the stwo staff members to from bed to a shower chair, then a shower, and two staff or the resident back to bed." It are always two staff to transfer residents using a staff to give baths to residents, at the days where there have aff to give baths to residents, at that's why I'm here. Our in. But even with us, there days when there still is not a.m., LPN #3 was sted she has worked at the and usually works day shift asident #34 resides. She for residents who require a resident who require a resident about staffing and resident d, "There have been days not been given because we staff here to do it. That is the thas a right to shower."	F 5	50			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK		00.20,2010		
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F 550 Continued From page 8 interviewed. She stated she has only worked at the facility for two weeks. She stated it takes two staff to get residents in and out of shower chairs if the residents require a Hoyer lift." On 9/26/19 at 11:37 a.m., CNA #6 was interviewed. CNA#6 stated, "The floor CNAs on [Resident #34's unit] give the Hoyer showers. I usually work the other unit. I give all the showers on that unit, and when there is only one CNA on this unit, the showers don't happen like they should. The bath aide on [Resident #34's unit] doesn't do anything but give showers. You can't count them in the staffing. If there are only two or even three aides on that unit, there is no way that any Hoyer showers are going to be given." On 9/26/19 at 1:25 p.m., ASM (administrative staff member) #3, the NP (nurse practitioner) was interviewed. ASM #3 stated, "Yes, I'm aware of the concerns about the showers, about residents not getting them. We are all concerned about the short staffing." On 9/26/19 at 1:51 p.m., RN #2, the unit manager for Resident #34's unit, was interviewed. She stated, "I know there are some concerns about the showers. This Monday, I put a tracking process into place. The aides fill out a skin sheet whenever they give a bath. We don't usually keep them, but I am using them to track which baths have been given. I will tell you that whenever a resident comes to me and tells me they haven't had a shower, I make sure they get one." When asked how she ensures residents unable to make a request for a shower are provided one, RN #2 stated, "I dont know, that's a good question. I just started this tracking Monday." When shown the shower records from the facility ADL	F 55			

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F 550	could pull a report is about the document document ation is more document to pull these reports something out." On 9/26/19 at 3:45 (director of nursing) asked if she was aversidents who requireceiving showers, hit and miss. In early a bath aide. [Name director] thought the Hoyer baths. To be staffing, the baths of an ongoing process correct. It's much in it is ever acceptable receive care because stated, "No. Not ever director, was intervicencerns about residents who re April, I put in a full ti #34's unit]. Now we Hoyers. The CNAs do them, but they at The bath aide is on finish one and start [residents needing the course of the course o	#2 stated, "I did not know you ke this. I am still learning tation. This shows me that our of effective. As a manager, I process. I need to learn how is. I'm sure I could figure p.m., ASM #2, the DON was interviewed. When ware of the concerns about re a Hoyer lift for transfers not ASM #2 stated, "It has been y April, we made a position for of ASM #1, the executive of floor CNAs could still do the honest, sometimes with id not get done. It has been and we have been drying to approved now." When asked if a practice for a resident not to se of lack of staffing, ASM #2	F 5	50					

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F 550	people I visit, I take for improvement. Whoyer person just to concluded, "I know addressed it June it assurance/performs far from fixed." On 9/26/19 at 4:50 were notified of them A review of the facility and Responsibilities following: "Each nutright to a dignified each communication and services inside facility must protect each resident. As a have the following rlaw:To be treated environment that midignity, and respect individuality and privillating and privillating and glucose, or blingh." This informating the facility staff formote and maintas the failed to provide throughout the mon	care of. We have much room the may need another full time or give those showers." She our residents are hurting. In QAPI (quality ance improvement). But it is p.m., ASM #1 and ASM #2 se concerns. Ity policy, "Resident's Rights are concerns. Ity policy, "Resident's Rights are concerns. Ity policy, "Resident has a existence, self-determination, with and access to persons and outside the facility. A and promote the rights of nursing facility resident, you ights under federal and state in a manner and in an aintains or enhances your in full recognition of your vacy." Itus) is a disease in which your ood sugar, levels are too ion is taken from the website gov/diabetes.html.	F 5				

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F 550		for bathing. Resident #61 iving consistent showers	F 5	50				
	5/27/10, and was m 5/3/19 with diagnos history of a spinal c On the most recent annual assessment reference date) of 9 coded as having no making daily decision 15 on the BIMS (bri He was coded as be physical assistance for transferring betw totally dependent or	admitted to the facility on lost recently readmitted on es including, but not limited to ord injury and quadriplegia (1). MDS (minimum data set), and with an ARD (assessment M7/19, Resident #61 was a cognitive impairment for ons, having scored 15 out of ef interview for mental status). The eing totally dependent on the of two or more staff persons ween surfaces, and as being in the physical assistance of a bathing. In sections						
	a.m., Resident #61 resident as possibly	eeting on 9/25/19 at 10:00 was identified by another r not having received showers ent of being transferred by a						
	plan dated 11/8/18 r "BATHING/SHOWE dependent on staff t necessaryProvide or shower cannot be	at #61's comprehensive care revealed, in part, the following: RING: The resident is totally to provide bath/shower and as sponge bath when a full bath to toleratedTRANSFER: ires a full body Mechanical Lift ce for transfers."	·					
and the second s	conducted with Res	o.m., an interview was ident #61. When asked if he showers as he thought he						

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NAME OF	PROVIDER OR SUPPLIER		I	STREET ADDRESS, CITY, STATE, ZIP CO		09/	26/2019	
CONSUL	ATE HEALTH CARE			803 SOUTH MAIN ST WOODSTOCK, VA 22664				
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F 550	been short of help. when they are short the help." When asl were offered to him Resident #61 stated wouldn't call it that, about it. May, June, did not get washed. really. Just wiped of records showed he those days, Resider receive a shower ar even call it a bath." CNA dedicated stric she does not provid require a mechanica "If [RN (registered in make sure it (showe RN #2 is at the facili residents need a sh not." When asked him akes him feel, Reme feel awful, dirty a embarrassed becaus why the bath aide camakes me feel so beconcern would be loobserved with tears thank you. A review of the Nursinformation Kardex part, the following: "I Monday and Thursd Alert, Current seaso faces, In a nursing him."	They won't do the showers of help. We just don't have ked if other types of baths in place of the showers, it, "If you could call it that. I am wiped off, and that's July, and August. My head it was not even a bed bath, f." When asked if the facility received a shower on any of the stated, "I did not any of those times. I wouldn't he stated he knows there is a tily to bathing residents, but the showers for residents who all lift for transfers. He stated, urse) #2] is here, she will be yet gets done." When asked if the ery gets done." When asked if the transfers and shower sident #61 stated, "It makes and smelly. It makes me se I am so large and that's an't give me a shower. It just ad." When informed the oked into, Resident 61 was on his cheeks and stated	F 5	50				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA*	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		/20/2019	
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F 550	Continued From page 13 A review of the unit's shower schedule revealed, in part, the following: "[Resident 61] - Monday and Thursday."		F 5	550			
	Resident #61 reveat type of bath on 17 of the time of the surv specify what type of these dates. The re	lity's bathing record for aled that he received some days from July 1, 2019 through rey. The bath record did not f bath he received on any of emainder of the dates during not reveal any evidence that wed a bath.					
	A spot check of daily as-worked schedules for July 2019 through the time of the survey revealed multiple days on which only two CNAs worked on Resident #61's unit. On some of these days, an additional CNA was shown as working. This CNA, called the "bath aide" by facility staff, served only to give baths to residents who did not require a mechanical lift for transfers.						
	A review of facility of that the unit on which 58 resident beds.	ensus documents revealed ch Resident #61 resides has					
	floor are supposed who require a Hoye stated, "I don't know [give the showers], aide has never don the lift." When aske a resident who requishower, CNA #2 sta When shown Resid	p.m., CNA #2 was ated the CNAs who work the to give showers to residents or lift for transfers. CNA #2 why the shower aide doesn't but she doesn't. The shower e showers for people who use of how she documents giving uires a Hoyer lift for transfer a sted, "I record it on the tablet." lent #34's shower record as she stated, "Yeah, if I had					

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD TO THE APPROPE	BE	(X5) COMPLETION DATE
F 550	done it and docume up on here." On 9/25/19 at 2:38 facility's central sup CNA #3 stated, "I the scheduled two days central supply. I have pulled me to work a am not familiar with the aide assigned to responsible for short asked if she had give who required a Hoy shift that day, CNA who was supposed On 9/25/19 at 3:22 #1, the MDS nurse, asked if any of the fitype of bath a reside "The shower record number with a code of bath the resident means if there are rethe shower record, record doesn't say, cognitively intact, the the resident says." On 9/26/19 at 10:04 nurse) # 5 was interthird week working it assignment. She staresponsible for bath takes two CNAs to the and two CNAs to treat the shower change in the shower change in the staresponsible for bath takes two CNAs to treat the shower change in the shower change i	p.m., CNA #3, who is also the ply clerk, was interviewed. ink there are showers a week. I usually only work in we my CNA license, and they is a CNA this week, but I really the regular routines. I think to any particular hall is wers for the Hoyer lifts." When wen a shower to any resident er lift for transfer during her #3 stated, "No. I'm not sure to get one." D.m., RN (registered nurse) was interviewed. When acility records showed the ent received, RN #1 stated, is should show it. There is a that should show what kind got." When asked what it in numbers to indicate this on RN #1 stated, "If the ADL and if the resident is en you have to go with what a.m., LPN (licensed practical viewed. She stated it was her in the facility on a travel	F				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F 550	aware of any days thappened for reside stated, "If a person what I am doing to gresponsibility to mal shower." On 9/26/19 at 10:46 interviewed. She stated a magency. I have maybe a month or the knows who is to get #4 stated, "When I desheet with the name shower, but mostly, am kind of figuring of CNA #4 stated it tak transfer a resident fone to give the reside members to transfe When asked if there members available mechanical lift, CNA not always two aideasked if there have not been enough stated."Yes agency is here to fill have been so many enough staff." On 9/26/19 at 11:06 interviewed. She stafacility for four years on the unit where Restated that showers Hoyer lift for transfet the floor. When asked	hat showers had not ents on her unit. LPN #5 needs a shower, I will stop give a shower. It is the nurse's ke sure the resident gets a same, CNA #4 was ated, "I don't really work here, been coming off and on here wo." When asked how she a shower on her shift, CNA come in, they give me a cheat as of the ones who need a I am just paying attention. I but whose days are what." the two staff members to from bed to a shower chair, lent a shower, and two staff or the resident back to bed." It is are always two staff to transfer residents using a way at the to give baths to residents, as, that's why I'm here. Our in. But even with us, there days when there still is not	F 56			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 550	did not have enoughtruth. Yes. A resider On 9/26/19 at 11:37 interviewed. CNA#6 [Resident #34's unit usually work the oth on that unit, and wh this unit, the shower should. The bath aid doesn't do anything count them in the st even three aides on any Hoyer showers On 9/26/19 at 1:25 staff member) #3, th interviewed. ASM #3 the concerns about not getting them. W short staffing." On 9/26/19 at 1:51 for Resident #61's u stated, "I know there the showers. This M process into place." whenever they give them, but I am using have been given. I w resident comes to m had a shower, I mal asked how she ensi a request for a show started, "I dont know started this tracking shower records from	not been given because we in staff here to do it. That is the in thas a right to shower." a.m., CNA #6 was is stated, "The floor CNAs on it give the Hoyer showers. I wer unit. I give all the showers en there is only one CNA on its don't happen like they do on [Resident #61's unit] but give showers. You can't affing. If there are only two or that unit, there is no way that are going to be given." b.m., ASM (administrative in NP (nurse practitioner) was a stated, "Yes, I'm aware of the showers, about residents e are all concerned about the com., RN #2, the unit manager init, was interviewed. She is are some concerns about londay, I put a tracking. The aides fill out a skin sheet a bath. We don't usually keep in the track which baths will tell you that whenever a ne and tells me they haven't be sure they get one. When the ver are provided one, RN #2, that's a good question. I just Monday." When shown the	F 5	50			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 550	could pull a report I about the document documen	ike this. I am still learning station. This shows me that our of effective. As a manager, I a process. I need to learn how is. I'm sure I could figure p.m., ASM #2, the DON was interviewed. When ware of the concerns about ire a Hoyer lift for transfers not ASM #2 stated, "It has been by April, we made a position for of ASM #1, the executive efloor CNAs could still do the honest, sometimes with did not get done. It has been is and we have been drying to inproved now." When asked if the practice for a resident not to se of lack of staffing, ASM #2	F	550			

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for in Hoye conc addra assu far fr On 9 were A revand I followight and a facilities each have law: envir dignification individual of the second of the secon	er person just to luded, "I known essed it June in rance/perform om fixed." 1/26/19 at 4:50 in notified of the riew of the facing reschous protect in the following resident. As an attention and respective in the following resident. As an attention and respective in the following resident. As an and respective in the following resident and price in the following resident. As an and respective in the following resident and respective in the following resident and respective in the following resident in the fo	Ve may need another full time or give those showers." She our residents are hurting. In QAPI (quality ance improvement). But it is p.m., ASM #1 and ASM #2 se concerns. If y policy, "Resident's Rights is," revealed, in part, the raing facility resident has a existence, self-determination, in with and access to persons and outside the facility. A is and promote the rights of nursing facility resident, you rights under federal and state if in a manner and in an anintains or enhances your in full recognition of your evacy." I loss of muscle function in part pens when something goes messages pass between your Paralysis can be complete or on one or both sides of your cur in just one area, or it can alysis of the lower half of your in legs, is called paraplegia. It is and legs is quadriplegia." I loss of muscle function in part pens when something goes messages pass between your paralysis can be complete or on one or both sides of your cur in just one area, or it can halysis of the lower half of your in legs, is called paraplegia. It is and legs is quadriplegia." I loss of muscle function in part pens when something goes messages pass between your paralysis can be complete or on one or both sides of your cur in just one area, or it can haly sis called paraplegia. I loss of the lower half of your in legs, is called paraplegia." I loss of the lower half of your in legs, is called paraplegia. I loss of the lower half of your in legs, is called paraplegia. I loss of the lower half of your in legs, is called paraplegia. I loss of the lower half of your in legs, is called paraplegia. I loss of the lower half of your in legs, is called paraplegia. I loss of the lower half of your in legs, is called paraplegia.	F 5	50		

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	ATE HEALTH CARE	DF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664			
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F 550	Continued From page 19 3. The facility staff failed to cover Resident #38's bare back as she was transported wearing a hospital gown from her room to the therapy gym on 9/24/19. Resident #38 was admitted to the facility on 9/25/17 and most recently readmitted on 9/19/19 with diagnoses including, but not limited to vascular dementia (1), a recent GI (gastrointestinal bleed) (2), and shingles (3). On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 8/26/19, Resident #38 was coded as being mildly cognitively impaired for making daily decisions, having scored 13 out of 15 on the BIMS (brief interview for mental status. She was coded as using a wheelchair for mobility. On 9/24/19 at 3:01 p.m., Resident #38 was observed lying in her bed. Her bed was in low position, and her eyes were closed. On 9/24/19 at 4:25 p.m., Resident #38 was observed in a wheelchair in the hallway. She was being pushed in the wheelchair by OSM (other staff member) #8, a physical therapy assistant. OSM #8 pushed the resident down the hallway into the therapy gym. During this transport, Resident #38 was wearing hospital gown; the gown was tied at the top, and open from the area underneath the tie to the top of the wheelchair back. Her bare back was partially visible above the back of the wheelchair. There were three other therapy staff members in the room. On 9/25/19 at 8:56 a.m., Resident #38 was lying in bed. Her meal tray was on the over bed table, and the resident was staring straight ahead, not eating. The resident stated she did not want to		F	550			

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F 550	On 9/25/19 at 2:55 interviewed. When Resident #38 was a her from her room previous afternoon. When informed of tregarding the resident at was open in the try to keep that gow. He stated the resid because of the pair #8 stated, "That wa going to get. We dishonestly." On 9/26/19 at 10:46 assistant) # 4 was it resident should be being transported of CNA #4 stated, "Ye of the surveyor's obtained the hall like that; she back to her room at be seen like that." On 9/26/19 at 11:16 nurse) #3 was interresident should be being transported of the stated, "Yes. The When informed of the Resident #38 on the "She should at leasher, or another gow."	erview with the surveyor.	F 55			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG			(X5) COMPLETION DATE
F 550	their room. No way that going to therap On 9/26/19 at 3:45 staff member) #2, ti was interviewed. Wobservation of Resigym wearing a hosp back and asked if the stated, "Absolutely not acceptable, ASI issue. That did not On 9/26/19 at 4:50 were notified of the No further information. This It affects memory, the and behavior. Vasce by a series of small This information is the https://medlineplus. (2) "Your digestive of includes the esophalized intestine or considered intestine or cons	nerapist should go to them in should a resident look like by." p.m., ASM (administrative he DON (director of nursing) then informed of the surveyor's dent #38's transport to therapy bital gown that was open in the his was acceptable, ASM #2 not." When asked why it was M #2 stated, "It's a dignity protect that resident's dignity." p.m., ASM #1 and ASM #2 se concerns. Ion was provided prior to exit. Igradual and permanent loss of occurs with certain diseases. hinking, language, judgment, ular dementia (VaD) is caused strokes over a long period." Itaken from the website gov/ency/article/000746.htm. For gastrointestinal (GI) tract agus, stomach, small intestine, blon, rectum, and anus. from any of these areas. The can be so small that only a This information was obtained gov/gastrointestinalbleeding.h	F 5	50		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 550	causes chickenpox	is. This is the virus that also	F	550		
	manner to promote the lunch meal on a minutes for her foo while other residen. Resident #2 was at 12/26/18, with diag limited to, dementia disease. On the moset), a quarterly assections crossed as being severaking daily decisi Sections Croo-Crossed as the limited to the limit	failed to provide care in a Resident #2's dignity during 9/24/19. Resident #2 waited 30 d to be served and watched ts at her table ate their food. Idmitted to the facility on noses that include, but are not a with behaviors (1) and heart lest recent MDS (minimum data lessment with an ARD lence date) of 9/21/19, she was lerely cognitively impaired for lons, having been coded in 100. She was coded as lance of one staff member for				
	On 9/24/19 at 12:30 p.m., observation of the service of the lunch meal was made in the main dining room. Resident #2 was seated at a table with six other residents. At 12:32 p.m., lunch was served to three residents seated at the opposite end of the table from Resident #2. This consisted of soup and a plate of food. Resident #2 stared at the three residents as they ate their lunch. Two of the three residents who received their food at 12:32 p.m. left the dining room at 12:50. At approximately 1:00 p.m., Resident #2 was served her lunch. She was served one item at a time. When she finished with one item, CNA (certified nursing assistant) #3 who is also the central supply clerk opened a new bowl of food for her					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	09/	26/2019
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F 550	and assisted her with eating. A review of Resident #2's comprehensive care plan dated 1/10/19 and updated 7/4/19 revealed, in part, the following: "EATING: The resident requires extensive (sic) by staff to eat. Clothing protector PRN (as needed)." On 9/25/19 at 2:40 p.m., CNA #3 was interviewed. When asked if she was aware that Resident #2 was served lunch almost 30 minutes after three of her tablemate's on 9/24/19, CNA #3 stated, "Yes, I'm aware. I think there is a problem in our dining room. I think we don't have enough help for everyone who needs feeding or supervision. When everyone is up and out of bed, we have ten residents who need to be fed, and ten residents who require close supervision. Most of the time, there is just me, and maybe one other person who are able to feed or supervise residents. It's just not enough, in my opinion." When asked if Resident #2's dignity was impacted by having to watch, others eat while she had to wait for her food, CNA #3 stated, "Without		Fŧ	550			
						-	
				er ver referens en en de se de s			
	residents. I couldn't food one item at a ti once, and I know sh wait. Even if she ca sure she can feel th						
	staff member) #2, the interviewed about R 30 minutes to be se were eating their lur a problem." When a ASM #2 stated, "It's	o.m., ASM (administrative ne director of nursing, was esident #2 having to wait for rved while others at her table nch. ASM #2 stated, "Yes, it's asked why it is a problem, a dignity problem. Everyone ble should be served		The state of the s			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 550	others, I can't totally On 9/26/19 at 4:50 were notified of thes No further information. (1) "Dementia is a good brain function. This it affects memory, the and behavior." This website https://medlineplus.com/LAINT DEFICES. The facility staff faservices to maintain Resident #21 was nonsistently during the September and state caused him embarrate and post-traumatic seriological s	p.m., ASM #1 and ASM #2 se concerns. on was provided prior to exit. Iradual and permanent loss of occurs with certain diseases. Ininking, language, judgment, information is taken from the gov/ency/article/000746.htm. CIENCY ailed to provide care and the dignity of Resident #21. ot provided showers he moths of August and ed not receiving a shower assment. dmitted to the facility on gnoses include paraplegia is and lower body), anxiety, stress disorder (PTSD). It recent Minimum Data Set was a Quarterly Assessment Reference Date (ARD) of ef Interview for Mental Status dent #21 at a 15, indicating no int #21 was coded as requiring e of 1 person for bed mobility, ing, and total dependence on	F 5	50			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING	(X3) DAT	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP COD 803 SOUTH MAIN ST WOODSTOCK, VA 22664		20/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
F 550	conducted during we dissatisfaction with provided by facility: he prefers to take sunable to get a shown member who bathe of a Hoyer lift was fit the bed baths did no odor, and that this ownen going out such Resident #21's com 08/08/2019 docume Activities of Daily Lift "BATHING/SHOWE extensive-totally dependent of the shower/bathe." "TF limited-no assistance on 9/25/19 at 2:28 interviewed. She stafloor are supposed who require a Hoyer stated, "I don't know [give the showers], I	thich Resident #21 expressed the bathing and showering staff. Resident #21 stated that howers, but that he has been wer recently after the staff d residents who needed use ired. Resident #21 stated that of always eliminate his body caused him embarrassment h as to doctor's appointments. In the following under fe (ADL) self-care deficits: ERING: the resident is pendent on staff to provide tansferring."	F5	550		
The state of the s	facility's central supp She stated, "I think it two days a week. I usupply. I have my Come to work as a CN not familiar with the aide assigned to any for showers for the it	o.m., CNA #3, who is also the oly clerk, was interviewed. There are showers scheduled isually only work in central NA license, and they pulled A this week, but I really am regular routines. I think the particular hall is responsible Hoyer lifts." When asked if wer to any resident who				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		495315	B. WING				C 26/2019
	PROVIDER OR SUPPLIER ATE HEALTH CARE (DF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CO 803 SOUTH MAIN ST WOODSTOCK, VA 22664	DE .		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD I	BE	(X5) COMPLETION DATE
F 550	required a Hoyer lift that day, she stated supposed to get one. On 9/25/19 at 3:22 p#1, the MDS nurse, asked if any of the f kind of bath a reside shower records sho number with a code of bath the resident means if there are not the shower record, and if the shower record and says." A review of Residen August and Septem code to indicate what recorded, only what provided. On 9/26/19 at 10:04 nurse) # 5 was interthird week working it assignment. She state responsible for bath takes two CNAs to the dafter the shower and two CNAs to train bed after the shower aware of any days the happened for reside a person needs a showledge of the shower and to give a showledge of the shower and the shower aware of any days the person needs a showledge of the shower as showledge of the shower and the shower	for transfer during her shift, "No. I'm not sure who was e." o.m., RN (registered nurse) was interviewed. When acility records showed what ent received, she stated, "The uld show it. There is a that should show what kind got." When asked what it so numbers to indicate this on she stated, "If the ADL record he resident is cognitively e to go with what the resident at #21's shower logs for ber 2019, showed no number at type of bath was being level of assistance was a.m., LPN (licensed practical viewed. She stated it was her in the facility on a travel atted the CNAs are ing residents. She stated it ransfer a resident from the ir, one aide to give the bath, insfer the resident back to r. She stated she was not not showers had not not on her unit. She stated, "If nower, I will stop what I am	F 58	50			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495315	B. WING		C 09/26/2019			
	PROVIDER OR SUPPLIER	OF WOODSTOCK		803 S	ET ADDRESS, CITY, STATE, ZIP CODE OUTH MAIN ST DDSTOCK, VA 22664	U9/	20/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 550	On 9/26/19 at 10:46 interviewed. She stat I am agency. I have maybe a month or the knows who is to get stated, "When I consheet with the name shower. But mostly, am kind of figuring and She stated it takes a resident from bed the resident a show transfer the resident here are always two she stated, "No. The on every hallway." On 9/26/19 at 11:06 interviewed. She stated about staffing stated, "There have have not been giver enough staff here to resident has a right. I give all the shathere is only one CN don't happen like the On 9/26/19 at 1:25 pataff member) #3, the interviewed. She stated concerns about the state one of the state of the state one of the state of the stat	a.m., CNA #4 was ated, "I don't really work here. been coming off and on here wo." When asked how she to a shower on her shift, she he in, they give me a cheat es of the ones who need a lout whose days are what." two staff members to transfer to a shower chair, one to give er, and two staff members to to ack to bed." When asked if to staff members available, ere are not always two aides ated she has worked at the standard she has worked at the standard she has worked at the standard she has worked at the she has worked at the she has worked at the standard she has worked at the standard she has worked at the she has worked at the standard she has worked at the showers we did not have to do it. That is the truth. Yes. A to shower."	FE	550				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING COMPLETED C 498315 B. WING 09/26/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST CONSULATE HEALTH CARE OF WOODSTOCK WOODSTOCK, VA 22664 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 28 F 550 F 550 Administrative Staff Member (ASM) #1, the facility Executive Director, and ASM #2, the Director of Nursing, were informed of the findings at the end of day meeting on 09/26/2019. No further information was provided. 1. A Hoyer Lift is a hydraulic or electrical lift used in combination with a sling to move patients who have limited to no mobility of their own. F 561 Self-Determination F 561 1. R54 has been receiving showers to CFR(s): 483.10(f)(1)-(3)(8) SS=D date as scheduled/preferred. §483.10(f) Self-determination. 2. All residents have the potential to The resident has the right to and the facility must be effected. Quality review by promote and facilitate resident self-determination through support of resident choice, including but DON/designee of shower not limited to the rights specified in paragraphs (f) documentation for past 2 weeks, (1) through (11) of this section. resident/RP interviews completed §483.10(f)(1) The resident has a right to choose to verify resident's preference activities, schedules (including sleeping and waking times), health care and providers of health being accommodated. care services consistent with his or her interests, 3. Staff re-educated by assessments, and plan of care and other DON/designee on 10/23 and applicable provisions of this part. 10/24 on Resident Rights policy §483.10(f)(2) The resident has a right to make with a focus on providing choices choices about aspects of his or her life in the facility that are significant to the resident. for delivery of care, honoring preferences and documentation. §483.10(f)(3) The resident has a right to interact with members of the community and participate in Direct care staff will be recommunity activities both inside and outside the educated on 10/23 and 10/24 to facility.

use the kardex to verify resident

PRINTED: 10/09/2019

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		•	(X3) DATE SURVEY COMPLETED	
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		495316	B. WING_			09/	26/2019
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK				803 SC	T ADDRESS, CITY, STATE, ZIP CODE DUTH MAIN ST DSTOCK, VA 22664		
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F 561	religious, and communinterfere with the right facility. This REQUIREMENT by: Based on resident intelligible clinical record review documentation the fact resident's preference the survey sample, (Resident's preference for a shown the findings include: Resident #54 was add 03/28/2019. Her diagrous muscle weakness, dia Resident #54's most of (MDS) Assessment with an Assessment Resident extensive assistance of mobility and dressing. requiring the supervisit transfers, and being to person for toileting an coded as not occurring period. On 09/24/2019 at 1:08 conducted with Reside	ident has a right to tivitles, including social, nity activities that do not is of other residents in the Is not met as evidenced terview, staff interview, and review of facility cility staff failed to honor the for one of 42 residents in tesident #54). It o honor Resident #54's ter instead of a bed bath. Initted to the facility on noses included pneumonia, tibetes, and morbid obesity, tecent Minimum Data Set as a Quarterly Assessment teference Date (ARD) of Interview for Mental Status int #54 at a 15, indicating no #54 was coded as requiring of one person for bed The resident was coded as on of 1 person for otally dependent on one d bathing. Ambulation was g during the lookback Bp.m., an interview was ent #54. During this	F5		preferences. Showers will be reviewed at the morning mee to ensure compliance. Reside will be interviewed during morounds to ensure preferences being followed. Social Services/designee will interview 10 residents weekly weeks then monthly x 3 monto verify provision of care per residents' preferences and documentation is complete. Variances will be reported to with follow up as indicated. Allegation of compliance date 11/06/2019	eting ents ock s are / x 4 ths	
	conducted with Reside			***************************************			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING	·		C 09/26/2019	
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK		:	STREET ADDRESS, CITY, STATE, ZIP C 803 SOUTH MAIN ST WOODSTOCK, VA 22664	ODE	09/	20/2019	
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F 561	stated that "the bat quit" and that no ot When asked what receiving, Resident getting bed baths. I bath she would pre preferred showers. staff this, Resident Resident #54's con 09/19/2019 docume Activities of Daily L "BATHING/SHOWI extensive-full assis "TRANSFER: The on 2 staff for transfon 9/25/19 at 2:28 interviewed. She st floor are supposed who require a Hoye stated, "I don't know [give the showers],	he July 23rd". Resident #54 h aide who used the Hoyer lift her staff used the Hoyer lift, kind of bathing she was t #54 stated that she was When asked which type of fer, Resident #54 stated she When asked if she had told #54 stated yes. Inprehensive care plan dated ents the following under ife (ADL) self-care deficits: ERING: the resident requires tance by staff with shower." resident is totally dependent erring with Hoyer."	F	561			
	facility's central sup CNA #3 stated, "I the scheduled two days central supply. I have pulled me to work a am not familiar with the aide assigned to responsible for short asked if she had give	p.m., CNA #3, who is also the oply clerk, was interviewed. which there are showers as a week. I usually only work in we my CNA license, and they as a CNA this week, but I really the regular routines. I think to any particular hall is wers for the Hoyer lifts." When wen a shower to any resident wer lift for transfer during her					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	DF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		120/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ULD BE	(X5) COMPLETION DATE	
F 561	who was supposed On 9/25/19 at 3:22 #1, the MDS nurse, asked if any of the f type of bath a reside "The shower record number with a code of bath the resident means if there are r the shower record, (activities of daily liv the resident is cogn go with what the resident September 2019 sh code to indicate what recorded, only what provided. On 9/26/19 at 10:04 nurse) # 5 was inter third week working it assignment. She sta responsible for bath takes two CNAs to tra bed after the showe aware of any days th happened for reside stated, "If a person it what I am doing to g	#3 stated, "No. I'm not sure to get one." p.m., RN (registered nurse) was interviewed. When acility records showed what ent received, RN #1 stated, is should show it. There is a that should show what kind got." When asked what it is numbers to indicate this on RN #1 stated, "If the ADL ing) record doesn't say, and if itively intact, then you have to ident says." It #54's August and ower logs showed no number at type of bath was being level of assistance was a.m., LPN (licensed practical viewed. She stated it was here in the facility on a travel ated the CNAs are ing residents. She stated it ransfer a resident from the air, one aide to give the bath, insfer the resident back to re. She stated she was not not at showers had not not on her unit. LPN #5 needs a shower, I will stop live a shower. It is the nurse's the sure the resident gets a	F 5	61			

STATEMEN' AND PLAN (ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING		TE SURVEY	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE	
F 561	facility for four years on the unit where R stated that showers Hoyer lift for transfethe floor. When ask baths, LPN #3 state when showers have did not have enoughtruth. Yes. A resider On 9/26/19 at 11:37 interviewed. CNA #6 [Resident #54's unit usually work the oth on that unit. When tunit, the showers do The bath aide on [Ranything but give shin the staffing. If the aides on that unit, the showers are going to the showers are going to the showers. This M process into place. Whenever they give them. But I am using have been given. I wresident comes to mhad a shower, I makasked how a resider request for themselves shower because 'shone,' RN #2 stated, question. I mean, I stated.	ated she has worked at the s, and usually works day shift esident #54 resides. She for residents who require a present and resident who require a present additional and resident and the staffing and resident and the staff here to do it. That is the not has a right to shower." It a.m., CNA #6 was stated, "The floor CNAs on a give the Hoyer showers. I her unit. I give all the showers here is only one CNA on this port happen like they should be sident #54's unit] doesn't do nowers. You can't count them are are only two or even three here is no way that any Hoyer	F5	661			

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		I IDENTIFICATION NI IMPED:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495315	B. WING		00	C /26/2019	
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK			STREET ADDRESS, CITY, STATE, ZIP COE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		/20/2019		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRI ((EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 561	of a lack of sufficier There have been. Of four CNAs plus a bit to be given. We hot often in the two mot and help as much a But I know the resident #54's shot September 2019 frod documentation, RN could pull a report liabout the document documentation is not need to figure out a to pull these reports something out." On 9/26/19 at 3:45 (director of nursing) asked if she was aw residents who requirected and miss. In early a bath aide. [Name director] thought the Hoyer baths. To be staffing, the baths dan ongoing process correct. It's much imit is ever acceptable.	not receive showers because at staff, RN #2 stated, "Yes. Over here, we need at least ath aide in order for showers nestly have not had that very on the live been here. I jump in as possible. It's a team effort. It is a see and know when the people here." When shown wer records for August and om the facility ADL #2 stated, "I did not know you ke this. I am still learning tation. This shows me that our of effective. As a manager, I process. I need to learn how it. I'm sure I could figure p.m., ASM #2, the DON was interviewed. When ware of the concerns about re a Hoyer lift for transfers not ASM #2 stated, "It has been y April, we made a position for of ASM #1, the executive of floor CNAs could still do the honest, sometimes with id not get done. It has been and we have been trying to a proved now." When asked if a practice for a resident not to see of lack of staffing, she	F 5	61			
F 565 SS≔E	Resident/Family Gro CFR(s): 483.10(f)(5	oup and Response	F 56	65			
		<u> </u>					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	495315	B. WING_			09/	26/2019
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF W			803 5	ET ADDRESS, CITY, STATE, ZIP CODE BOUTH MAIN ST DDSTOCK, VA 22664		
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
(i) The facility must pre group, if one exists, we reasonable steps, with to make residents and upcoming meetings in (ii) Staff, visitors, or of resident group or family the respective group's (iii) The facility must person who is approve group and the facility providing assistance a requests that result from (iv) The facility must be resident or family group concerning issee in the facility. (A) The facility must be response and rational (B) This should not be facility must implement request of the resident \$483.10(f)(6) The resident in family group groups concerning is participate in family groups or or representative(s) mee families or resident represidents in the facility	dent groups in the facility. rovide a resident or family with private space; and take in the approval of the group, if family members aware of a timely manner. ther guests may attend ily group meetings only at is invitation. rovide a designated staff ed by the resident or family and who is responsible for and responding to written om group meetings. consider the views of a up and act promptly upon commendations of such sues of resident care and life the able to demonstrate their e for such response, a construed to mean that the ant as recommended every at or family group. Ident has a right to have wither resident at in the facility with the presentative(s) of other for it was	F 56	2	. October meeting was held 10/01/2019. Grievances rais were distributed to the approper Departmental Heads, resolut initiated within 48 hours. For will occur 11/01/2019. All residents have the potent be effected. Quality review of reported grievances of the part days completed to verify resident/RP satisfaction with resolutions. Staff will be re-educated by DON/designee on 10/23 and on Grievance policy with a for appropriate resolution. Grievance policy with a for appropriate resolution per policy. Executive Director/designee complete quality review of 10 grievances to ensure resoluting the satisfaction of resident/R weekly x 4 weeks then month months. Variances will be reto QAPI with follow up as ind Allegation of compliance date 11/06/2019	ppriate ions ilow up ial to of ast 60 10/24 cus on vances rning ilow- will on to P nly x 3 ported icated.	

STATEMENT AND PLAN (STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	100010	D. WING		TET ADDRESS OF THE PERSON	09/	26/2019	
CONSUL	ATE HEALTH CARE (803	EET ADDRESS, CITY, STATE, ZIP CODE SOUTH MAIN ST ODSTOCK, VA 22664		i	
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	and failed to act prothe resident council The facility staff faile concerns expressed meetings in April, ar residents not receiv to evidence any resident Counsel g not receiving showe The findings include On 9/25/19 at 2:35 preceived permission Council president to minutes for the last. A review of the Resident to minutes for the last. A review of the Resident to minutes for the last. A review of the Resident to minutes for the last. A review of the Resident for the last. The pushes is last. A review of the Resident for the last.	resident council meetings, amptly upon grievance from meeting minutes reviewed. The second during Resident Council and August 2019, regarding ing showers, and staff failed ponse to the September 2019 rievance regarding residents are. D.m., the survey team from the facility Resident review the Resident Council six months. dent Council minutes dated part, the following: "New owers - being given. Person administrative staff member) or of nursing)]. A review of	F5	65				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CIPLE CONSTRUCTION NG	(X3) DAT	(X3) DATE SURVEY COMPLETED	
		495315	B. WING		1	C /26/2019	
CONSUL	PROVIDER OR SUPPLIER .ATE HEALTH CARE (STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 00/	20/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)) BE	(X5) COMPLETION DATE	
F 565	8/1/19 revealed, in p Business: Issue: Sh scheduled." A review Council Complaint/of following: "Date give Department Nursing "Prompt effortsto acknowledgment of actively working tow complaint/grievance: Council Meeting have grievance:2. Show scheduled - particular Please respond below Activities Department was not filled in). Who nursing unit] staff." The signature. A review of the Resi 9/2/19 revealed, in publishess: Issue: Sh scheduled." A review Complaint/Grievance revealed no evidence revealed no	ge 36 ident Council minutes dated part, the following: "Old sowers not being done as w of facility form, "Resident Grievance Form," revealed the en to Department 8/1/19. g. Per Guidance to Surveyors, resolve" include facility complaint/grievances and resolution of that e." Residents at Resident revoiced the following vers not being done as any Hoyer (mechanical) lifts. The date will review with [name of a facility "Council minutes dated part, the following: "Old cowers not being done as a facility "Resident Council e Forms," from this meeting e that the concerns about as documented or addressed the Resident Council minutes. This document or addressed the Resident Council minutes. This documented or addressed the Resident Council minutes.	F 56	65			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	ATE SURVEY	
495315 B. WING C		
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	6/2019	
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
Continued From page 37 On 9/25/19 at 4:46 p.m., OSM #4, the activities director, was interviewed. She stated that when residents share a grievance in the Resident Council meeting, she writes down the specific issue on a form, and gives the form to the department head responsible for resolving the grievance. OSM #4 stated, "They have to give them back to me with the plan of action. It goes in the Resident council book so we can revisit it the following month and I can tell them what has been done." When asked if the executive director is ever informed, OSM #4 stated, "I take them all to the administrator. Even before I get all the forms back, she knows the issues. When the forms back, she knows the issues. When the forms back, she knows the issues. When the forms come back to me from the department heads, I look them over. If it does not look like it is resolved, I will go back to the department head. "When asked the process for repeated complaints, OSM #4 stated, "If it is a repeat complaints, OSM #4 stated, "If it is a repeat complaint, it becomes a new grievance. I address again with the department head. I tell them this is an issue again." When asked if the department head responsible for addressing the grievance informs the Resident Council of the outcome and response effort, OSM #4 stated, "Not that I know of, if the issue comes up again, I will just treat it like a new grievance." On 9/26/19 at 3:45 p.m., ASM #2, the director of nursing, was interviewed regarding resolving grievances expressed in Resident Council meetings. ASM #2 stated, "Usually if it has anything to do with nursing, it goes to me. I was hoping to get unit managers more involved. Normally, I do direct teaching with the staff. I investigate if needed." When asked how she follows up to make sure the grievances are resolved, ASM #2 stated, "I do walking rounds,		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATI COM	SURVEY PLETED
		495315	B. WING			26/2019
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	<u> </u>	20/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE OF CORRECTION OF CORECTION OF CORRECTION OF CORRECTION OF CORRECTION OF CORRECTION OF	BE	(X5) COMPLETION DATE
F 565	regarding showers mechanical lift for the ASM #2 stated, "No been hit and miss." position for a bath a executive director! It still do the Hoyer bawith staffing, the babeen an ongoing procorrect. It's much in she had communicated grievance regarding Resident Council, A specifically." When evidence of her efforegarding showers September 2019, A have would be the pwhen shown the September 2019, A have would be all I have. On 9/26/19 at 4:05 director, was interviprocess for resolving during Resident Community Process for resolving to me." When ask follows when grieva #1 stated, "If it's not we talk about it in the our action plans. If it resolved." When ask concern about residence in the side of	ed if the resident concern for residents who require a ransfers has been resolved, b. I am sure it hasn't. It has In early April, we made a aide. [Name of ASM #1, the thought the floor CNAs could aths. To be honest, sometimes aths did not get done. It has rocess we have been trying to improved now." When asked if ated her efforts to resolve the gresident showers to the asked if she could provide outs to resolve the grievance in April, August, and ask #2 stated, "All I would papers you already have." eptember 2019 documentation 2 that failed to reveal evidence howers, ASM #2 stated, "That	F 5	65		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVE COMPLETED	
		495315	B. WING _		C 09/26/201	í G
	PROVIDER OR SUPPLIER ATE HEALTH CARE	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	·	19
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPL	
F 565	in February. In make showers were not in the residents who report a full to but she does not do transfers] Hoyers. It is supposed to do the Not always. The baschedule. It is finish 12 Hoyer [transfer of the figure out how to do take care of. We have improvement. We report the figure out how to do take care of. We have person just to the figure of the faction of the figure of th	king rounds, I kept hearing happening like they should for required a Hoyer lift. So in time bath aide. Now we have it, o [resident mechanical lift The CNAs on the floor are em. But they are not doing it. ath aide is on a production h one and start another. I have residents], and I still have to o it. Now, the people I visit, I ave much room for may need another full time to give those showers." ASM our residents are hurting, I in QAPI (quality ance improvement), but it is p.m., ASM #1 and ASM #2	F 56	35		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION		SURVEY PLETED
		495315	B. WING _	NO. 30. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	l l	C /26/2019
	ROVIDER OR SUPPLIER	оорвтоск		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		20/2018
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F 565 F 580 SS≂D	recorded on the Comelectronic equivalent. complete, the results Executive Director for Individual voicing the follow up communicate copy of the grievance to the resident upon routing of Changes (In CFR(s): 483.10(g)(14) Notifice 14.10 (Executive Interval	the grievance shall be plaint/Grievance Form or Once the follow-up is should be forwarded to the review and filing. The grievance shall receive iton with the resolution, a resolution will be provided equest." I was provided prior to exit. ury/Decline/Room, etc.))(i)-(iv)(15)	F 5	1. R38's infection has res without incident or ill 2. All residents have the	effect.	
	consistent with his or representative(s) who (A) An accident involvesuits in injury and his physician intervention (B) A significant chan mental, or psychosocideterioration in health status in either life-the clinical complications (C) A need to alter treament due to advect the commence a new for (D) A decision to tran resident from the facilistical status in either life-the clinical complications (C) A need to discontinue treatment due to advect the commence and for (D) A decision to tran resident from the facilistical status in either life (14)(i) of this section, all pertinent informatical informatical status in either life (14)(i) of this section, all pertinent informatical informatical status in either life (14)(i) of this section, all pertinent informatical informatical status in either life (14)(i) of this section, all pertinent informatical informatical status in either life (14)(ii) of this section, all pertinent informatical status in either life (15) and in either	ring the resident which as the potential for requiring i; ge in the resident's physical, ial status (that is, a a, mental, or psychosocial reatening conditions or b; iatment significantly (that is, an existing form of bree consequences, or to m of treatment); or sfer or discharge the		potential to be effected Quality review of order the past 7 days complete to verify proper timely notification and reside medications initiated ordered. 3. Licensed nurses will be educated by DON/deston 10/23 and 10/24 of Pharmacy policy regard available medications follow up when medicate not available. New orders will be reviewed morning clinical meet	rs of eted ent's as e re- ignee n ding and eations v	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED
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	ROVIDER OR SUPPLIER	OODSTOCK		80	REET ADDRESS, CITY, STATE, ZIP CODE 3 SOUTH MAIN ST CODSTOCK, VA 22664	J 09.	/26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	YEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE ATE	(X5) COMPLETION DATE
F 580	when there is- (A) A change in room as specified in §483.1 (B) A change in reside State law or regulation (e)(10) of this section. (iv) The facility must re update the address (n phone number of the re representative(s). §483.10(g)(15) Admission to a composite dis §483.5) must disclose its physical configurati locations that compris part, and must specify room changes betwee under §483.15(c)(9). This REQUIREMENT by: Based on resident ob interview, facility docu record review, it was of staff falled to Immediat the physician/NP (nurs prescribed medication administered to one of Resident #38. The findings include: 1. a. The facility staff fa physician/NP in a time	lso promptly notify the ent representative, if any, or roommate assignment 0(e)(6); or ent rights under Federal or as as specified in paragraph ecord and periodically nailing and email) and resident site distinct part. A facility stinct part (as defined in in its admission agreement on, including the various enthe composite distinct the policies that apply to an its different locations is not met as evidenced servation, facility staff ment review, and clinical letermined that the facility tely inform and consult with se practitioner) when is were unavailable and not if 42 sampled residents, adding the sampled residents, adding the sampled to notify the	F	580 /**	ensure notification and validation that medication initiated per the physician order. 4. DON/designee will conduct a quality review of orders the ensure compliance with notification of change weekly x 4 weeks then monthly x 3 months. Variances will be reported QAPI with follow up as indicated. 5. Allegation of compliance date of 11/06/2019	0	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 09/3	26/2019
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F 580	Resident #38 was a 9/25/17 and most rewith diagnoses includes the most recent MI quarterly assessment reference date) of 8 coded as being mile making daily decision 15 on the BIMS (brishe was coded as On 9/25/19 at 8:56 in bed. Her meal trained the resident was eating. The resident participate in an interest of the participate in an interest of the NP (nurse praction of the NP (nurse praction of the NP (nurse praction) and the NP (nurse practicular in part, the NP (nurse praction) and the NP (nurse practicular in part, the NP (n	(9/2/19 through 9/8/19). admitted to the facility on eccently readmitted on 9/19/19 uding, but not limited to (1), a recent GI ed) (2), and shingles (3). On DS (minimum data set), a ent with an ARD (assessment 8/26/19, Resident #38 was dly cognitively impaired for ons, having scored 13 out of ief interview for mental status. using a wheelchair for mobility. a.m., Resident #38 was lying ay was on the overbed table, as staring straight ahead, not at stated she did not want to erview with the surveyor. at #38's clinical recording order, dated 9/2/19: illigrams) 1 po (by mouth) TID X (for) 7 days." The order was ministrative staff member) #3,	F 58			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION		TE SURVEY MPLETED
		495315	B. WING	AND	09	C /26/2019
	PROVIDER OR SUPPLIER	OF WOODSTOCK	80	REET ADDRESS, CITY, STATE, ZIP COI 3 SOUTH MAIN ST OODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 580	which had been circulates and times for administered from initials indicating the administered began 9/9/19. The back of related to the Famulated to shippersonated that Famulated	cled or blank spaces in the the Famvir, to have been 9/2/19 until 9/8/19. Nurse e medication had been at the 8:00 a.m. dose on the MAR had no information fir. The clinical record revealed the e dated 9/9/19: "RP aware of delay in medication ated to cont (continue) meds dosage complete." Lity's list of medications at (immediate) box (locked box d medications accessed by ween a nurse and pharmacist) ciclovir is not available in the aprehensive care plan for 19/19/18 and updated in part, the following:	F 580			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495315	B. WING _			C 26/2019
	PROVIDER OR SUPPLIER	DF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 09/	20/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 580	asked if the physicia LPN #3 stated, "Oh have to let doctor of this is something the LPN #3 stated, "Not then." On 9/26/19 at 1:30 is staff member) #3, the took so long for the getting it. It was some before they called more they called they at a box." RN #2 stalled more they called the physical more took no why nurses took no #38's Famvir for so	to you right away." When an or NP should be notified, yes. If you can't get it, you rithe NP know." When asked if at can wait for a few days, You have to call them right p.m., ASM (administrative ne NP (nurse practitioner, was a stated, I don't know what m to figure out she wasn't nething like around a week ne."	F 58			
	staff member) #2, th	o.m., ASM (administrative ne director of nursing, was asked about the process for				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING			C 26/2019
	PROVIDER OR SUPPLIER	DF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 09/	20/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFILE DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 580	nurses to obtain me the medications are ASM #2 stated, "If i not, they need to not (doctor) to see about The doc should be On 9/26/19 at 4:50 director, and ASM # concerns. A review of the facil Shortages/Unavaila part, the following: "has an inadequate administer to a resignmediately initiate medication from the shortage is discove administration, Facility nurse should the status of the order or redelivery. If the next delay or a missed discovered during Facility or a missed discovered during the status of the order or redelivery. If the next delay or a missed discovered during the medication schedulithe medication from Supply to administer not available in the Supply, Facility staff arrange for an emergency delivery	edications for residents when a not in the medication cart, it's in the stat box, go there. If offity the pharmacy and the doc at a switch to something else. Inotified immediately." p.m., ASM #1, the executive it's were informed of these ity policy, "Medication ble Medications," revealed, in Upon discovery that Facility supply of a medication to dent, Facility staff should action to obtain the pharmacy. If the medication ity staff should immediately sified in Sections 2 or 3 of this able. If a medication shortage in normal Pharmacy hours: it call Pharmacy to determine iter. If the medication has not censed Facility nurse should eorder for the next scheduled available delivery causes ose in the resident's en, Facility nurse should obtain the Emergency Medication is it in the content in the fact in the medication is it in the interpretation in the medication is it is unavailable, Facility nurse attending physician to obtain it is unavailable, Facility nurse attending physician to obtain	F 5	80		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	(X3) DAT	TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP COD 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 580	1. b. The facility sta physician/NP that A for administration to A review of Resider revealed the followi "Amoxicillin-clavula (milligrams) Take 1 q12h (every 12 hou attending physician A review of Resider revealed the followi "Augmentin 875-12 (tablet) po (by mout (for) 5 days." For th 8:00 a.m. and 8:00 circled. The back of Further review of th #38 revealed no evi was notified that the administered on 9/2 A review of the facil contained in the sta 875-125 mg is avail On 9/26/19 at 11:06 nurse) #3 was interphysician/NP should medication was not #3 stated, "Yes."	on was provided prior to exit. If failed to inform the ugmentin (5) was unavailable and Resident #38 on 9/20/19. It #38's clinical recording order, dated 9/19/19: Inate (Augmentin) 875-125 mg tab (tablet) po (by mouth) rs) X (for) 5 days." The signed the order. It #38's September 2019 MAR and entry dated 9/19/19: If mg (milligrams) Take 1 tab (milligrams) Take	F 58			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		495315	B. WING _		ł)
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 09/	26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 580	on 9/20/19, RN #2 On 9/26/19 at 4:50 director, and ASM aconcerns. No further informat (1) "Famciclovir (tratreat herpes zoster occur in people who past)." This informat website https://medlineplus.tml. (2) "Dementia is a gorain function. This It affects memory, the and behavior. Vasc by a series of small This information is https://medlineplus. (3) "Your digestive of includes the esophaliarge intestine or concludes the esophaliarge intest	p.m., ASM #1, the executive #2 were informed of these ion was provided prior to exit. ade name Famvir) is used to (shingles; a rash that can be have had chickenpox in the ation was taken from the agov/druginfo/meds/a694038.h gradual and permanent loss of occurs with certain diseases. Thinking, language, judgment, ular dementia (VaD) is caused a strokes over a long period. Itaken from the website gov/ency/article/000746.htm. For gastrointestinal (GI) tract agus, stomach, small intestine, plon, rectum, and anus. If from any of these areas. The can be so small that only a This information was obtained gov/gastrointestinalbleeding.h This is a painful, It is caused by the s. This is the virus that also	F 58	30		

ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
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	WOODSTOCK		803	SOUTH MAIN ST	P CODE	U3/2	0/2018	
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Continued From page	ge 48	F	580					
acid is used to treat bacteria, including it sinus, skin, and urint taken from the webshttps://medlineplus.tml. Safe/Clean/Comfort CFR(s): 483.10(i)(1) §483.10(i) Safe Environ The resident has a comfortable and hobut not limited to resupports for daily liv. The facility must prospect of the supports for daily liv. The facility must prospect of the supports for daily liv. The facility must prospect of the supports for daily liv. The facility must prospect of the supports for daily liv. The facility must prospect for daily liv. The facility staff the protection of the supports for daily liv. S483.10(i)(2) House services necessary and comfortable into \$483.10(i)(3) Clean in good condition;	certain infections caused by infections of the ears, lungs, hary tract." This information is site gov/druginfo/meds/a685024.h stable/Homelike Environment (1)-(7) vironment. right to a safe, clean, melike environment, including celving treatment and ving safely. Divide- o, clean, comfortable, and ent, allowing the resident to enal belongings to the extent suring that the resident can excise safely and that the facility maximizes resident does not pose a safety risk, exercise reasonable care for e resident's property from loss exeeping and maintenance to maintain a sanitary, orderly, erlor; bed and bath linens that are	F	584	the time of survey are cleaned according as needed. was cleaned 09/2. All residents have be effected. Quicompleted by Doresident wheelch repairs/cleaning wheelchairs in godean. 3. Staff will be re-eded DON/designee of 10/24 on facility reporting wheel requests and faccieaning schedul will be monitored rounds to ensure addressed and view of the survey addressed and view of the survey and the s	ey. Wheelch ording to school R50's wheelch 29/2019. The potent allty review ON/designee hairs with to ensure cood repair and policy for chair repair cility wheelch ad on the moe repairs are	airs edule chair lial to of nd		
9463.10(I)(4) Privat	e cioset space in each			clean.				
	CORRECTION ROVIDER OR SUPPLIER TE HEALTH CARE OF SUMMARY S (EACH DEFICIENT REGULATORY OF SUPPLIES REGULATORY O	CORRECTION DENTIFICATION NUMBER: 495315 ROVIDER OR SUPPLIER TE HEALTH CARE OF WOODSTOCK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 48 (5) "The combination of amoxicillin and clavulanic acid is used to treat certain infections caused by bacteria, including infections of the ears, lungs, sinus, skin, and urinary tract." This information is taken from the website https://medlineplus.gov/druginfo/meds/a685024.h tml. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable Interlor; §483.10(i)(3) Clean bed and bath linens that are	CORRECTION A BUILDI	TE HEALTH CARE OF WOODSTOCK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 48 (5) "The combination of amoxicillin and clavulanic acid is used to treat certain infections caused by bacteria, including infections of the ears, lungs, sinus, skin, and urinary tract." This information is taken from the website https://medlineplus.gov/druginfo/meds/a685024.h tml. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. 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(ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition;	ROVIDER OR SUPPLIER TE HEALTH CARE OF WOODSTOCK SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST DE PRECEDED BY FULL REGULATORY OR 120 IDENTIFYING INFORMATION) Continued From page 48 (5) "The combination of amoxicillin and clavulanic acid is used to treat certain infections caused by bacteria, including infections of the ears, lungs, sinus, skin, and urinary tract." This information is taken from the website https://medlineplus.gov/druginfo/meds/a685024.h tml. Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) \$483.10(i) Safe Environment. 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WING STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN 3T WOODSTOCK, VA. 22864 SUMMARY STATEMENT OF DEFICIENCES (EACH DEPOCIENCE NUMBER) (EACH	

STATEMENT AND PLAN OI	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION		(X3) DATE	SURVEY LETED
		495315	B. WING				1	C
	ROVIDER OR SUPPLIER	оорвтоск		S1 80	STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		09/	26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD B	E ATE	(X5) COMPLETION DATE
F 584	§483.10(i)(5) Adequate levels in all areas; §483.10(i)(6) Comfortulevels. Facilities initiall 1990 must maintain a 81°F; and §483.10(i)(7) For the resound levels. This REQUIREMENT by: Based on observation interview, facility documenterview, facility documenterview, facility documenterview, facility documenterview, and it was a staff failed to maintain home-like environmenthe survey sample, Refailed to keep Resident free of exposed foam at 122/16, and was most 7/25/19 with diagnoses to COPD (chronic obstate) and CHF (congestimost recent MDS (min assessment with an as of 9/9/19, Resident #50	cified in §483.90 (e)(2)(iv); e and comfortable lighting able and safe temperature y certified after October 1, temperature range of 71 to naintenance of comfortable is not met as evidenced is not met as evidenced is resident interview, staff ment review, and clinical letermined that the facility a clean, comfortable, t for one of 42 residents in sident #50. The facility staff t #50's wheelchair arms and torn vinyl. nitted to the facility on t recently admitted on s including, but not limited rructive pulmonary disease) we heart failure) (2). On the imum data set), quarterly issessment reference date 0 was coded as having no or making daily decisions, if 15 on the BIMS (Brief atus). He was coded as	F.	584	 Executive Director/design conduct quality review of wheelchairs weekly x 4 w then monthly x 3 months Variances will be reported monthly until resolved. Allegation of compliance 11/06/2019 	10 eeks	QAPI	

NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK SUMAND STATEMENT OF DESIGNATOR SUMAND STATEMENT OF DESIGNATOR B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
CONSULATE HEALTH CARE OF WOODSTOCK SIMMARY STATEMENT OF DEFICIENCIES WOODSTOCK, VA 22664 (X4) ID PREFIX REQUILATORY OR LSC IDENTIFYING INFORMATION) F 584 Continued From page 50 On the following dates and times, Resident #50 was observed self-propelling in his wheelchair: 9/24/19 at 2:13 p.m., 9/24/19 at 4:36 p.m., 9/25/19 at 2:30 p.m., During all observations, both arms of the wheelchair had exposed foam visible. On both arms were more than 50% damaged. On 9/25/19 at 2:30 p.m., Resident #50 was interviewed. When asked how frequently he uses his wheelchair to move around the building, he stated, "All the time, especially if I am going far. I can do it myself." When asked about the condition of his wheelchair arms, he stated, "No." When asked when the staff had last cleaned his wheelchair arms, he stated, "No." When asked if he had received any injuries from the wheelchair arms, he stated, "No." When asked when the staff had last cleaned his wheelchair, Resident #50 stated, "I have no idea." When asked if he had received any injuries from the wheelchair arms, he stated, "No." When asked when the staff had last cleaned his wheelchair arms to any staff members, Resident #50 stated, "No, I haven't." A review of Resident #50's care plan dated			495315					
(A4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY PULL REQULATORY OR LSC IDENTIFYING INFORMATION) F 584 Continued From page 50 On the following dates and times, Resident #50 was observed self-propelling in his wheelchair: 9/24/19 at 2:13 p.m., 9/24/19 at 4:36 p.m., 9/25/19 at 9:25 a.m., and 9/25/19 at 2:30 p.m. During all observations, both arms of the wheelchair had exposed foam visible. On both arms, the vinyl covering was torn. The left arm was more damaged than the right, though both arms were more than 50% damaged. On 9/25/19 at 2:30 p.m., Resident #50 was interviewed. When asked how frequently he uses his wheelchair to move around the building, he stated, "Il the time, especially if I am going far. I can do it myself." When asked about the condition of his wheelchair arms, he stated, "In when asked when the staff had last cleaned his wheelchair, Resident #50 stated, "No." When asked if he had mentioned the condition of the wheelchair arms to any staff members, Resident #50 stated, "No. I haven't." A review of Resident #50's care plan dated	NAME OF I	PROVIDER OR SUPPLIER	E		STREET ADDRESS, CITY, STATE, ZIP CODE	00//	20/2019	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 584 Continued From page 50 On the following dates and times, Resident #50 was observed self-propelling in his wheelchair: 9/24/19 at 2:13 p.m., 9/24/19 at 4:36 p.m., 9/25/19 at 9:25 a.m., and 9/25/19 at 2:30 p.m. During all observations, both arms of the wheelchair had exposed foam visible. On both arms were more than 50% damaged. On 9/25/19 at 2:30 p.m., Resident #50 was interviewed. When asked how frequently he uses his wheelchair to move around the building, he stated, "All the time, especially if 1 am going far. I can do it myself." When asked about the condition of his wheelchair arms, he stated, "No." When asked if he had received any injuries from the wheelchair arms, he stated, "No." When asked if he had received any injuries from the wheelchair arms to any staff members, Resident #50 stated, "No. I when asked if he had mentioned the condition of the wheelchair arms to any staff members, Resident #50 stated, "No, I haven't." A review of Resident #50's care pian dated	CONSUL	ATE HEALTH CARE (OF WOODSTOCK					
On the following dates and times, Resident #50 was observed self-propelling in his wheelchair: 9/24/19 at 2:13 p.m., 9/24/19 at 4:36 p.m., 9/25/19 at 9:25 a.m., and 9/25/19 at 2:30 p.m. During all observations, both arms of the wheelchair had exposed foam visible. On both arms, the vinyl covering was torn. The left arm was more damaged than the right, though both arms were more than 50% damaged. On 9/25/19 at 2:30 p.m., Resident #50 was interviewed. When asked how frequently he uses his wheelchair to move around the building, he stated, "All the time, especially if I am going far. I can do it myself." When asked about the condition of his wheelchair arms, Resident #50 stated, "Well, yeah, they do need a little attention." When asked if he had received any injuries from the wheelchair arms, he stated, "No." When asked when the staff had last cleaned his wheelchair, Resident #50 stated, "I have no idea." When asked if he had mentioned the condition of the wheelchair arms to any staff members, Resident #50's care plan dated	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETION DATE	
#50] enjoys sitting on the front porch greeting visitors to the facility. [Resident #50] enjoys socializing with other residents and staff throughout the day." On 9/26/19 at 10:11 a.m., LPN (licensed practical nurse) #5 was interviewed. When asked if she ever notes the condition of residents' wheelchairs, LPN #5 stated, "Yes, I do pay attention." When asked what she would do if a resident's arm rests were torn, and had exposed foam, LPN #5 stated, "I would put it in the book for the maintenance	F 584	On the following darwas observed self-p 9/24/19 at 2:13 p.m 9/25/19 at 9:25 a.m During all observation wheelchair had exparms, the vinyl cover was more damaged arms were more that On 9/25/19 at 2:30 interviewed. When a his wheelchair to me stated, "All the time can do it myself." We condition of his whe stated, "Well, yeah, attention." When as injuries from the wh "No." When asked we cleaned his wheelch have no idea. "Wheelch have no idea. "Wheelch have no idea. "Wheelch have no idea." Wheelch have no idea. "Wheelch have no idea. "Wheelch have no idea. "Wheelch have no idea." Wheelch have no idea. "Wheelch have no idea. "Wheelch have no idea." Wheelch have no idea. "Wheelch have no idea. "Wheelch have no idea. "Wheelch have no idea." Wheelch have no idea. "Wheelch have no idea. "Wheelch have no idea." Wheelch have no idea. "Wheelch have no idea." "Wheelch	tes and times, Resident #50 propelling in his wheelchair: ., 9/24/19 at 4:36 p.m., ., and 9/25/19 at 2:30 p.m. ons, both arms of the osed foam visible. On both ering was torn. The left arm of than the right, though both an 50% damaged. p.m., Resident #50 was asked how frequently he uses ove around the building, he especially if I am going far. I when asked about the pelchair arms, Resident #50 they do need a little elchair arms, he stated, when the staff had last hair, Resident #50 stated, "I an asked if he had mentioned wheelchair arms to any staff at #50 stated, "No, I haven't." In the #50's care plan dated the part, the following: [Resident whom the front porch greeting when the fron	F 58	34			

	NO DI AN OE CODDECTION DE PRENTIEICATION MUNDED.		9 ' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495315	B. WING			09/2	26/2019
	PROVIDER OR SUPPLIER	OF WOODSTOCK		8	STREET ADDRESS, CITY, STATE, ZIP CODE 103 SOUTH MAIN ST WOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 584	On 9/26/19 at 10:3 maintenance direct asked how he becomaintenance or representation of the staff juby and we just take a book that they camost of the time, we during the day." We condition for wheel OSM #2 stated, "We cracks. We try to k Many times, the resus to fix it. Those posm #2 accomparporch of the facility wheelchair arms. On ed to be replace now." When asked condition could be stated, "No. There's that it is a staff member) #2, the interviewed. When with a resident's will vinyl covering and will those arms we maintenance needs need to be switched the case, ASM #2 and could cause in disinfect it."	w up. He is really good." 8 a.m., OSM #2, the cor, was interviewed. When omes aware of items requiring placing, OSM #2 stated, ast tell us. They see us walking a care of it right them. There is n use if we are not around. But the are there several times then asked about the optimal chair arms to be maintained, for the try to keep the arms without seep a good armrest on them. Sident will come to us and ask lastic edges can be sharp." They do not also the surveyor to the front to look at Resident #50's DSM #2 stated, "Oh yeah. They do I will take care of that right if wheelchair arms in that effectively cleaned, OSM #2 is no way to get that clean." p.m., ASM (administrative the director of nursing, was asked if she saw a problem neelchair arms having torn exposed foam, she stated, rould need to be replaced. It is to be notified and those arms do ut. When asked why this is stated, "The torn vinyl is sharp jury. And you are not able to p.m., ASM #1 (the executive #2 were notified of these	F	584			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	
		495315	B. WING _		1	C 26/2019
	ROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 00/	20/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 600 SS=D SET	Non-Electric Whee following: "Each reswheelchair will be possible on maintain their high chairs will be maintain the formation of formation of the formation of the poronchitis." Barron's for the Non-Medical Rothenberg and Chair (2) "Heart failure is a son longer able to the rest of the body symptoms to occur heart so the properties of the arms and the symptoms to occur heart failure is a congestive heart fail aken from the webstates."/medlineplus Free from Abuse and CFR(s): 483.12(a)(1) (3) (4) (4) (4) (5) (4) (5) (4) (5) (4) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	ity policy, "Wheelchair Repairs elchairs" revealed, in part, the sident requiring the use of a rovided the appropriate chair thest level of functioning. All ained in safe operating ative Maintenance of each be done on a regular basis." on was provided prior to exit. eral term for chronic, disease that is usually a physema and chronic is Dictionary of Medical Terms I Reader, 5th edition, sapman, page 124. a condition in which the heart pump oxygen-rich blood to efficiently. This causes throughout the bodyAs the comes less effective, blood er areas of the body. Fluid lungs, liver, gastrointestinal and legs. This is called lure." This information is site gov/ency/article/000158.htm. ad Neglect	F 60			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING		-	00/2) 26/2019
	ROVIDER OR SUPPLIER ATE HEALTH CARE OF W	OODSTOCK	STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 600	any physical or chemitreat the resident's modern stream of the resident's modern stream of the resident's modern stream of the resident s	ited to freedom from involuntary seclusion and ical restraint not required to edical symptoms. y must- e verbal, mental, sexual, or oral punishment, or is not met as evidenced iew, clinical record review, ation review, facility staff	F 600	2.	R17 and R64 were separated immediately, safety checks in Assessment was negative for physical/psychological trauma All residents have the potentic effected. Quality review by DON/designee of concerns/grievances/FRIs for 30 days for allegations/signs of to ensure appropriate action viaken. Staff re-educated by Executive Director/designee on 10/23 at 10/24 on facility Abuse policy included timely reporting of	a. al to be the past of abuse was e	
	anxiety, and bipolar d most recent Minimum Assessment was a Qu Assessment Reference 07/30/2019. The Brief (BIMS) scored Reside significant impairment as independent in mo (ADLs), requiring sup- dressing, and extensi- for bathing.	mitted to the facility on moses included dementia, isorder (1). Resident #17's Data Set (MDS) uarterly Assessment with an ce Date (ARD) of Interview for Mental Status ent #17 at a 7, indicating t. Resident #17 was coded st Activities of Daily Living ervision of one person for we assistance of one person		5.	suspected abuse. Social Services/designee will not concerns/grievances and 24 horeport for allegations/indication abuse weekly x 4 weeks then monthly x 3 months. Variance be reported to QAPI with followindicated. Allegation of compliance date 11/06/2019	our ons of es will ow up as	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		4953 15	B. WING			004		
	PROVIDER OR SUPPLIER			80	TREET ADDRESS, CITY, STATE, ZIP CODE 03 SOUTH MAIN ST /OODSTOCK, VA 22664	1 09/	26/2019	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 600	was a Quarterly Ass 09/11/2019. The Bli 15, indicating no im coded as being total for bathing, and ind A review of Resider initiated on 09/24/20 Facility Reported In abuse. A review of incident occurred of Resident #17 and F documented, "Incid abuse/mistreatmen Describe incident, it taken: Name of [Restation." "Employed Investigation initiate immediately from or placed on safety chon victim after skin [medical doctor] not	ent #64's most recent MDS sessment with an ARD of MS scored Resident #64 at a pairment. Resident #64 was ally dependent on one person ependent in all other ADLs. In #17's medical record was 019 following review of a cident (FRI) of an allegation of the FRI revealed that an n 01/02/2019 between Resident #64. The FRI ent type: Allegation of t" This box was checked. Including location, and action esident #17] was at nurse's exaction initiated or taken: action initiated or taken: act. Residents were separated the another. Perpetrator was ecks. There were no marks check. Families and MD tified of events. No harm was ent. Full investigation to	F	600				
	Licensure and Certi documented, "This final internal investig Reportable Incident 01/03/2019. On 01/02/2019 Res	on letter sent to the Office of fication (OLC) on 01/04/2019 letter serves as the five day gation for the Facility which was reported to you on ident [RESIDENT #17] (BIMS						
	receiving her medic Resident [RESIDEN the nurse's station a were hers and grab	E OF UNIT] nursing station ations from the Nurse. IT #64] (BIMS 15) came up to and thought the medications bed them from [RESIDENT ent [RESIDENT #17] then told		SHANDS OF THE PARTY OF THE PART				

	AD PLAN OF CORRECTION INFINITEICATION AN IMAGED.		1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		495315	B. WING	ndroud-	1	C 26/2019
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	8E	(X5) COMPLETION DATE
F 600	[RESIDENT #64] the during this time [RE smacked [RESIDE] right upper arm." The facility policy or Exploitation, and Mind 11/28/2017, document under "Definitions": of injury, unreasonal or punishment with	at they were her pills, and SIDENT #64] open hand NT #17] on the back of her "Abuse, Neglect, isappropriation" dated revised ents "Abuse is the willful infliction able confinement, intimidation, resulting physical harm, pain,Physical Abuse includes,	F 60			
F 609 SS=D	conducted with Adm (ASM) #1, the facilit the interview, ASM expectation was for residents from abus staff member is residents from abus witness it. Reporting of Alleged CFR(s): 483.12(c) In responsedect, exploitation must:	258a.m. an interview was ininistrative Staff Member by Executive Director. During #1 was asked what her staff with regard to protecting its. ASM #1 stated that each ponsible for protecting it if they it dividualisms. 2 Violations (1)(4) Inse to allegations of abuse, it, or mistreatment, the facility is eather that all alleged violations.	F 609			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD			TRUCTION	(X3) DATE	SURVEY LETED
		495316	B. WNG	B. WING			(00)	
	ROVIDER OR SUPPLIER	/OODSTOCK	STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		TH MAIN ST	097.	26/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION OATE
F 609	are reported immedia hours after the allegal that cause the allegal serious bodily injury, the events that cause abuse and do not rest the administrator of the officials (including to adult protective service for jurisdiction in long accordance with State procedures. §483.12(c)(4) Report investigations to the adesignated represent accordance with State Survey Agency, within incident, and if the allegapropriate corrective This REQUIREMENT by: Based on staff intervand facility document failed to ensure one resample of 42 resident (Residents #17). On	ng injuries of unknown priation of resident property, tely, but not later than 2 tion is made, if the events ion involve abuse or result in or not later than 24 hours if the allegation do not involve uit in serious bodily injury, to be facility and to other the State Survey Agency and the State I aw through established the results of all administrator or his or her ative and to other officials in the law, including to the State in 5 working days of the leged violation is verified a action must be taken.	F	609	2.	Incident occurred on 01/02/2 and reported on 01/03/2019. Assessment for R17 and R64 negative for signs of injury. Smember no longer at the facilito re-educated. All residents have the potentito be effected. Quality review DON/designee of 24 hour repondered in the past 30 days to a validate allegations/signs of abuse/neglect misappropriation are reported in timely manner follow up as indicated. Staff re-educated by Executive Director/designee on 10/23 at 10/24 on facility Abuse policy which included timely reported for suspected abuse. Misappropriation of property be reviewed by DON and Executive Director to ensure reporting within the 2 hour tifframe.	was itaff ility ial w by bort t o ion er. re ing will	
	02/11/2016. Her diagr	mitted to the facility on noses included dementia, isorder (1). Resident #17's Data Set (MDS)			4.	Executive Director/designee monitor 24 hour	will	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		***	(X3) DATE SURVEY COMPLETED				
		496315	B, WING_		_	i	3
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	etoci	ET ADDRESS OFTH OTHER TIP ADDRESS	09/	26/2019
	ATE HEALTH CARE OF W	OODSTOCK	AND THE PROPERTY OF THE PARTY O	803 S	ET ADDRESS, CITY, SYATE, ZIP CODE OUTH MAIN ST DSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X6) COMPLETION DATE
F 609	Assessment was a Q Assessment Reference O7/30/2019. The Brief (BIMS) scored Resides significant impairment as independent in mo (ADLs), requiring supdressing, and extensifor bathing. Resident #64 was add O4/29/2016. Her diagrand arthritis. Resident was a Quarterly Asses O9/11/2019. The BIMS 15, indicating no impacted as being totally for bathing, and independent of the incident occurred on the incident on safety check on victim after skin challenged on safety check on victim after skin challenged on the incidents remission. Residents remissions in the incident occurred on victim after skin challenged on the incidents remission. Residents remissions in the incident occurred on victim after skin challenged on the incidents remissions.	uarterly Assessment with an ce Date (ARD) of interview for Mental Status ent #17 at a 7, indicating it. Resident #17 was coded at Activities of Daily Living ervision of one person for we assistance of one person mitted to the facility on moses included depression it #64's most recent MDS assert with an ARD of a scored Resident #64 at a dependent on one person endent in all other ADLs. #17's medical record was a dependent in all other ADLs. #17's medical record was a dent (FRI) of an allegation of a FRI revealed that an an allow of the FRI revealed that an allow of the FRI the second in the faction of the faction in the faction of the faction in the faction in the faction in the faction of the faction in the faction of the faction in the faction in the faction of the faction	F6		report/grievances/incident/a ent reports weekly x 4 week monthly x 3 months. Varian will be reported to QAPI mon until resolved. Allegation of compliance dat 11/06/2019	s and ces nthly	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495315	B. WING _		nc nc	C /26/2019
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP COD 803 SOUTH MAIN ST WOODSTOCK, VA 22664	Ē	LOILO
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 609	documented, "This final internal investinal internal investination for a final internal investination for a final internal investination for a final internal interna	Ification (OLC) on 01/04/2019 Ietter serves as the five day gation for the Facility which was reported to you on 02/2019 Resident [RESIDENT at the [NAME OF UNIT] wiving her medications from t [RESIDENT #64] (BIMS 15) se's station and thought the ers and grabbed them from thand. Resident [RESIDENT House this time [RESIDENT #64] d [RESIDENT #64] d [RESIDENT #17] on the	F 60	9		
	conducted with Adn (ASM) #1, the facilit the interview, ASM expectation was for residents from abus staff member is residents from abus witness it.	:58a.m., an interview was ninistrative Staff Member by Executive Director. During #1 was asked what her staff with regard to protecting se. ASM #1 stated that each ponsible for protecting se and reporting it if they				
	the following: "7. Re employee or contrar witnesses or has kn allegation of abuse, mistreatment, include source and misappit to a resident, is oblimiformation immedia after the allegation is cause the allegation."	y abuse policy documented porting/Response Any cted service provider who lowledge of abuse or an neglect, exploitation, or ding injuries of unknown copriation of resident property, gated to report such ately, but no later than 2 hours is made, if the events that involve abuse or result in cor not later than 24 hours if				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONS	STRUCTION	(X3) DATE SUR COMPLETE	
		495316	B. WING_		The state of the s	09/2	26/2019
	ROVIDER OR SUPPLIER ATE HEALTH CARE OF W	OODSTOCK		803 SO	FADDRESS, CITY, STATE, ZIP CODE UTH MAIN ST OSTOCK, VA 22664		5072010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	ζ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 655 SS≃D	the Administrator and accordance with State On 09/26/2019 at 5:00 conducted with ASM reporting. The allegat #17, when shown the late reporting, ASM # was late."	the allegation do not It in serious bodily injury, to to other officials in a law." Dp.m., during an interview If regarding the delay in ion of abuse for Resident FRI documentation of the I stated, "it is what it is, it			R150 no longer resides in fac	· · · · · ·	
33-b	§483.21 Comprehens Planning §483.21(a) Baseline (§483.21(a)(1) The fact implement a baseline that Includes the instruction of the baseline care plated in the baseline ca	ive Person-Centered Care Care Plans illity must develop and care plan for each resident uctions needed to provide centered care of the resident il standards of quality care, in must- in 48 hours of a resident's im healthcare information care for a resident ed to- on admission orders. endation, if applicable. illity may develop a plan in place of the baseline			All residents have the potent be effected. Quality review DON/designee completed or baseline care plans for the production days to verify needs identified the admission assessments in been included in the baseline plan and that the baseline care plan was updated with the resident's condition and subsequently included in the comprehensive plan. Licensed staff re-educated by DON/designee on 10/23 and 10/24 on timely, accurate completion of baseline care including cross validating the needs identified on the admissressment have been care	oy ast 30 d on ave care re	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		496315	B. WING				C	
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	09/	26/2019	
CONSUL	ATE HEALTH CARE OF W	OODSTOCK		803 SOUTH MAIN ST WOODSTOCK, VA 22664				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL, SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X6) COMPLETION DATE	
F 655	(i) Is developed within admission. (ii) Meets the requirer (b) of this section (exception of this section). §483.21(a)(3) The faresident and their report the baseline care plimited to: (i) The initial goals of (ii) A summary of the dietary instructions. (iii) Any services and administered by the facility (iv) Any updated inform of the comprehensive This REQUIREMENT by: Based on staff intervice review, and clinical redetermined that the fact a baseline care plan for treatment for a pressure sidents in the survey. The findings include: Resident #150 was ad 3/27/19 and discharge and did not return. The for approximately 14 cadmitted with the diagontral cord syndromes.	nents set forth in paragraph cepting paragraph (b)(2)(i) of cellity must provide the resentative with a summary lan that includes but is not the resident. resident's medications and treatments to be acility and personnel acting care plan, as necessary. Is not met as evidenced ew, facility document cord review, it was cility staff failed to develop or the presence of and are ulcer for one of 42 y sample, Resident #150.	F		planned on the baseline care DON/designee will review baseline care plans of new admissions/readmissions in morning clinical meeting to we plans have been put in place care needs identified on the admission assessment on an ongoing basis. 4. DON/designee will monitor baseline and comprehensive plans weekly x 4 weeks and monthly x 3 months. Variance will be reported to QAPI morn until resolved. 5. Allegation of compliance date 11/06/2019	erify for care es thly		

		IDENTICIOATION NUMBER.		FIPLE CONSTRUCTION NG	CON	(X3) DATE SURVEY COMPLETED	
		495315	B. WING	A CONTRACTOR OF THE CONTRACTOR	li	C /26/2019	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 803 SOUTH MAIN ST WOODSTOCK, VA 22664		20/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X6) COMPLETION DATE	
F 655	stenosis, spondylo thoracic region, dia pressure. The Adr Data Set) with an ADate) of 4/3/19 cot 8 out of a possible for mental status) i moderately impaire life decisions. The requiring extensive activities of daily live A review of the clin "Admission/Readmassessment dated the skin assessme around the sacral/onumber 8 for the si was "Site Number Ulcer and the box (other options inclutear, vascular ulcer "Describe Skin Imparea on coccyx sac was crossed out at note, section of this note timed for 5:10 mention of any skin for 2:00 AM documnoted on sacral are was added to this focumented, "Addulcer noted to sacra progress. RRMD (doctor) aware."	sis with myelopathy of the abetes, and high blood mission/5-day MDS (Minimum ARD (Assessment Reference ded the resident as scoring an 15 on the BIMS (brief interview ndicating the resident was ed for the ability to make daily resident was coded as to total care for areas of	F 6	55			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[' '	TIPLE CONSTRUCTION NG		(X3) DATE COM	SURVEY PLETED
		495315	B. WING			C 09/26/2019	
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP 803 SOUTH MAIN ST WOODSTOCK, VA 22664	CODE	00/1	20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 655	Continued From pa	ge 62	F6	55			
	4/1/19 revealed tha	eekly Wound Report" dated t Resident #150 was admitted x3.5 cm wound of the coccyx					
	Review of the physicated 4/1/19 for "Go daily) and prn (as n	ician's orders revealed one reers Goo to coccyx bid (twice eeded)."					
	4/4/19 for this wour has open area on c approximately 4.0 x unstageable at this slough (with) scant New orders for MVI po q day (by mouth mls (milliliter) PO B wound healing. Wi	e's notes revealed one dated and and documented, "Resident coccyx which measures a 3.5 cm and appears time. Wound bed has 100% serosanguineous drainage. I (multivitamin) (with) minerals every day) and Pro-Stat 30 ID (twice daily) x 60 days for II continue to monitor as by "Skin Evaluation" form was ame date.					
	there had been no	Report" dated 4/8/19 revealed change in the wound from ng the same stage and					
	"Unstageable press measuring 4x3.5 cr	d 4/9/19 documented, sure ulcer noted to coccyx m with no exudate noted with bund periwoundRP aware a current tx"					
	conducted with the (Administrative States she never saw the	PM an interview was Nurse Practitioner, ASM #3 ff Member). She stated that wound herself, but that the ted with, it and she ordered					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495315	B. WING			1	C	
	PROVIDER OR SUPPLIER			STRI 803	EET ADDRESS, CITY, STATE, ZIP CODE SOUTH MAIN ST ODSTOCK, VA 22664	09/	26/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		BE	(X5) COMPLETION DATE	
F 655	Greers Goo for tre why this was order debridement agent stated that given the having a spinal conthe resident was not comfortable lying p she felt a debrident open the wound up infections. She statesident, given his resident off the wo which he frequently nurse's notes in the turning and reposit there were also not refusal to be turned wound did not chait facility and remained necrotic tissue. A review of the base that the wound and care planned. The an area for "Altered and had prelisted go breakdown or injury Skin issues, " and " preventing skin bre The goal to heal or was not checked, written information wound and the ass The wound nurse w the time of survey a interviewed.	atment. ASM #3 was asked red as opposed to a at such as Santyl. ASM #3 he resident's condition of a dinjury and a cervical collar, to able to maintain a position other than on his back, ment agent would ultimately by leaving it susceptible to atted the primary goal for this spinal injury, was to keep the und as much as possible, are refused to do. (Multiple de clinical record documented dioning of the resident; and the documenting the resident's documenting the resident's documenting his time in the red unstageable, and without deline care plan failed to reveal associated treatments were baseline care plan included diskin Integrity / Potential For loals of "Prevent any skin y," and "Heal / Improve current Other." Only the first goal of akdown or injury was checked. Improve current skin issues an addition, there was no hand indicating the presence of a	F	655				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG	(X3) DAT CON	E SURVEY IPLETED
		495315	B. WING		1	C 26/2019
	PROVIDER OR SUPPLIER ATE HEALTH CARE (STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 655	#3 (Registered Numobservation of sach or two after he was 4x4, was an open witssue but did have superficial. It was runstageable because When asked what it stated, "At first it was added Greers Goo. good at communicate wounds. He was in would have to reaptified to keep him tu Sometimes he would back on to the wound "We start the baseliand it is kept at the comprehensive is disable to any treatments of the should be on the assessment and with have put it on there. A review of the facil documented, "Devel Individualized Persoplan within 48 hours but is not limited to, admission orders, porders, therapy service ommendations, in needed to provide a that meets profession ensure that the residualized there is a sure that the residualized provide a sure that the residualized provide a that meets profession ensure that the residualized provide a sure that the sure that the sure that the sure th	se) she stated that her first al wound was "probably a day admitted. It was about 3x3 to yound, had pink granulation slough. It was very not a deep wound. It was se you can't see the bottom." reatment was being done, she as just a cream and then they. The treatment nurse was ating with the doctor about continent quite a bit. We ply the ointment/cream. We read off the wound. It does not care and treatment, RN #3 stated, ine care plan on admission nurses station until the one." In reviewing the with RN #3, she stated, "It e actual presence of a wound redered for itits not on there. e. The nurse that did the skin to wrote the orders should	F 6	55		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
		495315	B. WING			C	
	ROVIDER OR SUPPLIER ATE HEALTH CARE OF V	VOODSTOCK		ST 80	REET ADDRESS, CITY, STATE, ZIP CODE	1 09/2	6/2019
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)			(X5) COMPLETION DATE
F 677 SS=D	(Administrative Staff I Director, and ASM #2 they were made awai information was provisurvey. ADL Care Provided for CFR(s): 483.24(a)(2) §483.24(a)(2) A resid out activities of daily I services to maintain opersonal and oral hygometric than the continuous personal and oral hygometric than the continuous formation interview, facility doctoreview, and in the continuous falled to provide care for four of 42 sar coded as dependent (#34, #61, #21, and #5 provide Resident #34 showers on multiple of July, August, and §5 to provide Resident #5 multiple days through and September 2019. The findings include: 1. The facility staff fail with showers on multiple days through and September 2019.	M, in a meeting with ASM #1 Member) the Executive the Director of Nursing, the Director of Nursing, the of the findings. No further ded by the end of the or Dependent Residents ent who is unable to carry iving receives the necessary good nutrition, grooming, and giene; is not met as evidenced or, resident interview, staff ument review, clinical record urse of a complaint etermined that the facility ADL (activities of daily living) mpled residents, who were on staff for care, (Residents of and Resident #61 with lays throughout the months deptember 2019 and failed 21 and #54 with showers on out the months of August,		655	 R34, R61, R21, and R54 are currently receiving showed preferred. All residents have the potential to be effected. Quality review by DON/designee completed verify resident s who requessistance are receiving necessary assistance with showers and other activities of daily living and is in accordance to his/her preference. Nursing staff re-educated DON/designee on 10/23 at 10/24 on Bathing/Shower policy and on checking kasto determine residents' preferences and care need the DON/designee will rethe information in point of the determine in the de	to ire es by nd ing rdex ds. view	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495315	B. WING _			ı	26/2019
	ROVIDER OR SUPPLIER ATE HEALTH CARE OF W		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		3 SOUTH MAIN ST	1 00	20/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	8E	(X6) COMPLETION DATE
F 677	Resident #34 was add 7/10/15, with diagnos limited to, history of a disease, and diabetes recent MDS (minimum assessment with an Adate) of 8/22/19, Resident with an Adate) of 8/22/19, Resident group totally assistance of two or attransferring between totally dependent on tone staff person for b On 9/25/19 at 2:35 p. observed lying in bed Resident #34 the Resident #34 the Resident #34 stated, On 9/25/19 at 10:00 attention group meeting as process. When asked facility staff were awaresolved to the reside #34 stated, "Oh, the sident with a stated and process the facility "is who require a mechal shower chair had not quite some time." Resident wo weeks since the group meeting as process. The sident with a stated and the group meeting as process. When asked facility staff were awaresolved to the reside #34 stated, "Oh, the sident with a stated and the group meeting as process." The sident was a stated and the group meeting as process. When asked facility staff were awaresolved to the reside #34 stated, "Oh, the sident was a stated, "Oh, the sident was a stated," The sident was a stated, and the sident was a stated was a s	mitted to the facility on es that include, but are not stroke, chronic kidney mellitus (1). On the most in data set), a quarterly includes a quarterly inclu	F	577	care to verify they are updated, complete and accurately reflect the resident's care needs and preferences for care. 4. DON/designee will comple bathing quality review week x 4 weeks and monthly x 3 months to verify delivery of care. Variances will be reported to QAPI with adjustments as indicated monthly until resolved. 5. Allegation of compliance deformation of the compliance of the care of the care of the compliance deformation of the care o	kly	

	OF DEFICIENCIES OF CORRECTION			IPLE CONSTRUCTION IG	СОМ	(X3) DATE SURVEY COMPLETED	
		495315	B. WING _		1	C 26/2019	
	PROVIDER OR SUPPLIER	DF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		20,2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 677	conducted with Res Resident #34 was a scheduled to receive stated, "I'm schedul the Hoyer (brand of scheduled." On 9/26/19 at 9:14 observed lying in he was conducted. Wir more details about during the group me got a shower last Fi one in two weeks. If I got almost no show had not received sh because I'm a Hoye mechanical lift to tra for them. There is n is just not. It's true f you need a Hoyer a going to get a show received any kind of Resident #34 stated that. They wipe me can't even call it a b CNAs (certified nur responsible for givin only two on the floo people to do what th pretty simple math.' A review of the Nurs Information Kardex part, the following: " Tuesday and Friday Current season, Loc	er bed. An interview was sident #34 at this time. Isked when she was e a shower. Resident #34 and for day shift. It's when all mechanical lift) people are a.m., Resident #34 was er bed and another interview in asked if she could provide the comments, she had made beting, Resident #34 stated, "I riday (9/20/19). It was the first in May, June, July, and August, wers." When asked why she lowers, she stated, "It's in (requires a Hoyer ansfer). It's too much trouble of enough staff to do it. There for all of us who are Hoyers. If ind there is no staff, you're not er." When asked if she had if bath during these months, it, "Well if you want to call it down. But it's not a bath. You led bath." She stated that the sing assistants) are ing showers. "When they have r, there are just not enough they need to do for us. It's	F 67	77			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL' A. BUILDI		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495315	B. WING			1	C 26/2019
	PROVIDER OR SUPPLIER	OF WOODSTOCK		803 5	ET ADDRESS, CITY, STATE, ZIP CODE SOUTH MAIN ST DDSTOCK, VA 22664	1 00	20/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 677	A review of the unit in part, the following and Friday." A review of Resider plan dated 9/24/18, in part, the following The resident is total provide bath/shower sponge bath when a be toleratedTRAN dependent on staff. A review of the facil Resident #34 reveal bathed on 8/9/19. The specify what type of on this day. The document of the series of the July 2019 through the multiple days on whom as working. The document of the series of the served only to give the require a mechanical A review of facility of that the unit on whice 58 resident beds.	Large, Transfer aid - Hoyer." s shower schedule revealed, g: "[Resident #34] - Tuesday at #34's comprehensive care updated on 1/25/19 revealed, g: "BATHING/SHOWERING: ally dependent on staff to r and as necessaryProvide a full bath or shower cannot ISFER: The resident is totally for transferring with a Hoyer." ity's bathing record for led that the resident was he documentation did not bath Resident #34 received cumentation revealed no lent #34 received any kind of rough the time of the survey. daily as-worked schedules for ne time of the survey revealed ich only two CNAs (certified rorked on Resident #34's unit. ays, an additional CNA was This CNA, called the "bath , and per the facility staff paths to residents who did not al lift for transfers. ensus documents revealed th Resident #34 resides has	F6	77			
	On 9/25/19 at 2:28 interviewed. She sta	o.m., CNA #2 was ated the CNAs who work the		,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495315	B. WING				C 26/2019
	PROVIDER OR SUPPLIER	OF WOODSTOCK		8	TREET ADDRESS, CITY, STATE, ZIP CODE 03 SOUTH MAIN ST VOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 677	who require a Hoye stated, "The showers for people how she document requires a Hoyer liff #2 stated, "I record Resident #34's sho above, CNA #2 stated documented it, it were considered as the company of the she had given a shrequired a Hoyer lift that day, CNA #3 stated if any of the kind of bath a resident means if there are the shower record, record doesn't say,	to give showers to residents or lift for transfers. CNA #2 raide has never done who use the lift." When asked is giving a resident who it for transfer a shower, CNA it on the tablet." When shown wer record as referenced ited, "Yeah, if I had done it and build have shown up on here." p.m., CNA #3, who is also the opply clerk, was interviewed. Ithere are showers scheduled usually only work in central cNA license, and they pulled like this week, but I really am regular routines. I think the particular hall is responsible Hoyer lifts." When asked if ower to any resident who it for transfer during her shift eated, "No. I'm not sure who get one." p.m., RN (registered nurse), was interviewed. When facility records showed what ent received, RN #1 stated, its should show it. There is a get that should show what kind it got." When asked what it no numbers to indicate this on RN #1 stated, "If the ADL and if the resident is nen you have to go with what	F	677			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		495315	B. WING		C 09/26/2019	
	PROVIDER OR SUPPLIER ATE HEALTH CARE (DF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	CTION SHOULD BE THE APPROPRIATE	
F 677	resident comes to mad a shower, I mad a shower, I mad asked how she ensian request for a show started, "I dont know started this tracking shower records from documentation, RN could pull a report liabout the document documentation is not need to figure out a to pull these reports something out." On 9/26/19 at 3:45 (director of nursing) asked if she was awaresidents who requireceiving showers, and miss. In early A bath aide. [Name of director] thought the Hoyer baths. To be staffing, the baths dan ongoing process correct. It's much imit is ever acceptable receive care becaus stated, "No. Not every on 9/26/19 at 4:05 per director, was interviced to the showers were not he showers were not he showers were not he stafford." As in February. In making showers were not he stafford.	will tell you that whenever a ne and tells me they haven't ke sure they get one." When ures residents unable to make ver are provided one, RN #2 to that's a good question. I just Monday." When shown the nother facility ADL. #2 stated, "I did not know you ke this. I am still learning tation. This shows me that our of effective. As a manager, I process. I need to learn how to the interviewed. When was interviewed. When was interviewed. When was interviewed. When was interviewed a position for a ASM #1, the executive of floor CNAs could still do the honest, sometimes with id not get done. It has been and we have been drying to a proved now." When asked if a practice for a resident not to se of lack of staffing, she	F 6	77		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
÷		495315	B. WING		į	1	C
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP C 803 SOUTH MAIN ST WOODSTOCK, VA 22664	XODE	U9/	26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		1 SHOULD	BE	(X5) COMPLETION DATE
F 677	put in a full time bat unit]. Now we have Hoyers. The CNAs do them, but they a The bath aide is on finish one and start residents, and I still it. Now, the people much room for imple another full time Hoshowers." She concare hurting. I addressurance/performs far from fixed." On 9/26/19 at 4:50 were notified of these assurance of the facil revealed, in part, the showering and bath twice a week and P and refresh the resi asked on admission schedule for bathing precedence over the cleansing." No further information of the facility in the side of the facility in the clean of the facility in the facility in the facility in the facility staff facilit	th aide on [Resident #34's it, but she does not do on the floor are supposed to the not doing it. Not always. It a production schedule. It is another. There are 12 Hoyer I have to figure out how to do I visit, I take care of. We have rovement. We may need byer person just to give those cluded, "I know our residents ssed it June in QAPI (quality ance improvement). But it is p.m., ASM #1 and ASM #2 se concerns. Ility policy "Bathing/Showering" e following: "Assistance with hing will be provided at least PRN (as needed) to cleanse ident. The resident shall be in to establish a frequency g. This schedule will take the twice a week and PRN ion was provided prior to exit. tus) is a disease in which your lood sugar, levels are too ion is taken from the website gov/diabetes.html.	F6				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495315	B. WING		ŀ	C /26/2019	
	PROVIDER OR SUPPLIER ATE HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP C 803 SOUTH MAIN ST WOODSTOCK, VA 22664		/20/2019	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ((EACH DEFICIENCY MUST BE PRECEDED BY FULL PI REGULATORY OR LSC IDENTIFYING INFORMATION)			X (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 677	months of July, Au Resident #61 was 5/27/10, and was r 5/3/19 with diagnor history of a spinal of On the most recent annual assessment reference date) of coded as having not making daily decis 15 on the BIMS (bit He was coded as to physical assistance for transferring bet totally dependent of one staff person for During the group in a.m., Resident #61 resident as possible due to his requirent mechanical lift. On 9/25/19 at 3:15 observed lying on to were closed. On 9/25/19 at 4:55 observed lying on to and alert. An interval Resident #61 at thi asked if he had bet thought he should, been short of help, when they are should the help." When as were offered to him	gust, and September 2019. admitted to the facility on most recently readmitted on ses including, but not limited to cord injury and quadriplegia (1). t MDS (minimum data set), and with an ARD (assessment 9/7/19, Resident #61 was a cognitive impairment for ions, having scored 15 out of rief interview for mental status). Deing totally dependent on the er of two or more staff persons ween surfaces, and as being on the physical assistance of	Fé	577			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDI		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING	l	7.1.5		C 26/2019	
	PROVIDER OR SUPPLIER	OF WOODSTOCK		80	TREET ADDRESS, CITY, STATE, ZIP CODE 03 SOUTH MAIN ST /OODSTOCK, VA 22664			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ıx	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X6) COMPLETION DATE	
F 677	That's about it. Mandid not get washed really. Just wiped or records showed he those days, Reside records would not I shower any of those a bath." He stated dedicated strictly to does not provide si require a mechanic #61 stated, "If [RN she will make sure RN #2 is at the faci residents need a shot." A review of the Nur Information Kardex part, the following: Monday and Thurse Alert, Current seasifaces, In a nursing Transfer Assist: Slin Hoyer." A review of the unit in part, the following Thursday." A review of Resider plan dated 11/8/18 "BATHING/SHOWE dependent on staff necessaryProvide or shower cannot be	y, June, July, August. My head. It was not even a bed bath, ff." When asked if the facility received a shower on any of the #61 stated, "Then those be right. I did not receive a etimes. I wouldn't even call it ne knows there is a CNA bathing residents, but she nowers for residents who hal lift for transfers. Resident (registered nurse) #2] is here, it gets done." When asked if lity every day he or other nower, he stated, "No, she's see Tech (technician) for Resident #61 revealed, in "Bathing: Shower. Bath Days: day. Shift: DayCognition: on, Location of room, Staff homeTransfers: Assist of 2. In gize - Large, Transfer aid - It's shower schedule revealed, gr. "[Resident 61] - Monday and the #61's comprehensive care revealed, in part, the following: ERING: The resident is totally to provide bath/shower and as a sponge bath when a full bath the toleratedTRANSFER: hires a full body Mechanical Lift	F	677				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		E SURVEY MPLETED
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	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		20/2019
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F 677	Resident #61 reveatype of bath on 17 of the time of the survice specify what type of these dates. The resthistime period did Resident #61 received. A spot check of dail July 2019 through the multiple days on whe Resident #61's unit, additional CNA was called the "bath aid to give baths to resime chanical lift for the transport of the transport	ity's bathing record for led that he received some lays from July 1, 2019 through ey. The bath record did not it bath he received on any of mainder of the dates during not reveal any evidence that wed a bath. If y as-worked schedules for the time of the survey revealed sich only two CNAs worked on On some of these days, an shown as working. This CNA, et by facility staff, served only dents who did not require a ransfers. It is commented the commenter of the survey revealed only two CNAs worked on the commenter of the survey revealed on the commenter of the survey revealed on the commenter of	F6			
		there are showers scheduled usually only work in central				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(Xe	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER		·	STREET ADDRESS, CITY, STATE, ZIP 803 SOUTH MAIN ST WOODSTOCK, VA 22664	CODE	09/20/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIAT		
F 677	supply. I have my me to work as a C not familiar with the aide assigned to a for showers for the she had given a strequired a Hoyer I that day, CNA #3 a was supposed to c On 9/25/19 at 3:22 #1, the MDS nurse asked if any of the kind of bath a resistence in the shower record the shower record record doesn't say	CNA license, and they pulled NA this week, but I really am e regular routines. I think the ny particular hall is responsible to Hoyer lifts." When asked if nower to any resident who fit for transfer during her shift stated, "No. I'm not sure who get one." 2 p.m., RN (registered nurse) to perform the control of the cont	F	677			
	interviewed. She s I am agency. I hav maybe a month or knows who is to ge #4 stated, "When sheet with the nam shower. But mostly am kind of figuring She stated it takes a resident from be the resident a shor transfer the reside there are always to	tated, "I don't really work here. e been coming off and on here two." When asked how she at a shower on her shift, CNA come in, they give me a cheat nes of the ones who need a y, I am just paying attention. I out whose days are what." two staff members to transfer d to a shower chair, one to give wer, and two staff members to nt back to bed." When asked if we staff members available to using a mechanical lift. CNA #4					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER ATE HEALTH CARE (OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CO 803 SOUTH MAIN ST WOODSTOCK, VA 22664	DDE J 09	120/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
F 677	every hallway." On 9/26/19 at 11:06 interviewed. She stated littly for four years on the unit where R stated that showers Hoyer lift for transfethe floor. When ask baths, LPN #3 state when showers have did not have enoughtruth. Yes. A resident "I know them the showers. This N process into place. whenever they give them, but I am using have been given. It resident comes to n had a shower, I mal asked how she ensident endes a request for a show stated, "I dont know stated, "I dont know stated, "I dont know stated, "I dont know stated this tracking shower records from documentation, RN could pull a report liabout the document document ato pull these reports something out."	are not always two aides on a.m., LPN #3 was ated she has worked at the s, and usually works day shift esident #61 resides. She for residents who require a are given by the CNAs on ed about staffing and resident ad, "There have been days on the been given because we has a right to shower." p.m., RN #2, the unit manager unit, was interviewed. She are some concerns about fonday, I put a tracking The aides fill out a skin sheet a bath. We don't usually keep g them to track which baths will tell you that whenever a ne and tells me they haven't ke sure they get one. "When ures residents unable to make wer are provided one, RN #2, that's a good question. I just Monday." When shown the	F6	577			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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interviewed. ASM the concerns about of getting them. short staffing." On 9/26/19 at 3:4 (director of nursis asked if she was residents who re receiving shower hit and miss. In ea bath aide. [Nardirector] thought Hoyer baths. To staffing, the bath an ongoing procecorrect. It's much it is ever accepta receive care becastated, "No. Not concerns about residents, was interesidents who put in a full time to unit]. Now we have hoyers. The CNA do them, but they The bath aide is a finish one and staresidents, and I sit. Now, the people	It is, the NP (nurse practitioner) was if #3 stated, "Yes, I'm aware of but the showers, about residents. We are all concerned about the is p.m., ASM #2, the DON ing) was interviewed. When aware of the concerns about quire a Hoyer lift for transfers not s, ASM #2 stated, "It has been arly April, we made a position for ine of ASM #1, the executive the floor CNAs could still do the been honest, sometimes with a did not get done. It has been less and we have been trying to improved now." When asked if ble practice for a resident not to ause of lack of staffing, she	F 677			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ALABIKADED. ' '		(2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			80	TREET ADDRESS, CITY, STATE, ZIP CODE 33 SOUTH MAIN ST 100DSTOCK, VA 22664	<u> 09/</u>	26/2019	
(X4) ID PRÉFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 677	are hurting. I addreassurance/perform far from fixed." On 9/26/19 at 4:50 were notified of the A review of the factor revealed, in part, the showering and battwice a week and I and refresh the reasked on admission schedule for bathing precedence over the cleansing." No further information (1) "Paralysis is the of your body. It has wrong with the way brain and muscles partial. It can occur body. It can also on be widespread. Pabody, including bot Paralysis of the arr This information is https://medlineplus.	ncluded, "I know our residents essed it June in QAPI (quality nance improvement). But it is personal provided at least personal provided at least personal provided at least personal provided at least personal p	F	377				
	a week during Aug	failed to provide showers twice ust and September 2019, to						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 677	staff for bathing. Resident #54 was a 03/28/2019. Her diamuscle weakness, Resident #54's mod (MDS) Assessmen with an Assessmer 08/26/2019. The Bid (BIMS) scored Resimpairment. Reside extensive assistant mobility and dressifur requiring the supertransfers, and being person for toileting coded as not occur period. On 09/24/2019 at 1 conducted with Resinterview, Resident had a shower "sinc stated that "the batt quit" and that no ot When asked what I receiving, Resident getting bed baths. Resident #54's com 09/19/2019 docume Activities of Daily Li "BATHING/SHOWE extensive-full assis "TRANSFER: The in on 2 staff for transfer On 9/25/19 at 2:28	admitted to the facility on agnoses included pneumonia, diabetes, and morbid obesity. It was a Quarterly Assessment at Reference Date (ARD) of rief Interview for Mental Status ident #54 at a 15, indicating no ent #54 was coded as requiring the of one person for beding. The resident was coded as vision of one person for ground to the desire of the person for ground to the lookback. 108p.m., an interview was sident #54. During this #54 stated that she had not be July 23rd. Resident #54 had not be July 23rd. Resident #554 had not be July 23rd. Residen	F 6	77			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ULD BE	(X6) COMPLETION DATE	
F 677	floor are supposed who require a Hoye stated, "I don't know [give the showers], aide has never don the lift." On 9/25/19 at 2:38 facility's central sup CNA #3 stated, "I the scheduled two days central supply. I have pulled me to work a am not familiar with the aide assigned to responsible for sho asked if she had give who required a Hoy shift that day, CNA who was supposed. A review of Resider September 2019 sho code to indicate who recorded, only what provided. On 9/25/19 at 3:22 #1, the MDS nurse, asked if any of the stype of bath a resider the shower recording the shower record, (activities of daily live.)	to give showers to residents or lift for transfers. CNA #2 w why the shower aide doesn't but she doesn't. The shower he showers for people who use p.m., CNA #3, who is also the oply clerk, was interviewed. The showers is a week. I usually only work in the regular routines, and they as a CNA this week, but I really in the regular routines. I think to any particular hall is wers for the Hoyer lifts." When wen a shower to any resident wer lift for transfer during her the get one." In the #54's August and the hower log showed no number at type of bath was being the level of assistance was p.m., RN (registered nurse), was interviewed. When facility records showed what ent received, RN #1 stated, its should show it. There is a set that should show what kind the got." When asked what it no numbers to indicate this on RN #1 stated, "If the ADL ving) record doesn't say, and if nitively intact, then you have to	Fe	5777			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	OF WOODSTOCK		80	REET ADDRESS, CITY, STATE, ZIP CODE 03 SOUTH MAIN ST OODSTOCK, VA 22664	00/2	-
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 677	nurse) # 5 was interested third week working assignment. She seresponsible for bat takes two CNAs to bed to a shower chand two CNAs to the bed after the show aware of any days happened for residuated, "If a person what I am doing to responsibility to mashower." On 9/26/19 at 11:0 interviewed. She stacility for four year on the unit where I stated that shower Hoyer lift for transf the floor. When as baths, LPN #3 state when showers have did not have enoughtruth. Yes. A reside the control on that unit. When unit, the showers of the bath aide on [I anything but give sin the staffing. If the	A a.m., LPN (licensed practical erviewed. She stated it was her in the facility on a travel tated the CNAs are hing residents. She stated it transfer a resident from the tair, one aide to give the bath, ransfer the resident back to er. She stated she was not that showers had not lents on her unit. LPN #5 in needs a shower, I will stop give a shower. It is the nurse's ake sure the resident gets a 6 a.m., LPN #3 was tated she has worked at the rs, and usually works day shift resident #54 resides. She is for residents who require a ers are given by the CNAs on ked about staffing and resident ed, "There have been days e not been given because we go staff here to do it. That is the ent has a right to shower." 7 a.m., CNA #6 was 6 stated, "The floor CNAs on it] give the Hoyer showers. I her unit. I give all the showers there is only one CNA on this lon't happen like they should. Resident #54's unit] doesn't do howers. You can't count them ere are only two or even three there is no way that any Hoyer	F6	377			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		mo/ 20 30
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRINCE DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 677	showers are going on 9/26/19 at 1:51 for Resident #54's is stated, "I know ther the showers. This is process into place. Whenever they give them, but I am usin have been given. It resident comes to rhad a shower, I man asked how she ensidents unable to RN #2 stated, "I do question. I mean, I Monday." When she records for August a facility ADL docume not know you could learning about the come that our docume manager, I need to learn how to pull the On 9/26/19 at 3:45 (director of nursing) asked if she was avesidents who requireceiving showers, hit and miss. In earl a bath aide. [Name director] thought the Hoyer baths. To be staffing, the baths dan ongoing process	p.m., RN #2, the unit manager unit, was interviewed. She e are some concerns about Monday, I put a tracking The aides fill out a skin sheet a bath. We don't usually keep g them to track which baths will tell you that whenever a ne and tells me they haven't ke sure they get one." When ures showers are provided to make a request for a shower, n't know, that's a good started this tracking on own Resident #54's shower and September 2019 from the entation, RN #2 stated, "I did pull a report like this. I am still locumentation. This shows entation is not effective. As a figure out a process. I need to	F 6	77		
	it is ever acceptable	practice for a resident not to se of lack of staffing, she				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
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F 677	7 Continued From page 84 stated, "No. Not ever."		F 6	77		
	4. The facility staff failed to provide sowers twice a week during August and September 2019, to Resident #21, who is coded as dependent on staff for bathing					
	Resident #21 was admitted to the facility on 09/24/2018. His diagnoses include paraplegia (paralysis of the legs and lower body), anxiety, and post-traumatic stress disorder (PTSD). Resident #21's most recent Minimum Data Set (MDS) Assessment was a Quarterly Assessment with an Assessment Reference Date (ARD) of 07/30/2019. The Brief Interview for Mental Status (BIMS) scored Resident #21 at a 15, indicating no impairment. Resident #21 was coded as requiring extensive assistance of one person for bed mobility, transfers, and toileting, and total dependence on one person for bathing.					
	08/08/2019 docume Activities of Daily Lit "BATHING/SHOWE extensive-totally dep	prehensive care plan dated ents the following under fe (ADL) self-care deficits: ERING: the resident is pendent on staff to provide RANSFER: sliding board with the transferring."				
	conducted with Res had been "weeks" s get a shower becau with" using the Hoye shower chair. Resid offered a bed bath,	:33p.m., an interview was ident #21. He stated that it since he had been allowed to se no staff wanted to "deal er Lift (1) to get him into the lent #21 stated that he is but that even that is not ident #21 stated that he				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER		D. WING	S'	TREET ADDRESS, CITY, STATE, ZIP CODE 03 SOUTH MAIN ST VOODSTOCK, VA 22664	<u> 09/</u>	/26/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 677	A review of Residen September 2019 sh code to indicate who recorded, only what provided. On 9/25/19 at 3:22 plants, the MDS nurse, asked if any of the fitype of bath a reside "The shower record number with a code of bath the resident means if there are not the shower record, I record doesn't say, a cognitively intact, the resident says." On 9/26/19 at 10:04 nurse) # 5 was interriting week working it assignment. She staresponsible for bath takes two CNAs to train the control of the shower and two CNAs to train the shower aware of any days the control of the shower aware of any days the control of the control of the shower aware of any days the control of th	at #21's August and sower log showed no number at type of bath was being level of assistance was p.m., RN (registered nurse) was interviewed. When acility records showed what ent received, RN #1 stated, is should show it. There is a that should show what kind got." When asked what it so numbers to indicate this on RN #1 stated, "If the ADL and if the resident is en you have to go with what a.m., LPN (licensed practical viewed. She stated it was her in the facility on a travel ated the CNAs are ing residents. She stated it ransfer a resident from the air, one aide to give the bath, insfer the resident back to r. She stated she was not not stated the colors had not	F6	677				
İ	stated, "If a person r what I am doing to g responsibility to mak shower." On 9/26/19 at 11:06 interviewed. She sta	nts on her unit. LPN #5 needs a shower, I will stop live a shower. It is the nurse's te sure the resident gets a a.m., LPN #3 was ted she has worked at the and usually works day shift						

TAG HEGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DAY DEFICIENCY)		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 677 Continued From page 86	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF	FIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			(X5) COMPLETION DATE
on the unit where Resident #21 resides. LPN #3 stated that showers for residents who require a Hoyer lift for transfers are given by the CNAs on the floor. LPN #3 stated. There have been days when showers have not been given because we did not have enough staff here to do it. That is the truth. Yes. A resident has a right to shower." On 9/26/19 at 1:25 p.m., ASM (administrative staff member) #3, the NP (nurse practitioner) was interviewed. ASM #3 stated, "Yes, I'm aware of the concerns about the showers, about residents not getting them. We are all concerned about the short staffing." On 9/26/19 at 3:45 p.m., ASM #2, the DON (director of nursing) was interviewed. When asked if she was aware of the concerns about residents not receiving showers, ASM #2 stated, "It has been thit and miss. In early April, we made a position for a bath aide, Ilvame of ASM #1, the executive director] thought the floor CNAs could still do the Hoyer baths. To be honest, sometimes with staffing, the baths did not get done. It has been an ongoing process and we have been trying to correct. It's much improved now." When asked if it is ever acceptable practice for a resident not to receive care because of lack of staffing, ASM #2 stated, "No. Not ever." Administrative Staff Member (ASM) #1, the facility Executive Director, and ASM #2, the Director of Nursing, were informed of the findings at the end of day meeting on 09/26/2019. No further information was provided.	F 677	stated that showers Hoyer lift for transfe the floor. LPN #3 st when showers have did not have enough truth. Yes. A resident of page 125 staff member) #3, to interviewed. ASM #4 the concerns about not getting them. We short staffing. ** On 9/26/19 at 3:45 (director of nursing) asked if she was aversidents not receive "It has been hit and a position for a battle executive director] is still do the Hoyer based if it is ever according to correct. It's asked if it is ever according to the staffing, ASM #2 staffing, ASM #2 staffing, ASM #2 staffing, were information was proinformation was proinforma	Resident #21 resides. LPN #3 is for residents who require a pers are given by the CNAs on tated, "There have been days is not been given because we in staff here to do it. That is the int has a right to shower." p.m., ASM (administrative he NP (nurse practitioner) was is stated, "Yes, I'm aware of ithe showers, about residents if are all concerned about the p.m., ASM #2, the DON) was interviewed. When ware of the concerns about ving showers, ASM #2 stated, miss. In early April, we made in aide. [Name of ASM #1, the thought the floor CNAs could aths. To be honest, sometimes this did not get done. It has rocess and we have been is much improved now." When is ceptable practice for a ive care because of lack of ated, "No. Not ever." Member (ASM) #1, the facility and ASM #2, the Director of med of the findings at the end 19/26/2019. No further ovided.	F	177			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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	(EACH DEFICIENC	/OODSTOCK ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	TION ULD 86	(X6) COMPLETION DATE	
F 677 F 684 SS=D	have limited to no mo Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fu applies to all treatment facility residents. Bas assessment of a residents receive accordance with profer practice, the compreherance plan, and the rest This REQUIREMENT by: Based on resident our review, facility documered review, facility documered review, it was staff failed to provide physician's orders and plan of care for one of sample, Resident #38 administer Augmenting to Resident #38 on 9/ The findings include: Resident #38 was add 9/25/17 and most receive with diagnoses including vascular dementia (1) (gastrointestinal bleed the most recent MDS quarterly assessment reference date) of 8/2	sling to move patients who bility of their own. are indamental principle that int and care provided to ed on the comprehensive ident, the facility must ensure it treatment and care in essional standards of itensive person-centered sidents' choices. I is not met as evidenced eservation, facility staff ent review, and clinical determined that the facility care in accordance with the id per the comprehensive of 42 residents in the survey it. The facility staff failed to it as ordered by the physician 20/19. In itted to the facility on ently readmitted on 9/19/19 ing, but not limited to it, a recent Gl. (2), and shingles (3). On	F 68		ian ers ely. ed by and gnee n re ensure red. plete		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER ATE HEALTH CARE OF W	VOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664			20/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 684	making daily decision 15 on the BIMS (brief She was coded as us A review of the compine Resident #38 dated 9 12/19/18, revealed, ir "Administer medication A review of Resident revealed the following "Amoxicillin-clavulanamg (milligrams) Take q12h (every 12 hours attending physician si A review of Resident revealed the following "Augmentin 875-125 (tablet) po (by mouth) (for) 5 days." For the 8:00 a.m. and 8:00 p. circled. The back of ti A review of the facility contained in the stat (that Augmentin 875-1 stat box. On 9/26/19 at 11:06 a nurse) #3 was interviewed the following "Augmentin 875-1 stat box. On 9/26/19 at 11:06 a nurse) #3 was interviewed the facility contained in the stat (that Augmentin 875-1 stat box. On 9/26/19 at 1:30 p. staff member) #3, the	interview for mental status. ing a wheelchair for mobility. rehensive care plan for l/19/18, updated on part, the following: ons as ordered." #38's clinical record of order, dated 9/19/19: ate (Augmentin (4)) 875-125 1 tab (tablet) po (by mouth)) X (for) 5 days." The igned the order. #38's September 2019 MAR of entry dated 9/19/19: mg (milligrams) Take 1 tab of 12h (every 12 hours) X doses due on 9/20/19 at m., nurse initials were he MAR was blank. It's list of medications (immediate) box revealed 25 mg is available in the a.m., LPN (licensed practical ewed. When asked if aving received the d on 9/20/19 caused a delay stated, "Yes. It did." m., ASM (administrative of NP (nurse practitioner, was	F	684	reported in QAPI monthly until resolved. 5. Allegation of compliance date of 11/06/2019			
	interviewed. When as	sked if Resident #38's not nedication as ordered on						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	СОМ	E SURVEY PLETED
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	PROVIDER OR SUPPLIER	OF WOODSTOCK		80	TREET ADDRESS, CITY, STATE, ZIP CODE 03 SOUTH MAIN ST /OODSTOCK, VA 22664	<u> </u>	LOZOTO
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	9/20/19 caused a d stated, "She came I infection. She need started it iv (intraverwas a small delay." On 9/26/19 at 1:43 #2, a unit manager, asked if Resident # medication as orde in her treatment, should be concerns. No further information. This it affects memory, the and behavior. Vasce by a series of small This information is the https://medlineplus. (2) "Your digestive of includes the esophaliarge intestine or complete intestine	elay in her treatment, she back to us with a urinary tract ed the antibiotic. They had nously) in the hospital. Yes. It p.m., RN (registered nurse) was interviewed. When 38's not having received the red on 9/20/19 caused a delay e stated, "Yes." p.m., ASM #1, the executive 2 were informed of these on was provided prior to exit. gradual and permanent loss of occurs with certain diseases. hinking, language, judgment, ular dementia (VaD) is caused strokes over a long period." taken from the website gov/ency/article/000746.htm. or gastrointestinal (GI) tract agus, stomach, small intestine, alon, rectum, and anus. from any of these areas. The can be so small that only a This information was obtained gov/gastrointestinalbleeding.h	F6	684			
	(3) "Shingles (herpe blistering skin rash.	es zoster) is a painful, It is caused by the					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER TE HEALTH CARE OF W	/oodstock	STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X6) COMPLETION OATE		
F 684	causes chickenpox." (4) "The combination acid is used to treat of bacteria, including infinity, skin, and urina taken from the websit	This is the virus that also of amoxicillin and clavulanic ertain infections caused by ections of the ears, lungs, ry tract." This information is	F	684			
F 725 SS=E	the appropriate comp provide nursing and r resident safety and at practicable physical, well-being of each resident assessments and considering the resident assessments accordance with the fat §483.70(e). §483.35(a)(1) The fact by sufficient numbers types of personnel or nursing care to all resident care plans: (i) Except when waive this section, licensed (ii) Other nursing persimited to nurse aides §483.35(a)(2) Except	Staff. Staff. Sufficient nursing staff with etencies and skills sets to elated services to assure stain or maintain the highest mental, and psychosocial sident, as determined by and individual plans of care number, aculty and sty's resident population in facility assessment required cility must provide services of each of the following a 24-hour basis to provide sidents in accordance with ed under paragraph (e) of nurses; and sonnel, including but not	F	725	 R34, R61, R54 are currently receiving baths as preferred. All residents have the potenti be effected. Quality review by Executive Director/designee completed of the past 2 week schedules to verify adequate staffing to meet staffing need. Staff will bee re-educated by Executive Director/designee of 10/23 and 10/24 on Attendar policy and reporting for shifts scheduled to provide adequate staffing to meet the resident needs. Executive Director/designee of complete a quality review of schedule and 10 resident interviews to verify adequate staffing to meet resident needs. 	ds. Is. on nce s as te will	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	I		80	TREET ADDRESS, CITY, STATE, ZIP CODE 03 SOUTH MAIN ST 7OODSTOCK, VA 22664	<u> 09/3</u>	26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	- 1	(X6) COMPLETION DATE
F 725	nurse on each tour of This REQUIREMENT by: Based on observation interview, facility documents, and in the countrestigation, it was distaff failed to provide the needs of four of 4 sample, Residents #3 facility staff failed to provide Resident #34 showers on multiple of July, August, and STHE findings include: 1. The facility staff failed to provide Resident #34 showers on multiple of July, August, and STHE findings include: 1. The facility staff failed to provide Resident #34 was addr/10/15, with diagnost limited to history of a sidisease, and diabetes recent MDS (minimum assessment with an Adate) of 8/22/19, Resident #34 was addr/10/15, with diagnost limited to history of a sidisease, and diabetes recent MDS (minimum assessment with an Adate) of 8/22/19, Residentially assistance of two or intransferring between states.	nurse to serve as a charge iduty. is not met as evidenced n, resident interview, staff ament review, clinical record arse of a complaint etermined that the facility sufficient staffing to meet 2 residents in the survey 4, #61, #21, and #54. The rovide sufficient staffing to 6, 61, 21, and 54 with lays throughout the months deptember 2019. The ded to provide sufficient sident #34 with showers on out the months of July, er 2019. The data set, a quarterly and as est, a quarterly RD (assessment reference dent #34 was coded as a pairment for making daily red 15 out of 15 on the for mental status). She was a dependent on the physical nore staff persons for surfaces, and as being the physical assistance of	E.	725	weekly x 4 weeks and month months. Variances will be reported in QAPI monthly un resolved. 5. Allegation of compliance date 11/06/2019	tii	

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIEF	3	ST 80	TREET ADDRESS, CITY, STATE, ZIP CODE 03 SOUTH MAIN ST COODSTOCK, VA 22664	09/	26/2019
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F 725	On 9/25/19 at 2:35 observed lying in the Resident #34 the I was asked for period Council minutes for Resident #34 state. On 9/25/19 at 10:00 the group meeting process. When as facility staff were a resolved to the resident #34 stated, "Oh, the because the facility who require a median shower chair had requite some time." Inot gotten a shower made two weeks sonot the only one. Yesident #61.]." On 9/25/19 at 5:25 interviewed regard receive a shower, day shift. It's when mechanical lift) per conducted with Recould provide more she had made during Resident #34 state (9/20/19). It was the May, June, July, and showers. "When as showers, Resident Hoyer (requires a resident requires a resident requirement requi	age 92 5 p.m., Resident #34 was bed, watching television. Resident Council president, mission to review the Resident om the past few months. Ed, "Yes that will be fine." O a.m., Resident #34 attended as a part of the survey ked about any concerns the tware but had not yet been sidents' satisfaction, Resident are showers." She stated that y "is so short staffed," residents thanical lift to transfer into a not been receiving showers "for Resident #34 stated, "If I had ar last Friday, it would have since I've been bathed, and I'm fou need to go talk to [name of a.m., Resident #34 was ing when she was scheduled for all the Hoyer (brand of ople are scheduled." Ta.m., another interview was sident #34. When asked if she a details about the comments, ing the group meeting, id, "I got a shower last Friday e first one in two weeks. In and August, I got almost no sked why she had not received #34 stated, "It's because I'm a mechanical lift for transfer). It's or them. There is not enough	F 725			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	00/20/201	<u>, , , , , , , , , , , , , , , , , , , </u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLE	
F 725	who are Hoyers. If y no staff, you're not a sked if she had rethese months, Resil want to call it that. I not a bath, you can'd When they have on just not enough per do for us. It's pretty. A review of the Nurs Information Kardex part, the following: "Tuesday and Friday Current season, Loa nursing homeTr. Assist: Sling size - I. A review of the unit' in part, the following and Friday." A review of Resider plan dated 9/24/18 in part, the following The resident is total provide bath/showe sponge bath when a be toleratedTRAN dependent on staff. A review of the facil Resident #34 revea bathed on 8/9/19. Tis specify what type of on this day. The doe evidence that Resident #asident Resident that Residen	is just not. It's true for all of us you need a Hoyer and there is going to get a shower." When ceived any kind of bath during dent #34 stated, "Well if you They wipe me down, but it's 't even call it a bed bath. It to on the floor, there are uple to do what they need to simple math."	F 7	25		

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER ATE HEALTH CARE (OF WOODSTOCK	STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664			,20,2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ECTIVE ACTION SHOULD BE COMPLE PART DAT		
F 725	A spot check of dai July 2019 through the multiple days on whe Resident #34's unite additional CNA was called the "bath aid facility staff, served who did not require. A review of facility of that the unit on whice 58 resident beds. On 9/25/19 at 2:28 interviewed. She stafloor are supposed who require a Hoyer stated, "The showers for people how she documents requires a Hoyer lift #2 stated, "I record Resident #34's shown above, CNA #2 stated documented it, it would be stated, "I think two days a week. I supply. I have my Come to work as a CN not familiar with the aide assigned to an for showers for the asked if she had given and the supplementation."	ly as-worked schedules for he time of the survey revealed hich only two CNAs worked on . On some of these days, an shown as working. This CNA, e" by facility staff, per the only to give baths to residents a mechanical lift for transfers. ensus documents revealed the Resident #34 resides has p.m., CNA #2 was ated the CNAs who work the to give showers to residents if lift for transfers. CNA #2 raide has never done who use the lift." When asked a giving a resident who if for transfer a shower, CNA it on the tablet." When shown wer record as referenced ed, "Yeah, if I had done it and build have shown up on here." p.m., CNA #3, who is also the ply clerk, was interviewed. There are showers scheduled usually only work in central enables. It hink the y particular hall is responsible Hoyer lift (residents)." When yen a shower to any resident	F 72	5			
		er lift for transfer during her #2 stated, "No. I'm not sure					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	493319	D. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	09/	/26/2019	
CONSUL	ATE HEALTH CARE (OF WOODSTOCK		803 SOUTH MAIN ST WOODSTOCK, VA 22664			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		JLD BE	(X5) COMPLETION DATE	
F 725	#1, the MDS nurse, asked if any of the f kind of bath a reside "The shower record number with a code of bath the resident means if there are r the shower record, record doesn't say, cognitively intact, th the resident says." On 9/26/19 at 10:04 nurse) # 5 was interthird week working assignment. She staresponsible for bath takes two CNAs to the bed to a shower chand two CNAs to trabed after the shower on 9/26/19 at 10:46 interviewed. CAN #4 here. I am agency. I here maybe a month she knows who is to CNA #2 stated, "When cheat sheet with the a shower. But most am kind of figuring of She stated it takes to a resident from bed	p.m., RN (registered nurse) was interviewed. When facility records showed what ent received, RN #1 stated, is should show it. There is a that should show what kind got." When asked what it no numbers to indicate this on RN #1 stated, "If the ADL and if the resident is en you have to go with what I a.m., LPN (licensed practical rviewed. She stated it was her in the facility on a travel ated the CNAs are hing residents. She stated it transfer a resident from the air, one aide to give the bath, ansfer the resident back to er."	F 7	725			
	transfer the resident	t back to bed." When asked if o staff members available to					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		20/2019	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 725	transfer residents a stated, "No. There every hallway." CN here to fill in, but e many days when the construction of the unit where is stated that showen the unit where is stated that showen Hoyer lift for transfer the floor. When as baths, LPN #3 state when showers have did not have enough truth. Yes. A reside the facility for two wasteff to get resident the residents required on 9/26/19 at 11:3 interviewed. CNA # [Resident #34's univally work the otton that unit and when this unit, the shower should. The bath a doesn't do anything count them in the seven three aides of any Hoyer showers.	using a mechanical lift, CNA #4 are not always two aides on IA #2 stated, "Our agency is ven with us, there have been here still is not enough staff." 6 a.m., LPN #3 was tated she has worked at the rs, and usually works day shift Resident #34 resides. She is for residents who require a ers are given by the CNAs on ked about staffing and resident ed, "There have been days in enot been given because we gh staff here to do it. That is the int has a right to shower." 3 a.m., CNA #5 was tated she has only worked at weeks. She stated it takes two ts in and out of shower chairs if are a Hoyer lift." 7 a.m., CNA #6 was if a stated, "The floor CNAs on it give the Hoyer showers. I her unit. I give all the showers en there is only one CNA on ers don't happen like they ide on [Resident #34's unit] to but give showers. You can't staffing. If there are only two or in that unit, there is no way that are going to be given."	F 72	25			
	at the facility for mo	ore than five years. She is					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER ATE HEALTH CARE (STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 09/	20/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 725	units. When asked required for safe ca stated, "At least fou shower aide. You ca less than that." RN works on the unit wireside. She stated if residents; her unit histated, "In the past until 7:00 p.m., then and 1 CNA on my uill August, it was just ria.m. until 7:00 p.m. on this unit to be sa management staff care on the floor, RI better than others, it management doesn are working the floodo." She stated both well as the director director. When asked provides any care or "She doesn't feed re Hoyer showers. She lunchtime. Even with a stretch for the shot transferring a reside a CNA to watch the just not safe." On 9/26/19 at 1:25 p staff member) #3, thinterviewed. ASM #3 the concerns about	ut staffing on both nursing how many staff members are re on Resident #34's unit, she r CNAs, not including the an't provide safe care for any #3 stated that she most often here Resident #34 does not Resident #34's unit has 58 has 30 residents. RN #3 have only been one nurse in have one days are but most of the time, the in have don't know what to in unit managers are aware, as of nursing and the executive ed if the bath aide ever ther than baths, RN #3 stated, esidents. She doesn't do	F 7	25		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUMENT (X2) MULTIPLE CONSTRUMENT (X3) MULTIPLE CONSTRUMENT (X4) MULTIPLE CONSTRUMENT (X5) MULTIPLE CONSTRUMENT (X6) MULTIPLE CONSTRUMENT (X6) MULTIPLE CONSTRUMENT (X7) MULTIPLE CONSTRUMENT (X7) MULTIPLE CONSTRUMENT (X8) MULTIPLE ((X3) DATE SURVEY COMPLETED			
		495315	B. WING _		C 09/26/2019	
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 091	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	ON SHOULD BE COM BE APPROPRIATE	
F 725	On 9/26/19 at 1:51 for Resident #34's a stated, "I know ther the showers. This is process into place. Whenever they give them, but I am usin have been given. I a resident comes to rhad a shower, I ma asked how she ens a request for a show started this tracking shower records fror documentation, RN could pull a report liabout the document documentation is not need to figure out a to pull these reports something out." On 9/26/19 at 3:45 (director of nursing) asked if she was avesidents who requireceiving showers, hit and miss. In early a bath aide. [Name director] thought the Hoyer baths. To be staffing, the baths of an ongoing process correct. It's much in it is ever acceptable receive care becaus stated, "No. Not ever acceptable receive care because the stated and the state of	p.m., RN #2, the unit manager unit, was interviewed. She e are some concerns about Monday, I put a tracking The aides fill out a skin sheet a bath. We don't usually keep g them to track which baths will tell you that whenever a ne and tells me they haven't ke sure they get one." When ures residents unable to make wer are provided one, RN #2 to that's a good question. I just Monday." When shown the	F 72			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		495315	B. WING	ı		C 09/26/2019	
	PROVIDER OR SUPPLIER	OF WOODSTOCK		1	STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	<u> 09//</u>	20/2019
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 725	stated, "The goal Is would be hard." On 9/26/19 at 4:05 director, was intervicencerns about resis "not resolved." As in February. In make showers were not have the residents who rapril, I put in a full the residents who rapril, I put in a full the residents who rapril, I put in a full the residents who rapril, I put in a full the residents requiring I still have to figure people I visit, I take for improvement. Whoyer person just the full the residents requiring I still have to figure people I visit, I take for improvement. Whoyer person just the full the residents requiring assurance/performate from fixed." When CNA staffing for Restated, "The goal is ten-to-one, basically goal right now is five day. Four CNAs is just on 9/26/19 at 4:50 were notified of the regarding facility stated." On 9/26/19 at 5:00 p.m. #9, the medical recommendations.	p.m., ASM #1, the executive iewed. She stated that the idents not receiving showers SM #1 stated, "It really started ting rounds, I kept hearing nappening like they should for equired a Hoyer lift. So in ime bath aide on [Resident have it, but she does not do on the floor are supposed to the renot doing it, not always. a production schedule. It is another. I have 12 Hoyers mechanical lift transfers], and out how to do it. Now, the care of. We have much room to give those showers." ASM our residents are hurting. In QAPI (quality ance improvement). But it is en asked the goal for safe sident #34's unit, ASM #1 six. That would be a y, ratio. The more realistic e CNAs, and that is a hard	F	725			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING			C	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	<u> </u>	/26/2019	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 725	(1) "Diabetes (melliblood glucose, or bhigh." This informant https://medlineplus COMPLAINT DEFI 2. The facility staff staffing to provide I multiple days throu August, and Septer Resident #61 was a 5/27/10, and was m 5/3/19 with diagnoshistory of a spinal of On the most recent annual assessment reference date) of scoded as having not making daily decising to one staff person for During the group ma.m., Resident #61 resident as possibly due to his requirem mechanical lift. On 9/25/19 at 3:15	itus) is a disease in which your blood sugar, levels are too tion is taken from the website gov/diabetes.html. CIENCY failed to provide sufficient Resident #61 with showers on ghout the months of July, mber 2019. admitted to the facility on nost recently readmitted on the including, but not limited to the facility and quadriplegia (1). MDS (minimum data set), and the with an ARD (assessment b)7/19, Resident #61 was a cognitive impairment for ons, having scored 15 out of the interview for mental status), eing totally dependent on the of two or more staff persons ween surfaces, and as being in the physical assistance of	F 7	25			
	were closed.	io ion side in Ded. Fils eyes					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DA	(X3) DATE SURVEY COMPLETED	
		495315	B. WING		00	C /05/0010
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 803 SOUTH MAIN ST WOODSTOCK, VA 22664		/26/2019
(X4) ID PREFIX TAG			ID PREFIX TAG	X (EACH CORRECTIVE ACTION SI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 725	On 9/25/19 at 4:55 observed lying on I and alert. Resident receiving assistant They have been showers when they don't have the help baths were offered he stated, "If you of that. I would get will June, July, August, It was not even a be When asked if the received a shower stated, "Then those did not receive a shouldn't even call it there is a CNA ded residents, but she or residents who requiransfers. He stated is here, she will material shere, she will material shere, she will material shere, she will material shere. The stated if RN #2 is a other residents need stated, "No, she's residents have stated, "No, she's residents, the following:	p.m., Resident #61 was his back in bed. He was awake if #61 was asked if he had been he to shower. He stated, "No. hort of help. They won't do the vare short of help. We just "When asked if other types of to him in place of the showers, build call it that. I wouldn't call it ped off, that's about it. May, my head did not get washed. he do bath, really. Just wiped off." facility records showed he he records would not be right. I hower any of those times. I ha bath." He stated he knows hicated strictly to bathing hoes not provide showers for hir a mechanical lift for high [RN (registered nurse) #2] his sure it gets done. "When he tacility every day he or hid a shower, Resident #61	F 7			
	Alert, Current seas- faces, In a nursing Transfer Assist: Slin Hoyer." A review of the unit	on, Location of room, Staff homeTransfers: Assist of 2. ng size - Large, Transfer aid - 's shower schedule revealed, g: "[Resident 61] - Monday and				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495315	B. WING	*************		1	26/2019
NAME OF I	PROVIDER OR SUPPLIER				FREET ADDRESS, CITY, STATE, ZIP CODE	03//	20/2019
CONSUL	ATE HEALTH CARE (OF WOODSTOCK			03 SOUTH MAIN ST OODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	TION SHOULD BE THE APPROPRIATE	
F 725	Continued From page	ge 102	F7	'25			
	plan dated 11/8/18 to "BATHING/SHOWE dependent on staff to necessaryProvide or shower cannot be [Resident #61] requivith 2 staff assistant. A review of the facility Resident #61 reveatype of bath on 17 dothe time of the surves specify what type of these dates. The resident resid	ity's bathing record for led that he received some lays from July 1, 2019 through ey. The bath record did not bath he received on any of mainder of the dates during					
	A spot check of daily July 2019 through the multiple days on wh Resident #61's unit. additional CNA was called the "bath aide	y as-worked schedules for ne time of the survey revealed ich only two CNAs worked on On some of these days, an shown as working. This CNA, b" by facility staff, served only dents who did not require a		AND THE PARTY OF T	·		
		ensus documents revealed h Resident #61 resides has				and the state of t	
	floor are supposed t who require a Hoyer stated, "The shower showers for people"	o.m., CNA #2 was ated the CNAs who work the to give showers to residents or lift for transfers. CNA #2 or aide has never done who use the lift." When asked or giving a resident who					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING		1	C 26/2019	
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK				STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 725	#2 stated, "I record Resident #34's shot above, CNA #2 stated documented it, it was on 9/25/19 at 2:38 facility's central sup She stated, "I think two days a week. I supply. I have my Come to work as a CN not familiar with the aide assigned to an for showers for the asked if she had given or equired a Hoy shift that day, CNA who was supposed On 9/25/19 at 3:22 #1, the MDS nurse, asked if any of the fype of bath a reside "The shower record number with a code of bath the resident means if there are record doesn't say, cognitively intact, the the resident says." On 9/26/19 at 10:04 nurse) # 5 was interthird week working it assignment. She staresponsible for bath	if or transfer a shower, CNA it on the tablet." When shown wer record as referenced ed, "Yeah, if I had done it and ould have shown up on here." p.m., CNA #3, who is also the ply clerk, was interviewed. there are showers scheduled usually only work in central that it is made in a shower to any pulled that is week, but I really am regular routines. I think the y particular hall is responsible Hoyer lift (residents)." When wen a shower to any resident er lift for transfer during her #2 stated, "No. I'm not sure to get one." p.m., RN (registered nurse) was interviewed. When acility records showed what tent received, RN #1 stated, s should show it. There is a that should show what kind got." When asked what it no numbers to indicate this on RN #1 stated, "If the ADL and if the resident is en you have to go with what	F7	25			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING			C /26/2019
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 09/	120/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 725	and two CNAs to the bed after the showed of the showed of the state of	air, one aide to give the bath, ansfer the resident back to er." 5 a.m., CNA #4 was ated, "I don't really work here. been coming off and on here two." When asked how she that a shower on her shift, CNA come in, they give me a cheat es of the ones who need a gramma, I am just paying attention. I out whose days are what." two staff members to transfer to a shower chair, one to give er, and two staff members to it back to bed." When asked if to staff members available to sing a mechanical lift, CNA #4 are not always two aides on A #2 stated, "Our agency is ren with us, there have been ere still is not enough staff." 5 a.m., LPN #3 was ated she has worked at the es, and usually works day shift esident #34 resides. She for residents who require a present a given by the CNAs on the days are given by the CNAs on the days enot been given because we hat staff here to do it. That is the at has a right to shower."	F 7	725		
	interviewed. She sta	ated she has only worked at eeks. She stated it takes two				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495315	B. WING			C 09/26/2019	
	PROVIDER OR SUPPLIER	OF WOODSTOCK		8	STREET ADDRESS, CITY, STATE, ZIP CODE 103 SOUTH MAIN ST WOODSTOCK, VA 22664	<u> </u>	20/2019
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	ON SHOULD BE COME APPROPRIATE	
F 725	staff to get resident the residents required On 9/26/19 at 11:37 interviewed. CNA # [Resident #34's uniusually work the othon that unit and white unit, the showe should. The bath aidoesn't do anything count them in the seven three aides or any Hoyer showers. On 9/26/19 at 12:38 interviewed. She state facility for more knowledgeable abounits. When asked required for safe castated, "At least four shower aide. You caless than that." RN works on the unit we reside. She stated is residents; her unit he stated, "In the past until 7:00 p.m., then and 1 CNA on my undugust, it was just ra.m. until 7:00 p.m. on this unit to be sa management staff of care on the floor, Ribetter than others, it management does are working the floor	s in and out of shower chairs if re a Hoyer lift." 7 a.m., CNA #6 was 6 stated, "The floor CNAs on it] give the Hoyer showers. I her unit. I give all the showers en there is only one CNA on rs don't happen like they de on [Resident #34's unit] but give showers. You can't taffing. If there are only two or in that unit, there is no way that are going to be given." 8 p.m., RN #3 was ated she has been employed ore than five years. She is ut staffing on both nursing how many staff members are are on Resident #34's unit, she in CNAs, not including the an't provide safe care for any #3 stated that she most often here Resident #61 does not Resident #34's unit has 58 has 30 residents. RN #3 two weeks from 3:00 p.m. e have only been one nurse nit. A couple of weekends in me, and one CNA from 7:00 We need at least two CNAs	F 7	725			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	PLIER/CLIA (X2) MULTIPLE CONSTRUCTION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495315	B. WING		C 09/26/2019	
	PROVIDER OR SUPPLIER	DF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	09/20/2019	<u> </u>
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLÉ	
F 725	director. When asked provides any care of "She doesn't feed re Hoyer showers. She lunchtime. Even with a stretch for the shot transferring a reside a CNA to watch the just not safe." On 9/26/19 at 1:25 staff member) #3, the concerns about not getting them. We short staffing." On 9/26/19 at 1:51 for Resident #34's a stated, "I know them the showers. This had been given. It was the commentation of the shower, I maked how she ensured a shower, I maked how she ensured a request for a show started, "I dont know started this tracking shower records from documentation, RN could pull a report if about the document document at need to figure out a shower records from documentation is not need to figure out a shower ou	of nursing and the executive ed if the bath aide ever ther than baths, RN #3 stated, esidents. She doesn't do e takes her break at h three CNAs on that unit, it is owers. If two CNAs are ent, it only leaves a nurse and entire floor of 58 people. It's p.m., ASM (administrative ne NP (nurse practitioner) was a stated, "Yes, I'm aware of the showers, about residents e are all concerned about the p.m., RN #2, the unit manager unit, was interviewed. She e are some concerns about flonday, I put a tracking The aides fill out a skin sheet a bath. We don't usually keep of them to track which baths will tell you that whenever a ne and tells me they haven't ke sure they get one." When ures residents unable to make wer are provided one, RN #2, that's a good question. I just Monday." When shown the	F 7	25		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING		I	C /26/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		120/2018
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	
F 725	(director of nursing asked if she was a residents who requireceiving showers hit and miss. In each a bath aide. [Namedirector] thought the Hoyer baths. To be staffing, the baths an ongoing process correct. It's much it is ever acceptable receive care becaustated, "No. Not exceive care becaustated, "No. Not exceive care becaustated, "The goal it would be hard." On 9/26/19 at 4:05 director, was interconcerns about reis "not resolved." A in February. In mashowers were not the residents who April, I put in a full #34's unit]. Now we Hoyers. The CNAs do them, but they The bath aide is of finish one and star [residents requiring I still have to figure	age 107 5 p.m., ASM #2, the DON g) was interviewed. When aware of the concerns about uire a Hoyer lift for transfers not , ASM #2 stated, "It has been any April, we made a position for e of ASM #1, the executive he floor CNAs could still do the he honest, sometimes with did not get done. It has been as and we have been drying to improved now." When asked if le practice for a resident not to use of lack of staffing, ASM #2 ver." When asked the goal for esident #34's unit, ASM #2 s five. Four is acceptable, but it 5 p.m., ASM #1, the executive viewed. She stated that the sidents not receiving showers ASM #1 stated, "It really started king rounds, I kept hearing happening like they should for required a Hoyer lift. So in time bath aide on [Resident e have it, but she does not do s on the floor are supposed to are not doing it, not always. In a production schedule. It is t another. I have 12 Hoyers g mechanical lift transfers], and e out how to do it. Now, the e care of. We have much room	F 7	725		
,	for improvement. \	e care of. We have much room Ne may need another full time to give those showers." ASM				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING_		4	C /26/2019
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CO 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORP (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 725	#1 stated, "I know of addressed it June in assurance/performs far from fixed." White CNA staffing for Restated, "The goal is ten-to-one, ratio. This five CNAs, and this just not enough." On 9/26/19 at 4:50 were notified of the regarding facility sta 9/26/19 at 5:00 p.m. #9, the medical reconsurveyor that the fastaffing. No further information. (1) "Paralysis is the of your body. It hap wrong with the way brain and muscles. partial. It can occur body. It can also on be widespread. Par body, including both Paralysis of the arm This information is the hot provide of the staffing to provide of the facility staff is staffing to provide of multiple days through and September 201	our residents are hurting. In QAPI (quality ance improvement). But it is en asked the goal for safe isident #61's unit, ASM #1 six. That would be a ne more realistic goal right now nat is a hard day. Four CNAs p.m., ASM #1 and ASM #2 se concerns. Policies affing were requested. On, OSM (other staff member) ords clerk, informed the cility does not have a policy on on was provided prior to exit. Loss of muscle function in part pens when something goes messages pass between your Paralysis can be complete or on one or both sides of your cur in just one area, or it can alysis of the lower half of your negs, is called paraplegia. It is and legs is quadriplegia. It is and legs is quadriplegia. It is and legs is quadriplegia. It is alled to provide sufficient desident #54 with showers on ighout the months of August,	F 72	25		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING			С
	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP COD 803 SOUTH MAIN ST WOODSTOCK, VA 22664	<u>[09</u>	/26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
F 725	muscle weakness, Resident #54's mos (MDS) Assessment with an Assessment 08/26/2019. The Br (BIMS) scored Resimpairment. Reside extensive assistant mobility and dressind dependent on one poathing. Ambulation during the lookback On 09/24/2019 at 1 conducted with Resinterview, Resident had a shower "since that was, Resident who used the Hoye staff used the Hoye staff used the Hoye staff used the Hoye bathing she was recthat she was getting which type of bath is #54 stated she prefile Resident #54's com 09/19/2019 docume Activities of Daily Li "BATHING/SHOWE extensive-full assist "TRANSFER: The ron 2 staff for transferon on 125/19 at 2:28 interviewed. She stafloor are supposed who require a Hoye	agnoses included pneumonia, diabetes, and morbid obesity. It recent Minimum Data Set towas a Quarterly Assessment to Reference Date (ARD) of its Interview for Mental Status ident #54 at a 15, indicating no ent #54 was coded as requiring the of one person for beding, and being totally person for tolleting and in was coded as not occurring a period. 108p.m., an interview was sident #54. During this #54 stated that she had not be period. 108p.m., an interview was sident #54. During this #54 stated that "the bath aide in Ift quit" and that no other in Ift quit when asked what kind of believing, Resident #54 stated the would prefer, Resident erred showers. In the resident requires ance by staff with shower." The sident is totally dependent erring with Hoyer."	F 7	725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	FIPLE CONSTRUCTION NG	(X3) DA	(X3) DATE SURVEY COMPLETED	
		495315	B. WING			С	
	PROVIDER OR SUPPLIER	J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J. 11 IKG	STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		9/26/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 725	[give the showers], aide has never don the lift." On 9/25/19 at 2:38 facility's central sup She stated, "I think two days a week. I supply. I have my 0 me to work as a Ch not familiar with the aide assigned to ar for showers for the	but she doesn't. The shower e showers for people who use p.m., CNA #3, who is also the oply clerk, was interviewed. there are showers scheduled usually only work in central CNA license, and they pulled NA this week, but I really am regular routines. I think the py particular hall is responsible Hoyer lifts." When asked if	F 7:				
	required a Hoyer lift that day, she stated supposed to get on A review of Resider and September 201 indicate what type of the state of	ower to any resident who to for transfer during her shift I, "No. I'm not sure who was e." It #54's shower log for August I9, showed no number code to of bath was being recorded, ssistance was provided.					
	#1, the MDS nurse, asked if any of the type of bath a resid. "The shower record number with a code of bath the resident means if there are at the shower record, record doesn't say,	p.m., RN (registered nurse) was interviewed. When facility records showed what ent received, RN #1 stated, is should show it. There is a that should show what kind got." When asked what it no numbers to indicate this on RN #1 stated, "If the ADL and if the resident is en you have to go with what					
	nurse) # 5 was inter	I a.m., LPN (licensed practical viewed. She stated it was her in the facility on a travel					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
		495315	B. WING		09/2	6/2019
	PROVIDER OR SUPPLIER ATE HEALTH CARE (DF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	, 00,20	0/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		DBE	(X5) COMPLETION DATE
F 725	takes two CNAs to bed to a shower cha and two CNAs to trabed after the shower aware of any days thappened for reside stated, "If a person what I am doing to gresponsibility to mais shower." On 9/26/19 at 10:46 interviewed. CNA #4 here. I am agency. here maybe a montishe knows who is to she stated, "When I cheat sheet with the a shower. But mostiam kind of figuring and CNA #4 stated it tak transfer a resident fone to give the resident fone to give the resident members available mechanical lift, CNA not always two aides. On 9/26/19 at 11:06 interviewed. She stated that showers Hoyer lift for transfe the floor. When asked the saked that showers hoyer lift for transfe the floor. When asked the continuation of the saked that showers hoyer lift for transfe the floor. When asked the showers hoyer lift for transfe the floor. When asked the showers hoyer lift for transfe the floor. When asked the showers hoyer lift for transfe the floor. When asked the showers hoyer lift for transfe the floor. When asked the showers hoyer lift for transfe the floor.	ated the CNAs are sing residents. She stated it transfer a resident from the air, one aide to give the bath, ansfer the resident back to be. She stated she was not that showers had not sents on her unit. LPN #5 meeds a shower, I will stop give a shower. It is the nurse's ke sure the resident gets a stated, "I don't really work have been coming off and on the ortwo." When asked how o get a shower on her shift, come in, they give me a manes of the ones who need by, I am just paying attention. I but whose days are what." The stated is shower, and two staff or the resident back to bed." I have a laways two staff to transfer residents using a stated, "No. There are so on every hallway."	F7	725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG	(X3) DA	(X3) DATE SURVEY COMPLETED	
		495315	B. WING		0.0	C	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	09	/26/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRIORICIENCY)	LD BE	(X5) COMPLETION DATE	
	did not have enough truth. Yes. A reside on 9/26/19 at 11:2 interviewed. She staff to get resident the residents required on 9/26/19 at 11:3 interviewed. She staff to get resident the residents required on 9/26/19 at 11:3 interviewed. She staff member the showers on that unit and what this unit, the showers should. The bath at doesn't do anything count them in the seven three aides on any Hoyer showers. On 9/26/19 at 1:25 staff member) #3, to interviewed. ASM # the concerns about not getting them. We short staffing." On 9/26/19 at 1:51 for Resident #54's a stated, "I know there the showers. This Market process into place, whenever they give them, but I am using the showers in the showers. The showers in the given them, but I am using the showers in the shower they give them, but I am using the showers.	e not been given because we is staff here to do it. That is the nt has a right to shower." 3 a.m., CNA #5 was sated she has only worked at weeks. She stated it takes two ts in and out of shower chairs if re a Hoyer lift. 7 a.m., CNA #6 was sated, "The floor CNAs on it] give the Hoyer showers. I her unit. I give all the showers en there is only one CNA on ers don't happen like they ide on [Resident #54's unit] to but give showers. You can't taffing. If there are only two or in that unit, there is no way that are going to be given." p.m., ASM (administrative he NP (nurse practitioner) was 3 stated, "Yes, I'm aware of the showers, about residents we are all concerned about the p.m., RN #2, the unit manager unit, was interviewed. She are some concerns about Monday, I put a tracking The aides fill out a skin sheet a bath. We don't usually keep g them to track which baths	F 7:	25			
	have been given. I resident comes to r	g them to track which baths will tell you that whenever a ne and tells me they haven't ke sure they get one." When				VALUE OF THE PROPERTY OF THE 	

LAND PLAN OF CORRECTION I IDENTIFICATION MUMPED: 1		TIPLE CONSTRUCTION	(X3) DAT COM	E SURVEY IPLETED		
		495315	B. WING		ł	C '26/2010
	PROVIDER OR SUPPLIER ATE HEALTH CARE (OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 09/	26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		D BE	(X5) COMPLETION DATE
F 725	asked how she ens a request for a show started, "I dont know started this tracking shower records fror documentation, RN could pull a report li about the document documentation is no need to figure out a to pull these reports something out." On 9/26/19 at 3:45 (director of nursing) asked if she was aw residents who requireceiving showers, hit and miss. In earl a bath aide. [Name director] thought the Hoyer baths. To be staffing, the baths dan ongoing process correct. It's much imit is ever acceptable receive care becaus stated, "No. Not ever on 9/26/19 at 4:05 process of the process of the staffing of the process correct. It's much imit is ever acceptable receive care because stated, "No. Not ever on the staffing of the process of	ures residents unable to make wer are provided one, RN #2 , that's a good question. I just a Monday." When shown the method that the facility ADL #2 stated, "I did not know you ke this. I am still learning tation. This shows me that our of effective. As a manager, I process. I need to learn how the street of the concerns about the real Hoyer lift for transfers not ASM #2 stated, "It has been and we have been drying to a proved now." When asked if a practice for a resident not to se of lack of staffing, ASM #2	F 7	725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING			l	C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 803 SOUTH MAIN ST WOODSTOCK, VA 22664	XODE	<u> 09/</u>	26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD	BE	(X5) COMPLETION DATE
f [] I if	The bath aide is or inish one and star residents requiring still have to figure beople I visit, I take for improvement. Valoyer person just it stated, "I know addressed it June assurance/perform ar from fixed." 1. The facility staff staffing to provide I multiple days through and September 20 and September 20 are staffing to provide I multiple days through and September 20 are staffing to provide I multiple days through and September 20 are specified and post-traumatic are sident #21's most and post are sident #21's most and post-traumatic are sident #21's most a	are not doing it, not always. In a production schedule. It is it another. I have 12 Hoyers If mechanical lift transfers], and If out how to do it. Now, the If care of. We have much room If we may need another full time If o give those showers. ASM If our residents are hurting. I If in QAPI (quality If ance improvement). But it is If alled to provide sufficient If all the provide suf	F 7	725			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER ATE HEALTH CARE (DF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		2013
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI) TAG	X (EACH CORRECTIVE ACTION SHOL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 725	always offered. Resprefers a shower. Resident #21's com 08/08/2019 docume Activities of Daily Life "BATHING/SHOWE extensive-totally dependent of Daily Life "BATHING/SHOWE extensive-totally dependent of Daily Life "The limited-no assistance". The limited-no assistance on 9/25/19 at 2:38 proceeding facility's central supply. I have my Come to work as a CN not familiar with the A review of Residen number code to individe being recorded, only provided. On 9/25/19 at 3:22 provided if any of the fakind of bath a resided shower records shower records shower with a code of bath the resident means if there are not the shower record, Frecord doesn't say, as a shower record, Frecord doesn't say,	prehensive care plan dated ants the following under fe (ADL) self-care deficits: ERING: the resident is pendent on staff to provide the transferring." o.m., CNA #3, who is also the ply clerk, was interviewed. There are showers scheduled usually only work in central NA license, and they pulled A this week, but I really am regular routines." It #21's shower log showed no cate what type of bath was y what level of assistance was out. RN (registered nurse) was interviewed. When acility records showed what the transferring is a that should show what kind got." When asked what it o numbers to indicate this on RN #1 stated, "If the ADL.	F 7.	25		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	(X3) DAT	E SURVEY MPLETED
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	PROVIDER OR SUPPLIER ATE HEALTH CARE (OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		AVIAG IV
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE.	(X5) COMPLETION DATE
F 725	On 9/26/19 at 10:46 interviewed. She stated am agency. I have maybe a month or to knows who is to get stated, "When I consheet with the name shower. But mostly, am kind of figuring of She stated it takes to a resident from bed the resident a show transfer the resident there are always two transfer residents, on always two aide. On 9/26/19 at 11:06 interviewed. She stated that showers hover lift for transfer the floor. When ask baths, LPN #3 state when showers have did not have enough truth. Yes, a resident #21's unit usually work the oth on that unit, and who this unit, the shower should. The bath aid	a.m., CNA #4 was ated, "I don't really work here. been coming off and on here wo." When asked how she a shower on her shift, she he in, they give me a cheat as of the ones who need a I am just paying attention. I but whose days are what." two staff members to transfer to a shower chair, one to give er, and two staff members to a staff members available to CNA #4 stated, "No. There are son every hallway." a.m., LPN #3 was ated she has worked at the so, and usually works day shift esident #21 resides. She for residents who require a rs are given by the CNAs on ed about staffing and resident d, "There have been days not been given because we a staff here to do it. That is the at has a right to shower." a.m., CNA #6 was ated, "The floor CNAs on give the Hoyer showers. I er unit. I give all the showers en there is only one CNA on so don't happen, as they de on [Resident #21's unit] but give showers. You can't	F 72			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	of woodstock		8	TREET ADDRESS, CITY, STATE, ZIP CODE 03 SOUTH MAIN ST VOODSTOCK, VA 22664	1 00/2	2072013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	(X5) COMPLETION DATE	
F 725	staff member) #3, tinterviewed. She st concerns about the getting them. We a short staffing." On 9/26/19 at 1:51 for Resident #21's stated, "I know then the showers. This is process into place, whenever they give them, but I am usin have been given. I resident comes to thad a shower, I maked how she ensa request for a sho stated, "I dont know started this tracking shower records from documentation, RN could pull a report I about the document document to pull these reports something out."	p.m., ASM (administrative the NP (nurse practitioner) was tated, "Yes, I'm aware of the eshowers, about residents not tre all concerned about the p.m., RN #2, the unit manager unit, was interviewed. She are some concerns about Monday, I put a tracking. The aides fill out a skin sheet a bath. We don't usually keep them to track which baths will tell you that whenever a me and tells me they haven't take sure they get one. "When sures residents unable to make wer are provided one, RN #2 w, that's a good question. I just g Monday." When shown the	F7	725			
	information was pro	09/26/2019. No further ovided. hydraulic or electrical lift used					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		496316	B. WING_					1	
NAME OF P	ROVIDER OR SUPPLIER	1 430010	0.111110_		TOCCT ADDRESS AUTU STATE 7	D AADE	09/:	26/2019	
	TE HEALTH CARE OF V	NOODSTOCK		80	TREET ADDRESS, CITY, STATE, ZI D3 SOUTH MAIN ST OODSTOCK, VA 22664	PCODE		:	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ICTION SHOULD B O THE APPROPRI		(X5) COMPLETION DATE	
F 725	Continued From pag- in combination with a	e 118 I sling to move patients who	F	725					
F 755 SS=D	have limited to no moderate pharmacy Srvcs/Pro CFR(s): 483.45(a)(b) §483.45 Pharmacy Some pharmacy Some pharmacy sheet under an agree §483.70(g). The facility must provide personnel to administ permits, but only und a licensed nurse. §483.45(a) Procedure pharmaceutical servithat assure the accur dispensing, and admitiologicals) to meet the service of the provision of the provi	cedures/Pharmacist/Records (1)-(3) services (de routine and emergency to its residents, or obtain ment described in lity may permit unlicensed ter drugs if State law er the general supervision of es. A facility must provide ces (including procedures rate acquiring, receiving, inistering of all drugs and the needs of each resident. Consultation. The facility in the services of a licensed es consultation on all ion of pharmacy services in shes a system of records of an of all controlled drugs in able an accurate	F7	755	 R38's infection havithout incident expired medication of immediately. All residents have be effected. Quality review be of medication can verify absence of medications. Licensed staff reponyled polydesignee of 10/24on Pharma regarding medications and during clinical medication and Medication carts 	or ill effect, on was disponse the potent ality review by the past 1 to verify the demented tiry DON/designts complete fexpired educated by n 10/23 and cy policy ation aliability and ed medication be monitore eeting to en implementa	ial to by 4 nely. nee ed to the bns. d sure tion.		
	Is maintained and pe	count of all controlled drugs riodically reconciled. I is not met as evidenced		- William III	weekly by Unit N expiration dates medications.	lanagers to	verify		

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE	SURVEY PLETED			
		495315	B. WING				C
	ROMDER OR SUPPLIER	OODSTOCK	STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664			26/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 755	review, facility docum- record review, the faci- medications were ava- residents in the surve- and failed to discard e- of two medication card. Medication Storage and Unit Medication Card. obtain and administer medication Famciclov days (9/2/19 through et to ensure expired medication card. The findings include: 1. The facility staff faile the physician prescrib to Resident #38 for se 9/8/19). Resident #38 was adm 9/25/17 and most rece with diagnoses includi vascular dementia (1), (gastrointestinal bleed the most recent MDS quarterly assessment reference date) of 8/26 coded as being mildly making daily decisions 15 on the BIMS (brief She was coded as usi On 9/24/19 at 3:01 p.m.	pservation, facility staff ent review, and clinical sility staff failed to ensure sillable for one of 42 by sample, (Resident #38); expired medications on one sts, inspected during the nd Labeling task, (Dogwood The facility staff failed to the physician prescribed ir to Resident #38 for seven 19/8/19). Facility staff failed dications were discarded se on the Dogwood Unit ed to obtain and administer ed medication Famciclovir even days (9/2/19 through mitted to the facility on entity readmitted on 9/19/19 ng, but not limited to a recent GI b) (2), and shingles (3). On (minimum data set), a with an ARD (assessment 18/19, Resident #38 was cognitively impaired for static having scored 13 out of Interview for mental status and a wheelchair for mobility. 11. Resident #38 was	F	755	 DON/designee will complete quality review of 10 new or for timely implementation with a weeks and monthly x 3 months. Nurse management complete random audits of medication carts/refrigerate expired medications. Variate will be reported to QAPI mountil resolved. Allegation of compliance data 11/06/2019 	ders veekly at will ors for aces onthly	
		oed. Her bed was in low					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONST	RUCTION	(X3) DATE SURVEY COMPLETED	
		496316	B. WING			i	C 26/2019
	ROVIDER OR SUPPLIER	VOODSTOCK		803 SOU	ADDRESS, CITY, STATE, ZIP CODE TH MAIN ST STOCK, VA 22664	1 087	20/2019
(X4) ID PREFIX TAG			ID PREFI TAG	ζ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X8) COMPLETION DATE
F 755	observed in a wheeld being pushed in the w staff member) #8, a p therapy gym. On 9/25/19 at 8:56 a.i in bed. Her meal tray and the resident was eating. The resident's participate in an interval of the following "Famvir (1) 500 mg (n TID (three times a day was signed by ASM (a #3, the NP (nurse pra A review of Resident's revealed, in part, the 19/2/19: "New order for RR (resident represendation) aware." A review of Resident's (medication administration)	m., Resident #38 was hair in the hallway. She was wheelchair by OSM (other hysical therapy, to the m., Resident #38 was lying was on the overbed table, staring straight ahead, not stated she did not want to view with the surveyor. #38's clinical record order, dated 9/2/19: nilligrams) 1 po (by mouth) by X (for) 7 days." The order administrative staff member) ctitioner). #38's clinical record following nurse note dated or Famvir 500 mg X 7 days. Intative) and MD (medical #38's September 2019 MAR ation record) revealed the vir 500 mg (milligrams) 1 po	F	755	DEFICIENCY)		
	days." The review rev which had been circle dates and times for th administered from 9/2 initials indicating the n administered began a	ealed either nurse initials d or blank spaces in the e Famvir to have been /19 until 9/8/19. Nurse		The second secon			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	TPLE CONSTRUCTION NG	(X3) DA	(X3) DATE SURVEY COMPLETED	
		495315	B. WING _		ا م	C 9/26/2019
	PROVIDER OR SUPPLIER LATE HEALTH CARE (STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		#ZU/ZU 18
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	Further review of th following nurse note (responsible party) for shingles. MD state (medications) until of the Areview of the facility contained in the state widely-prescribed moreomaunication between the communication the communication the medication is not an early out of the stat (immedication is not average will bring it on an early out of the stated, You have will bring it on an early owait until the next medications. They saway."	e clinical record revealed the dated 9/9/19: "RP aware of delay in medication ated to cont (continue) meds dosage complete." w a pharmacy staff member neern were unsuccessful as survey. Ity's list of medications toox (locked box of redications accessed by ween a nurse and pharmacist) iclovir is not available in the prehensive care plan for 9/19/18 and updated n part, the following:	F 75	i5		

STATEMENT AND PLAN C	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	•	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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MAMEOF	PROVIDER OR SUPPLIER	70010	D. WING			09/	26/2019
	ATE HEALTH CARE (DF WOODSTOCK		80	TREET ADDRESS, CITY, STATE, ZIP CODE 03 SOUTH MAIN ST /OODSTOCK, VA 22664		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 755	Continued From pages, #2, a unit manager,	was interviewed. When	F7	'55			
;	asked about the process of obtaining a medication that is not available in the medication cart for a resident. RN #2 stated, "Nurses should						
	check the supply ev the carts. Sometime	erywhere - in the bottom of					
	over the counter me our house stock. If it	dication, they should check t's not in those places, I would					,
	still on the MAR, it h needed, I'd call the p	ce sure that even though it's asn't been discontinued. If pharmacy to get access to the				•	
,	stat box." When ask would follow if a med	ed about the process staff dication is not found in the ed, "If it's not in the stat box, I					
	would call the physic get an order for som	cian. I would see if we could lething else." She added, "If					
	should be circled on	the medication, their initials the MAR and a note should k of the MAR." When shown					
1	the September 2019 Famciclovir, RN #2 s	MAR for Resident #38's stated, "Oh yes, I remember					
	not a pharmacy issu	hat. I investigated it. It was e. The order had been pulled had never been faxed to the					
	pharmacy." When as action in regards to I	sked why nurses took no Resident #38's Famvir for so					
	have investigated it a	tated, "The nurses should and let someone know."					
	staff member) #2, th	.m., ASM (administrative e director of nursing, was					
	nurses to obtain med	sked about the process for dications for residents when not in the medication cart,					
	ASM #3 stated, "If it's not, they need to not	s in the stat box, go there. If if the pharmacy and the doc					
	(doctor) to see about The doc should be n	a switch to something else. otified immediately."					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495315	B. WING			ļ.	C
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 803 SOUTH MAIN ST WOODSTOCK, VA 22664	CODE	09/	26/2019
(X4) ID PREFIX TAG			ID PREFI TAG	X (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	director, and ASM concerns. A review of the fact Shortages/Unavail part, the following: has an inadequate administer to a resimmediately initiate medication from the shortage is discoveradministration, Factake the action specific policy 7.0 as applicing discovered during Facility nurse shout the status of the or been ordered, the liplace the order or redelivery. If the next delay or a missed of medication from Supply to administe not available in the Supply, Facility state arrange for an emergency delivery should contact the orders or directions. No further information of the state of the content	p.m., ASM #1, the executive #2 were informed of these #2 were informed information to ident, Facility staff should action to obtain the epharmacy. If the medication ered at the time of medication will be action to obtain the epharmacy informed informed in Sections 2 or 3 of this eable. If a medication shortage gonormal Pharmacy hours: If a medication has not idensed Facility nurse should eorder for the next scheduled available delivery causes less in the resident's less in the resident's less in the Emergency Medication for the dose. If the medication is Emergency Medication for the dose. If the medication is Emergency deliveryIf an is unavailable, Facility nurse attending physician to obtain	F 7	755			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	(X3) D/	ATE SURVEY OMPLETED
		495315	B. WING		l ne	C 9/26/2019
	PROVIDER OR SUPPLIER	OF WOODSTOCK	STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664			J/20/2014
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (X (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X6) COMPLETION DATE
F 755	website https://medlineplus.tml. (2) "Dementia is a gorain function. This It affects memory, the and behavior. Vasciby a series of small This information is the https://medlineplus. (3) "Your digestive of includes the esophal large intestine or consider the series of small the street of the https://medlineplus.tml. (4) "Shingles (herper blistering skin rash. varicella-zoster virus causes chickenpox. (5) "The combination acid is used to treat bacteria, including it sinus, skin, and urin taken from the website website."	gov/druginfo/meds/a694038.h gradual and permanent loss of occurs with certain diseases. hinking, language, judgment, ular dementia (VaD) is caused strokes over a long period." taken from the website gov/ency/article/000746.htm. or gastrointestinal (GI) tract agus, stomach, small intestine, lon, rectum, and anus. from any of these areas. The can be so small that only a This information was obtained gov/gastrointestinalbleeding.h as zoster) is a painful, lt is caused by the secondary that also " or of amoxicillin and clavulanic certain infections caused by a painful, and the secondary tract." This information is site gov/druginfo/meds/a685024.h	F7	755		

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING		000	C	
CONSUL	PROVIDER OR SUPPLIER _ATE HEALTH CARE (STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 09	/26/2019	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	X EACH CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
	medications were duse on the Dogwoo On the afternoon of was made of a medication unit. Upon i an opened bottle of expiration date of 00 bulk medication bot On 09/26/2019 at 50 conducted with Adm (ASM) #2, the Direct asked how often the to check their carts #2 stated they shou ASM #2 was asked follows if they discov ASM #2 stated that the unit manager to medications. ASM #1, the facility #2 were informed of meeting on 09/26/20 was provided. 2. Bisacodyl is used constipation. It also before surgery and constipation. It also before surgery and of the intestines to contips://medlineplus.com/	iscarded and unavailable for d Unit medication cart. 09/26/2019, an observation lication cart on the Dogwood inspection, it was found that bisacodyl(1) laxative with an 3/2019 was in the drawer of ties and available for use. 00p.m. a brief interview was inistrative Staff Member for of Nursing. ASM #2 was in instrative Staff Were expected for expired medication. ASM lid be checked at least daily, about the process staff vered expired medications, staff should notify herself or ensure disposal of the Executive Director, and ASM the findings at the end of day 019. No further information on a short-term basis to treat is used to empty the bowels certain medical procedures, as of medications called it works by increasing activity ause a bowel movement gov/druginfo/meds/a601027.h	F7				
F 880 SS=D	Infection Prevention CFR(s): 483.80(a)(1	& Control)(2)(4)(e)(f)	F 88	80			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495315	B. WING				0
	ROVIDER OR SUPPLIER ATE HEALTH CARE OF W	OODSTOCK		803	REET ADDRESS, CITY, STATE, ZIP CODE 3 SOUTH MAIN ST DODSTOCK, VA 22664	<u> </u>	26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES I MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-RÉFERENCED TO THE APPROPRIA DEFICIENCY)	Ξ TE	(X5) COMPLETION DATE
F 880	development and tran diseases and infection \$483.80(a) Infection p program. The facility must estat and control program (if a minimum, the follow \$483.80(a)(1) A system reporting, investigating and communicable diseased in the facility of the providing services und arrangement based up conducted according to accepted national star \$483.80(a)(2) Written procedures for the probut are not limited to: (i) A system of surveillating possible communicable infections before they approved to the procedure of the procedure of the propersons in the facility; (ii) When and to whom communicable diseased reported; (iii) Standard and trans to be followed to prevent the procedure of the pr	olish and maintain an and control program safe, sanitary and ent and to help prevent the smission of communicable as. revention and control olish an infection prevention (PCP) that must include, at ing elements: In for preventing, identifying, and controlling infections seases for all residents, and other individuals ler a contractual pon the facility assessment to \$483.70(e) and following adards; standards, policies, and gram, which must include, ance designed to identify e diseases or can spread to other I possible incidents of a or infections should be smission-based precautions and spread of infections; atton should be used for a	F		 R50's wheelchair was repaired the time of survey. Wheelch are cleaned according to sch and as needed. R50's wheel was cleaned on 09/29/2019. All residents have the potent be effective. Quality review DON/designee completed of resident wheelchairs with repairs/cleaning as initiated aneeded. Staff re-educated by DON/designee on Wheelchair policy for repairs and to repowheelchairs in need of cleaning/repair. Wheelchairs be monitored during mock roto ensure repairs and cleaning complete timely. Executive Director/designee of quality review 10 wheelchairs weekly x 4 weeks and monthly months for needed repairs and cleaning. Variances will be reported to QAPI monthly untresolved. Allegation of compliance date 11/06/2019 	nairs nedule chair tial to by as ir ort s will bunds g will s ly x 3 nd	

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING		C 09/26/2019		
	PROVIDER OR SUPPLIER	DF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	<u> </u>	20/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	X (EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
	(A) The type and dudepending upon the involved, and (B) A requirement the least restrictive posticircumstances. (V) The circumstances (V) The circumstance must prohibit emploid disease or infected contact with resident contact will transmit (VI) The hand hygient by staff involved in contact will transmit (VI) The hand hygient by staff involved in contact will transmit (VI) The hand hygient by staff involved in corrective actions to \$483.80(a)(4) A systidentified under the corrective actions to \$483.80(e) Linens. Personnel must hand transport linens so a infection. §483.80(f) Annual resident for the facility will conduct the facility will conduct the properties of the facility document o	aration of the isolation, infectious agent or organism hat the isolation should be the sible for the resident under the ses under which the facility yees with a communicable skin lesions from direct ats or their food, if direct the disease; and he procedures to be followed direct resident contact. Item for recording incidents facility's IPCP and the laken by the facility. Indie, store, process, and has to prevent the spread of	F8				
	The findings include	:					

	TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495315	B. WING	ì		1	C (0040
	PROVIDER OR SUPPLIER ATE HEALTH CARE (OF WOODSTOCK	<u> </u>	8	TREET ADDRESS, CITY, STATE, ZIP CODE 03 SOUTH MAIN ST VOODSTOCK, VA 22664	1 09	/26/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BF	(X5) COMPLETION DATE
	Resident #50 was a 7/22/16 and most rewith diagnoses inclus (chronic obstructive CHF (congestive herecent MDS (minimassessment with an of 9/9/19, Resident cognitive impairment having scored 15 outlinerview for Mental using a wheelchair a Con the following dat was observed self-p9/24/19 at 2:13 p.m. 9/25/19 at 9:25 a.m. all observations, bot exposed foam visible covering was torn. The damaged than the rimore than 50% dam Con 9/25/19 at 2:30 printerviewed. When a his wheelchair to mostated, "All the time, can do it myself." Will condition of his wheelchair they do need a little shad received any injury arms, Resident #50 was asked when the wheelchair. Resident When asked if he had received any injury arms, Resident #50 was asked when the wheelchair. Resident When asked if he had received any injury arms, Resident #50 was asked when the wheelchair. Resident When asked if he had received any injury arms, Resident #50 was asked when the wheelchair. Resident When asked if he had received any injury arms, Resident #50 was asked when the wheelchair. Resident When asked if he had received any injury arms, Resident #50 was asked when the wheelchair. Resident When asked if he had received any injury arms, Resident #50 was asked when the wheelchair. Resident When asked if he had received any injury arms, Resident #50 was asked when the wheelchair.	admitted to the facility on ecently admitted on 7/25/19 ading, but not limited to COPD pulmonary disease) (1) and eart failure) (2). On the most um data set), quarterly assessment reference date #50 was coded as having no at for making daily decisions, at of 15 on the BIMS (Brief Status). He was coded as and walker for locomotion. es and times, Resident #50 propelling in his wheelchair: , 9/24/19 at 4:36 p.m., , and 9/25/19 at 2:30 p.m. At the arms of the wheelchair had e. On both arms, the vinyl he left arm was more ght, though both arms were larged. b.m., Resident #50 was asked how frequently he uses by around the building, he especially if I am going far. I hen asked about the elchair arms, he stated, "Well, attention." When asked if he uries from the wheelchair stated, "No." Resident #50 a staff had last cleaned his at stated, "I have no idea." and mentioned the condition of to any staff members, he	Ff	380			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495315	B. WING			C 26/2019
	PROVIDER OR SUPPLIER	OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664	1 037	20/2019
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE	
F 880	A review of Resider 6/27/19 revealed, ir #50] enjoys sitting of visitors to the facility socializing with other throughout the day. On 9/26/19 at 10:11 nurse) #5 was interever taken note of the wheelchairs, LPN # attention." When as resident's arm rests foam, LPN #5 state for the maintenance is really good." On 9/26/19 at 10:38 maintenance directed asked how he becomaintenance or repetaff just tell us. The just take care of it ribook if we are not a we are there severally asked about the opinarms to be maintain the arms without crammest on them. A come to us and asked edges can be sharp surveyor to the from Resident #50's whe "Oh yeah. They need care of that right no arms in that condition with the condition of the condition	ont #45's care plan dated in part, the following: [Resident on the front porch greeting by. [Resident #50] enjoys er residents and staff. I a.m., LPN (licensed practical viewed. When asked if she the condition of residents' 5 stated, "Yes, I do pay sked what she would do if a swere torn, and had exposed d, "I would put it in the book er guy. He would follow up. He	F8	80		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DAT CO)	(X3) DATE SURVEY COMPLETED		
		495315	B. WING			C /26/2019	
	PROVIDER OR SUPPLIER ATE HEALTH CARE (OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CO 803 SOUTH MAIN ST WOODSTOCK, VA 22664		LUILUIG	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	ON SHOULD BE COMPLET BE APPROPRIATE DATE		
F 880	On 9/26/19 at 3:45 staff member) #2, tinterviewed. When with a resident's who vinyl covering and e "Well those arms with Maintenance needs need to be switched stated, "The torn virinjury. And you are On 9/26/19 at 4:50 director) and ASM froncerns. The surving regarding wheelchar A review of the facil - Non-Electric Wheelchair cleanling wheelchair cleanling. No further information of emptoronchitis." Barron's for the Non-Medical Rothenberg and Chillian (2) "Heart failure is is no longer able to the rest of the body symptoms to occur heart's pumping bearing and chemical states."	p.m., ASM (administrative he director of nursing, was asked if she saw a problem neelchair arms having torn exposed foam, she stated, rould need to be replaced. It is to be notified and those arms dout." When asked why, she not able to disinfect it." p.m., ASM #1 (the executive #2 were notified of these eyor requested a facility policy air cleanliness. ity policy, "Wheelchair Repairs elchairs" revealed no to wheelchair cleanliness. ity policy, "Infection Control no information related to ess. on was provided prior to exit. eral term for chronic, disease that is usually a physema and chronic is Dictionary of Medical Terms is Reader, 5th edition,	F 8	80			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495315	B. WING			C /26/2019
	PROVIDER OR SUPPLIER	OF WOODSTOCK	80	REET ADDRESS, CITY, STATE, ZIP CODE 3 SOUTH MAIN ST OODSTOCK, VA 22664		20/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 880	tract, and the arms congestive heart fa taken from the web	lungs, liver, gastrointestinal and legs. This is called ilure." This information is	F 880			