

PRINTED: 03/18/2020

		ID HUMAN SERVICES MEDICAID SERVICES				OMB NO.	0938-039
ATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		TRUCTION	(X3) DATE S COMPL	ETED
		495150	B. WING _			_	5/2020
AME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
THE CITA	DEL VIRGINIA BEACH L	LC			IIA BEACH, VA 23452		
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E 000	Initial Comments		EO	000		di-increase rease rease rease rease	
E 007 SS=C	survey was conducted Corrections are required. CFR Part 483.73, Recomplaints were invested and the complaints were invested and maintain an emethat must be reviewed a years. The plan must but not limited to, per services the [facility] an emergency; and coincluding delegations.	. The [facility] must develop ergency preparedness plan d, and updated at least every	EC	007			
	Plan. The LTC facility an emergency prepareviewed, and updated (3) Address resident limited to, persons at LTC facility has the attemprency; and conincluding delegations plans. *NOTE: ["Persons at hospice, PACE, HHARHC/FQHC, or ESR	population, including, but not t-risk; the type of services the ability to provide in an tinuity of operations, s of authority and succession trisk" does not apply to: ASC, A, CORF, CMCH,			RECEIVED MAR 3 0 2020 VDH/OLC		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide 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.

TITLE

If continuation sheet Page 1 of 149

(X6) DATE

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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THE CITADEL VIRGINIA BEACH LLC				1.	340 LYNN SHORES DRIVE			
					VIRGINIA BEACH, VA 23452			
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E 007	Continued From page	1	E	007	,			
	facility staff failed to ha	ew, and staff interview, the ave documentation of the ulation at risk during an						
	The findings included:						Military of property of a co	
	During an interview on 03/03/20 at 10:47 A.M. with the Administrator and Maintenance Director, they were asked for documentation of the facility's identified population at risk during an emergency and delegation of authority during an emergency. The Administrator stated the facility had not conducted a risk assessment of it's resident							
With managerassonass	population at risk during the facility have document authority during an em	ng an emergency, nor did mentation of delegation of	1			***************************************		
	Subsistence Needs for CFR(s): 483.73(b)(1)		EO)15		Management of the Management o		
	develop and implemen policies and procedure plan set forth in paragra assessment at paragra and the communication this section. The polici							
	and patients whether the place, include, but are a (i) Food, water, me supplies	osistence needs for staff ney evacuate or shelter in not limited to the following: dical and pharmaceutical es of energy to maintain				The second secon		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		E SURVEY PLETED
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THE CITA	DEL VIRGINIA BEACH LI	C		34	40 LYNN SHORES DRIVE		
				V	IRGINIA BEACH, VA 23452		
(X4) ID		ATEMENT OF DEFICIENCIES	ID.		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	x	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
E 015	Continued From page	2	E	015			The same and a same an
	(A) Temperat	tures to protect patient health					
		safe and sanitary storage					
	of provisions.	,,		***************************************			
	(B) Emergen	cy lighting.		-			a a a a a a a a a a a a a a a a a a a
		ction, extinguishing, and					
	alarm systems.	3 0.		V.			AMERICANOPLE
	(D) Sewage a	and waste disposal.					
		,					d-A-
	*[For Inpatient Hospic	e at §418.113(b)(6)(iii):]		Ì			TA SHOW THE
1	Policies and procedure						
	(6) The following are a	additional requirements for				ļ	
1		itient care facilities only.		j			
		edures must address the				j	
	following:			Ì			
		of subsistence needs for				000000	
		d patients, whether they				ļ	
- Control of the Cont		place, include, but are not					
	limited to the following			1			
		ter, medical, and					
	pharmaceutical supplie					*	
		sources of energy to					ĺ
	maintain the following:			0000			
		eratures to protect patient		i i		-	
	-	for the safe and sanitary				•	
	storage of provisions.	mana. limbii				III	
		gency lighting.		***************************************		į	}
		letection, extinguishing, and				WARRA PARKA	
	alarm systems.	ind waste disposal.				***************************************	
		is not met as evidenced				The state of the s	
1	by:	io not mot as evidenced				THE STATE OF THE S	
		w and staff interview, the				***************************************	
		ovide documentation that					İ
	the emergency prepare						
		s for emergency lighting,		***************************************			
	fire detection, extinguis		4				1
	sewage and waste disp						
[
	The findings included:						

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		MEDICAID SERVICES				OMB N	O. 0938-0391
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1112 0117	DEE TINGINIA DEAGN E				VIRGINIA BEACH, VA 23452		
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E 015	Continued From page	3	E	018	5		
	facility having policy and address emergency lige extinguishing, alarm source to maintain terms.	n.m. the Administrator ave documentation of the and procedures in place to ghting, fire detection, system and alternate energy apperatures.					
	Procedures for Trackir CFR(s): 483.73(b)(2)	ng of Staff and Patients	E	018	3		de de la companya de
	develop and implement policies and procedure plan set forth in paragra assessment at paragra and the communication this section. The policie reviewed and updated	a minimum, the policies					
	staff and sheltered pati the emergency, the [fac	track the location of ered patients in the energency. If on-duty ents are relocated during cility] must document the tion of the receiving facility					
	ICF/IIDs at §483.475(b) Policies and procedure location of on-duty staff the [PRTF's, LTC, ICF/I and after an emergency sheltered residents are					The state of the s	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONS	TRUCTION	(X3) D/	ATE SURVEY OMPLETED
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	PROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	_c		340 LYNI	ADDRESS, CITY, STATE, ZIP CODE N SHORES DRIVE IA BEACH, VA 23452	1 (03/05/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	must document the spetche receiving facility of "[For Inpatient Hospical Policies and procedured (ii) Safe evacuation from includes consideration needs of evacuees; stat transportation; identification location(s) and primary communication with exassistance. (v) A system to track the employees' on-duty and hospice's care during a on-duty employees or relocated during the ermust document the spetche receiving facility or "[For CMHCs at §485.8] procedures. (2) Safe examined includes consider treatment needs of evaresponsibilities; transported treatment needs of evaresponsibilities; transported includes consider treatment needs of evaresponsibilities; transported includes consider treatment needs of evaresponsibilities; transported assistance. *[For OPOs at § 486.36] procedures. (2) A system documentation that predonor information, proted potential and actual dor secures and maintains at a secures and maintains at a secures and maintains at a secure secure secures and secures and secure secures and secur	pecific name and location of a other location. e at §418.113(b)(6):] es. om the hospice, which of care and treatment aff responsibilities; cation of evacuation of and alternate means of other location of hospice disheltered patients in the end emergency. If the sheltered patients are nergency, the hospice edific name and location of other location. 220(b):] Policies and evacuation of care and cuees; staff contation; identification of and primary and alternate on with external sources of endical serves potential and actual extension, and the availability of records.	E	018			

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495150	B. WING	B. WING		C 03/05/2020	
	PROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI				STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	1 0	3/03/2020
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRI PREFIX (EACH CORRECTIVE ACTION SI- TAG CROSS-REFERENCED TO THE API DEFICIENCY)			(X5) COMPLETION DATE
E 020 SS=C	facility, which includes needs of the patients. This REQUIREMENT by: Based on record revie facility staff failed to pridentifying the location sites. The facility failed that staff have been that staff and shelter relocated during an emal staff have been that s	is not met as evidenced ew and staff interview, the rovide documentation for a of residents at alternate if to provide documentation ained on the system to a-duty staff and sheltered elocated during an facility's emergency 03/03/20 at 10:50 A.M. with Maintenance Director, the ed to provide cility staff had been trained to track the location of ered residents who are lergency. The We have not trained our tracking system." Primary/Alt. Comm. dures. The [facilities] must a emergency preparedness a, based on the emergency aph (a) of this section, a plan at paragraph (c) of as and procedures must be at least every 2 years a minimum, the policies	EO	018			

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

	F CORRECTION	IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTIONS		ļ c	X3) DATE S COMPL	
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	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH L	LC		STREET ADDRES 340 LYNN SHOR VIRGINIA BEA	-		03/0	5/2020
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	[facility], which include treatment needs of eversponsibilities; transpevacuation location(s) means of communication assistance. *[For RNHCs at §403.§416.54(b)(2):] Safe evacuation from includes the following: (i) Consideration of cation (ii) Staff responsibilities (iii) Transportation. (iv) Identification of every (v) Primary and alternace communication with exassistance. *[For CORFs at §485. Rehabilitation Agencies §485.727(b)(1), and E§494.62(b)(2):] Safe evacuation from the Rehabilitation Agencies as Providers Therapy and Speech-Leservices; and ESRD Festaff responsibilities, and evacuation from the Relappropriate placement responsibilities and needs and responsibilities and needs and responsibilities and needs and responsibilities and responsibiliti	fe evacuation from the es consideration of care and vacuees; staff portation; identification of b; and primary and alternate tion with external sources of 748(b)(3) and ASCs at the [RNHCl or ASC] which ire needs of evacuees. s. acuation location(s). ate means of xternal sources of 68(b)(1), Clinics, s, OPT/Speech at SRD Facilities at the [CORF; Clinics, s, and Public Health of Outpatient Physical anguage Pathology facilities], which includes and needs of the patients. §491.12(b)(1):] Safe HC/FQHC, which includes of exit signs; staff	E	020				
		w and staff interview, the ve documentation that the	-	Verification of the Control of the C			Account to the second	

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

Event ID: KBBM11

Facility ID: VA0151

If continuation sheet Page 7 of 149



	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495150	B. WING			ł	C /05/2020
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		TION SHOULD B THE APPROPRIA		(X5) COMPLETION DATE
E 020 E 023 SS=C	and procedures for the facility. The findings included: During an interview or with the Administrator Director, they were as the safe evacuation for care for the residents, identification of evacumeans of communication and staff responsibilities tated she did not have safe evacuation from the care for residents, transcommunication with expression and procedures for CFR(s): 483.73(b)(5) [(b) Policies and procedures for policies and procedures plan set forth in paragra and the communication this section. The policies reviewed and updated (annually for LTC).] As and procedures must a section (5) or (3),(4),(6)] A systocumentation that presents a section (5) or (3),(4),(6)] A systocumentation that presents are section.	ness plan included policy e safe evacuation from the an 03/03/20 at 11:05 A.M. and the Maintenance ked for documentation for the facility including transportation, ation location and alternate from with external resources es. The Administrator re documentation for the facility which included insportation needs, external resources and staff for Medical Documentation dures. The [facilities] must be the facility which included insportation needs, external resources and staff for Medical Documentation and the emergency preparedness es, based on the emergency raph (a) of this section, risk eaph (a)(1) of this section, in plan at paragraph (c) of ites and procedures must ted at least every 2 years a minimum, the policies address the following:]		023			

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

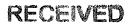
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452		03/05	/2020
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E 026	*[For RNHCIs at §403 procedures. (5) A syst that does the following (i) Preserves patient ir (ii) Protects confidential (iii) Secures and main records. *[For OPOs at §486.30 procedures. (2) A syst documentation that producedures. (2) A syst documentation that producedures and maintains This REQUIREMENT by: Based on record reviet facility staff failed to hap reserving patient informergency. The findings included: During an interview on with the Administrator at they were asked for dopatient information and of patient information and of patient information and of resident records. The did not have document records were secure are	tem of care documentation The care documentation of care for residents and actual tects confidentiality of conor information, and of the availability of records. The availability of records of care documentation for records of care for residents during the care documentation for preserving of the care documentation of care for residents during of care for residents during	EO	023			
uncasan y y metro zovo	(b) Policies and proced develop and implement	dures. The [facilities] must t emergency preparedness					

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

Event ID: K88M11

Facility ID: VA0151

If continuation sheet Page 9 of 149



	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG			SURVEY PLETED
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	plan set forth in paragassessment at paragrand the communication this section. The policible reviewed and upda (annually for LTC).] At and procedures must (8) [(6), (6)(C)(iv), (7), [facility] under a waive in accordance with seprovision of care and care site identified by officials. *[For RNHCIs at §403 procedures. (8) The rewaiver declared by the with section 1135 of Act an alternative care smanagement officials. This REQUIREMENT by: Based on record reviet facility staff failed to had describing the facility's alternate care site. The findings included: During an interview with Maintenance Director at the Administrator was a describing the facility's alternate care site. The she did not have docur	es, based on the emergency traph (a) of this section, risk raph (a)(1) of this section, on plan at paragraph (c) of cies and procedures must ated at least every 2 years a minimum, the policies address the following:] or (9)] The role of the er declared by the Secretary, cition 1135 of the Act, in the treatment at an alternate emergency management 748(b):] Policies and ole of the RNHCI under a exercitary, in accordance ct, in the provision of care site identified by emergency is not met as evidenced	E				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION			E SURVEY PLETED	
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	CFR(s): 483.73(c)(1) [(c) The [facility must of emergency prepared of that complies with Fed and must be reviewed 2 years (annually for Liplan must include all of (1) Names and contact following: (i) Staff. (ii) Entities provide arrangement. (iii) Patients' physe (iv) Other [facilities (v) Volunteers. *[For Hospitals at §485.8485.625(c)] The cominclude all of the follow (1) Names and contact following: (i) Staff. (ii) Entities provide arrangement. (iii) Patients' physe (iv) Other [hospitates (v) Volunteers. *[For RNHCIs at §403. communication plan material following: (i) Staff. (ii) Entities provide arrangement. (iii) Entities provide arrangement.	develop and maintain an ness communication plan deral, State and local laws I and updated at least every LTC).] The communication of the following:] at information for the dicians s]. 2.15(c) and CAHs at munication plan must wing: at information for the dispersion of the dispersio	E	030				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		495150	B. WING			C 03/05/2020
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	LC		STREET ADDRESS, CITY, S' 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 2		
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E 030	plan must include all of (1) Names and contact following: (ii) Staff. (iii) Entities provide arrangement. (iii) Patients' physicivy Volunteers. *[For Hospices at §41 communication plan in following: (1) Names and contact following: (i) Hospice emploise (ii) Entities provide arrangement. (iii) Patients' physicivy Other hospice *[For HHAs at §484.10 plan must include all of (1) Names and contact following: (i) Staff. (ii) Entities provide arrangement. (iii) Patients' physicivy Volunteers.	5(c):] The communication of the following: ct information for the ling services under sicians. 8.113(c):] The must include all of the ct information for the ext information for the sicians. 9.2(c):] The communication of the following: ct information for the ing services under sicians.	E	030		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION		E SURVEY PLETED
		495150	B. WING			03	C 3/05/2020
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	LC		3	STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452		70372020
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E 030 E 032 SS=C	arrangement. (iii) Volunteers. (iv) Other OPOs. (v) Transplant an OPO's Donation Serv This REQUIREMENT by: Based on record revifacility staff failed to hinformation in the communication in the communication plan dall staff and their contablan include vendors plan include vendors ve	d donor hospitals in the rice Area (DSA). It is not met as evidenced ew and staff interview, the ave all facility contact remunication plan. If an 03/03/20 at 11:14 A.M. It is and the Maintenance rator was asked for names on for all facility staff, as well ervices under agreement a review of the lid not include the name of act information, nor did the providing services to the regency. If an an an an areas communication develop and maintain an areas communication plan deral, State and local laws and updated at least every and the following: If a communication of the following:		030			
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		LE CONSTRUCTION	(X3) DATE : COMPL	
		495150	B. WING				C 3/05/2020
	PROVIDER OR SUPPLIER ADEL VIRGINIA BEACH L	LLC		:	STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	1	1 V V · m · m · m · m · m · m · m · m · m
(X4) ID PREFIX TAG	(EACH DEFICIENC	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
E 032	Continued From page	•	E	032	2		
	alternate means for of ICF/IID's staff, Federa local emergency man This REQUIREMENT by: Based on record revisacility staff failed to opreparedness communications.	T is not met as evidenced view and staff interview, the develop an emergency					
SS=C	03/03/20 at 11:16 A.N. asked to see the facilic communication equip stated, the facility had communication device. The facility staff failed communication equip Methods for Sharing I CFR(s): 483.73(c)(4)-	with the administrator on M. the administrator was ility's alternate oment. The administrator d not purchased alternate ces. d to have alternate oment. Information	E	033			
	emergency preparedr that complies with Fed and must be reviewed 2 years (annually for I plan must include all of (4) A method for shari	ness communication plan ederal, State and local laws d and updated at least every LTC).] The communication					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		(X3) DATE SURVEY COMPLETED		
		495150	B. WING			I	C
NAME OF P	ROVIDER OR SUPPLIER	400100	10: 111110	STR	REET ADDRESS, CITY, STATE, ZIP CODE] 03	/05/2020
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THE CITA	DEL VIRGINIA BEACH LI	LC		VIR	RGINIA BEACH, VA 23452		
(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
E 033	maintain the continuit (5) A means, in the expelease patient inform CFR 164.510(b)(1)(ii) required for HHAs ununder §485.68(c)] (6) [(4) or (5)]A means about the general corpatients under the [faunder 45 CFR 164.51* *[For RNHCIs at §403 sharing information at patients under the RN with care providers to care, based on the wimade by the patient or representative. *[For RHCs/FQHCs at of providing information and location facility's care as permit 164.510(b)(4). This REQUIREMENT by: Based on record revification plan is sharing information at to maintain continuity. The findings included	with other health providers to y of care. went of an evacuation, to nation as permitted under 45. [This provision is not der §484.102(c), CORFs s of providing information and location of cility's] care as permitted (0(b)(4). 3.748(c):] (4) A method for and care documentation for IHCl's care, as necessary, maintain the continuity of ritten election statement or his or her legal at §491.12(c):] (4) A means on about the general of patients under the itted under 45 CFR is not met as evidenced ew and staff interview, the ave documentation that the included a method for and medical documentation of care.	E	033			
		n 03/03/20 at 11:18 A.M. and the Maintenance	And a				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	T			(X3) DATE SURVEY COMPLETED	
		495150	B. WING			l	C	
NAME OF P	ROVIDER OR SUPPLIER		I	S	TREET ADDRESS, CITY, STATE, ZIP CODE	03	/05/2020	
THE CITA	DEL VIRGINIA BEACH LI	•		3,	40 LYNN SHORES DRIVE			
THE OHA	DEL VINGIMIA DEACH LE			٧	IRGINIA BEACH, VA 23452			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / 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	
E 034 SS=C	facility had a method is medical care for residing providers to maintain a Administrator stated, a documentation for shamedical care needs for care site. The facility staff failed the communication plasharing information and health care providers. Information on Occupa CFR(s): 483.73(c)(7) [(c) The [facility] must emergency prepared in that complies with Fed and must be reviewed 2 years (annually for Liplan must include all complete in the complete include all complete include include include all complete include includ	ked for evidence that the for sharing information and ents with other health care continuity of care. The she did not have aring information and or residents at an alternate to have documentation that an included methods for ad medical care with other ancy/Needs develop and maintain an ess communication plan leral, State and local laws and updated at least every and up		033	DEFICIENCY)			
	providing information a its ability to provide as having jurisdiction, the Center, or designee.	about the ASC's needs, and sistance, to the authority		облежня в невой в нево				
	means of providing inf			нки манента в применения в при				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X IDENTIFICATION NUMBER: A. BUILDING		1	(X3) DATE SURVEY COMPLETED	
		495150	B. WING			C / 05/2020
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	_c		STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
E 036 SS=C	ability to provide assist having jurisdiction, the Center, or designee. This REQUIREMENT by: Based on record revifacility staff failed to his the facility's occupant provide assistance. The findings included: During an interview or with the Administrator Director, they were as identifying the needs of facility's ability to provincident Command Control Command Con	stance, to the authority Incident Command is not met as evidenced ew and staff interview, the ave documentation about ty needs and its ability to an 03/03/20 at 11:21 A.M. and the Maintenance ked for documentation for of the facility, as well as the ide assistance to the enter. The Administrator not identified the needs of the facility identified how de assistance. 19 1748, ASCs at §416.54, PRTFs at §441.184, PACE at §482.15, HHAs at §485.68, CAHs at §486.625, 485.727, CMHCs at 186.360, RHC/FHQs at 190. The [facility] must an emergency and testing program that is icy plan set forth in ection, risk assessment at	E 036			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		E CONSTRUCTION	(X3) DATE COMP	PLETED
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	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	LC		3	TREET ADDRESS, CITY, STATE, ZIP CODE 40 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452		00/2020
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 036	the communication pl section. The training be reviewed and update and update and the communication program that is based forth in paragraph (a) assessment at paragraph (c) of this stesting program must least annually. *[For ICF/IIDs at §483 testing. The ICF/IID man emergency prepar program that is based forth in paragraph (a) assessment at paragraph (b) assessment at paragraph (c) of this stesting program must least every 2 years. Trequirements for evac §483.470(i). *[For ESRD Facilities testing, and orientation program the emergency plan set for section, risk assessment endition or the communication program the emergency plan set for section, risk assessment endition in the communication program the emergency plan set for section, risk assessment endition program the emergency plan set for section, risk assessment endition program the emergency plan set for section, risk assessment endition program the emergency plan set for section, risk assessment endition program the emergency plan set for section, risk assessment endition program the emergency plan set for section, risk assessment endition program the emergency plan set for section, risk assessment endition program the emergency plan set for section, risk assessment enditions program the emergency plan set for section, risk assessment enditions program the endition program t	an at paragraph (c) of this and testing program must ated at least every 2 years. (d):] (d) Training and testing. develop and maintain an mess training and testing on the emergency plan set of this section, risk raph (a)(1) of this section, es at paragraph (b) of this munication plan at section. The training and be reviewed and updated at a section at emergency plan set of this section, risk raph (a)(1) of this section, es at paragraph (b) of this munication plan at section. The training and testing on the emergency plan set of this section, risk raph (a)(1) of this section, es at paragraph (b) of this munication plan at section. The training and be reviewed and updated at the ICF/IID must meet the suation drills and training at at §494.62(d):] Training, m. The dialysis facility must an emergency personner.	E	036			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		SURVEY PLETED
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NAME OF P	ROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE	1 03	/05/2020
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E 036	Continued From page		E	036			Communication of Commun
	paragraph (c) of this sand orientation prograupdated at every 2 year This REQUIREMENT by: Based on record revifacility staff failed to his preparedness training review. The findings included On 3/3/20 at 10:40 at Preparedness (EP) plad EP policies and pudue to a change of overhead or the programment of the programm	is not met as evidenced ew and staff interview the ave evidence of emergency and testing program					
E 037 SS=C	with the Administrator documentation of the program and review. the facility had not detesting program. EP Training Program CFR(s): 483.73(d)(1) *[For RNCHIs at §403 Hospitals at §482.15, at §484.102, "Organiz OPOs at §486.360, R Training program. The following: (i) Initial training i	facility's training and testing The Administrator stated, veloped a training and 3.748, ASCs at §416.54, ICF/IIDs at §483.475, HHAs tations" under §485.727, HC/FQHCs at §491.12:] (1) the [facility] must do all of the on emergency preparedness tes to all new and existing	E	037			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		E CONSTRUCTION	(X3) DATE COMF	SURVEY
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NAME OF P	KOVIDER OR SOPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
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				'	VIRGINIA BEACH, VA 23452		
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E 037	Continued From page	19	E (037	7		
	arrangement, and vol	unteers, consistent with their					
	expected roles.						
ĺ	(ii) Provide emerg	gency preparedness training					
	at least every 2 years						
		umentation of all emergency					
	preparedness training						
		staff knowledge of					
	emergency procedure	-					
		ncy preparedness policies					
		ignificantly updated, the	THE STATE OF THE S				
	[facility] must conduct						
	policies and procedur		-				
	F • • • • • • • • • • • • • • • • • • •						
	*[For Hospices at §41	8.113(d):] (1) Training. The					
	hospice must do all of	· · · · · · · · · · · · · · · · · · ·	or control of the con				
	•	n emergency preparedness	unitered with the second secon				
		es to all new and existing					
	hospice employees, a		İ				
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	expected roles.	,,					
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	at least every 2 years						
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	emergency preparedr						
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		to protect patients and					
	others.	<i>,</i> ,			and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		
	(v) Maintain docu	mentation of all emergency			Type of the state		
	preparedness training	- ·			Table 1		
		ncy preparedness policies					
		gnificantly updated, the					
	hospice must conduct						
	policies and procedure						
	*[For PRTFs at §441.1	184(d):] (1) Training					
		• • • • • • • • • • • • • • • • • • • •					
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/18/2020 FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495150	B. WING			03/	05/2020
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	LC		STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	:	507	00/2020
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E 037	program. The PRTF re (i) Initial training is policies and procedure staff, individuals providual arrangement, and voluexpected roles. (ii) After initial training (iii) Demonstrate emergency procedures (iv) Maintain docupreparedness training (v) If the emerger and procedures are signated procedures and procedures are signated procedures and procedure (ii) Initial training in policies and procedure staff, individuals providuals provi	nust do all of the following: n emergency preparedness es to all new and existing ding services under unteers, consistent with their uning, provide emergency every 2 years. staff knowledge of es. umentation of all emergency . ncy preparedness policies gnificantly updated, the raining on the updated es. §483.73(d):] (1) Training cility must do all of the en emergency preparedness es to all new and existing ding services under unteers, consistent with their ency preparedness training ementation of all emergency estaff knowledge of s. 68(d):](1) Training. The ene following: raining in emergency and procedures to all new	E	037			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .		CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495150	B. WING				C
	ROVIDER OR SUPPLIER	<u></u>	L B. WING		REET ADDRESS, CITY, STATE, ZIP CODE	<u> 03/</u>	05/2020
IHE CITA	DEL VIRGINIA BEACH LI			>	RGINIA BEACH, VA 23452		
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E 037	at least every 2 years (iii) Maintain docc (iv) Demonstrate emergency procedure be oriented and assig responsibilities re emergency plan within workday. The training instruction in the local systems and signals a (v) If the emerge and procedures are s CORF must conduct to policies and procedur *[For CAHs at §485.6 The CAH must do all (i) Initial training in policies and procedur reporting and extinguiand where necessary personnel, and guests cooperation with authorities, to all new individuals providing s and volunteers, or roles. (ii) Provide emerge at least every 2 years (iii) Maintain docc (iv) Demonstrate emergency procedure emergency procedure (v) If the emerge	expected roles. gency preparedness training umentation of the training. staff knowledge of es. All new personnel must ged specific egarding the CORF's n 2 weeks of their first grogram must include tion and use of alarm and firefighting equipment. ency preparedness policies ignificantly updated, the training on the updated res. 25(d):] (1) Training program. of the following: in emergency preparedness res, including prompt ishing of fires, protection, r, evacuation of patients, s, fire prevention, and firefighting and disaster and existing staff, services under arrangement, consistent with their expected gency preparedness training umentation of the training. staff knowledge of es. ency preparedness policies ignificantly updated, the aining on the updated	E	037			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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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		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 037	CMHC must provide i preparedness policies and existing staff, indi under arrangement, a with their expected ro documentation of the demonstrate staff knot procedures. Thereaft emergency preparedry years. This REQUIREMENT by: Based on record revifacility staff failed to memergency preparedry The findings included On 3/3/20 at 10:40 a.i. Preparedness (EP) plicies and plicies and plicies and plicies and plicies and plicies and plicies and plicies and plicies and plicies and plicies and plicies and plicies and plicies and existing staff. The facility had not conductive and existing staff. The facility had not conductive documentation for train preparedness policies and existing staff. The facility had not conductive documentation for train preparedness policies and existing staff. The facility had not conductive documentation for train preparedness policies and existing staff. The facility had not conductive documentation for train preparedness policies and existing staff.	.920(d):] (1) Training. The nitial training in emergency and procedures to all new ividuals providing services and volunteers, consistent les, and maintain training. The CMHC must wledge of emergency er, the CMHC must provide ness training at least every 2 is not met as evidenced ew and staff interview, the naintain documentation of ness training. The company of the Emergency and was initiated. The facility procedures (P&P's) however preship occurring July 1, were still titled as the former on 03/03/20 at 11:28 A.M., she was asked for ning of emergency and procedures for all new administrator stated, the	E	037	, , , , , , , , , , , , , , , , , , ,		
E 039 SS=C	produce documentation owners. EP Testing Requirement	on from the previous	E (039			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		LE CONSTRUCTION		SURVEY PLETED
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		495150	B. WING			03/	05/2020
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HIL OHA	DEL VINGINIA DEACH EI	· ·			VIRGINIA BEACH, VA 23452		
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	*IFor RNCHI at 8403	748, ASCs at §416.54,	-		PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION OF THE PROPOSITION O		
		ORFs at §485.68, OPO,	away managara				Village in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro
	"Organizations" under						
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	Facilities at §494.62]:						
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	(ii) Conduct an ac	ditional exercise at least					
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	(iii) Analyze i	the [facility's] response to and	-				
	maintain documentati	on of all drills, tabletop					
	exercises, and emerg	ency events, and					
	revise the [facility's] er	mergency plan, as needed.					
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	*[For Hospices at 418						NAME AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

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		er-based, tabletop exercise					
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NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
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					VIRGINIA BEACH, VA 23452		
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E 039	Continued From page	. 20		201			
L 039			E	JJS	9		
	is led by a facilitator a						
		arrated, clinically relevant					
	emergency scenario, statements, dire						
	•	ected messages, or prepared challenge an emergency					
	plan. If the OPO expe						
a martin	•	ncy that requires activation					
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		required testing exercise					
Hith-many		the emergency event.					
i di		PO's response to and					
		on of all tabletop exercises,					
	and emergency event	s, and revise the [RNHCI's					
	and OPO's] emergend	cy plan, as needed.					
	This REQUIREMENT	is not met as evidenced					
	by:						
	Based on record review	ew and staff interview the					THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P
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	the change of ownersl	hip) and did not provide					
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j	survey was conducted Corrections are requirements. The Lit survey/report will follor investigated during the The census in this 150 118 at the time of the consisted of 57 reside Request/Refuse/Dscn CFR(s): 483.10(c)(6)(d)	ife Safety Code ow. Five complaints were be survey. O certified bed facility was survey. The survey sample ents. htnue Trmnt;FormIte Adv Dir 8)(g)(12)(i)-(v)		578			
	discontinue treatment, to participate in experi formulate an advance §483.10(c)(8) Nothing construed as the right the provision of medic services deemed med inappropriate. §483.10(g)(12) The farequirements specified subpart I (Advance Dir (i) These requirements inform and provide write residents concerning to medical or surgical treesident's option, form (ii) This includes a write	g in this paragraph should be tof the resident to receive cal treatment or medical dically unnecessary or acility must comply with the d in 42 CFR part 489, frectives). It is include provisions to itten information to all adult the right to accept or refuse eatment and, at the nulate an advance directive. It is interestives the description of the plement advance directives					

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

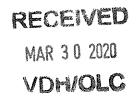
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F 578	entities to furnish this legally responsible for requirements of this s (iv) If an adult individuatime of admission and information or articula has executed an advamay give advance directional individual's resident rewith State Law. (v) The facility is not reprovide this information or she is able to receive follow-up procedures the information to the appropriate time. This REQUIREMENT by: Based on clinical rectand review of facility of staff failed to impleme policy by not sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sending and review of sen	nitted to contract with other information but are still rensuring that the ection are met. It is incapacitated at the last is incapacitated at the last is unable to receive the whether or not he or she ance directive, the facility ective information to the expresentative in accordance elieved of its obligation to not the individual once he eve such information. In must be in place to provide individual directly at the is not met as evidenced evidenced evidenced. In the advance directive a resident's advance	F	578		
Manuscratini — rozerszanowska wa mining ni pierwydy						
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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: K88M11

Facility ID: VA0151

If continuation sheet Page 32 of 149



	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		495150	B. WING			C		
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	<u> </u>	03/05/2020		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SH		(X5) COMPLETION DATE
	skills for daily decision A copy of the resident not sent with the resident not sent with the resident ransferred to the loca 12/26/19 and 1/5/20. Document form for ear aforementioned transidirectives (durable pocare, living will) to be in addition to advance MOLST, POST, other checked off as sent. On 3/3/19 at 11:05 a.r. conducted with a Lice #7. She stated when the hospital the follow are sent with the resident or resident or resultaboratory reports -The SBAR report -Copy of the DNR form The LPN stated the Diadvance directive and aware of any other doconsidered advance diversidered advance diversidered Resident Con 3/5/20 at 1:45 p.m. Director located Resident	ely impaired in the cognitive in making. Is Advance Directive was lent when he was all hospital on 6/2/19, The Acute Care Transfer ch of the resident's fers indicated the advance wer of attorney for health sent at the time of transfer care orders (POLST, s), but they were not In., an interview was insed Practical Nurse (LPN) a resident is transferred to ing discharge documents lent: Let (POS) with medication It o 911 or medical transport, ident representative In (as indicated) NR form was the resident's she had not been made cuments that were irrectives or where they In the Medical Records ent #82's advance where the resident resided	F	578				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 578	Continued From page On 3/5/20 at approxim debriefing session wa Administrator, Directo Regional Director of O aforementioned issue discussed. They share the mandate to send a Directive other than th to the hospital. No furl provided prior to surve The facility's policy an indicated the Nurse S inform emergency me resident's advance dir options and provide se of such directive wher via ambulance or othe 2. The facility staff fai with an opportunity to Directive. A review of the clinical Resident #63 was adm 03/24/14. Diagnoses f cancer, A-fib, heart fai mellitus, depression, p asthma. A review of th Set (MDS) dated 01/0 as having a Brief Inter (BIMS) score of 14, ince	nately 4:30 p.m., a s conducted with the r of Nursing and the perations. The was reviewed and ed they were not aware of a copy of the Advance the DNR form upon transfer ther information was ey exit. If the personnel of a rective regarding treatment uch personnel with a copy of transfer from the facility or means is made. It records indicated that nitted to the facility or or this resident included flure, hypertension, diabetes psychotic disorder and reannual Minimum Data 7/20 assessed this resident view for Mental Status dicating intact cognition.		578	DEFICIENCY)		
	Resident #63 was proformulate an Advance interview with the Social V 2:30 P.M. the Social V	records did not indicate vided an opportunity to Directive. During an ial Worker on 03/03/20 at Vorker stated Resident #63 opportunity to formulate an					- THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE

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F 578	Advance Directive. 3. The facility staff fall with an opportunity to	e 34 led provide Resident #109 formulate an Advance	F	578			
	06/27/18. Diagnoses of diabetes mellitus, hyp A review of the Signifi 02/05/20 assessed the BIMS score of 01 which cognitive impairment.	dmitted to the facility on for this resident included erlipidemia, and dementia. cant Change MDS dated is resident as having a ch indicated severe					
F 582 SS=D	this resident was prov formulate an Advance interview with the Soc 2:30 P.M. the social w was not provided the of Advance Directive.	directive. During an ial Worker on 03/03/20 at worker stated Resident #109 opportunity to formulate an overage/Liability Notice	F 5	82			
5	§483.10(g)(17) The fa (i) Inform each Medica writing, at the time of a facility and when the re Medicaid of- (A) The items and sen nursing facility service for which the resident (B) Those other items facility offers and for w charged, and the amor services; and	cility must— aid-eligible resident, in admission to the nursing esident becomes eligible for vices that are included in s under the State plan and may not be charged;					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 20			DATE SURVEY COMPLETED	
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	section.						
	§483.10(g)(18) The fa	cility must inform each	***				
		the time of admission, and					
		resident's stay, of services	-				
	•	and of charges for those					
		y charges for services not are/ Medicaid or by the					
	facility's per diem rate	•					
		overage are made to items					·
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	reasonably possible.	n manda ta albanena fan attara					
		e made to charges for other at the facility offers, the					
		resident in writing at least					
	•	mentation of the change.					
	(iii) If a resident dies o						
		not return to the facility, the					
***************************************	facility must refund to	•					
	representative, or esta	ate, as applicable, any eady paid, less the facility's					
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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		495150	B. WING			C
	E OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452				03/05/2020	
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	Based on staff interviand facility documents to ensure Medicare Braccordance with appli were issued to 2 of 3 if #87) in the survey sar. The findings included: 1. The facility staff fai Medicare Non-Covera Resident #3 who was services with Medicare #3 was admitted to the 11/11/19. Diagnoses in not limited to Muscle Winimum Data Set (Miassessment with an Ar (ARD) date of 11/18/19 an 02 out of a possible Interview for Mental St severely impaired coglidecision-making. On review of the Bene Checklists provided by was noted that Reside having been issued the Non-Coverage (NOMN received the SNF ABN Facility-Advanced Benno copies of the (NOM Resident #3 started at 10/04/19 and the last of was 12/04/19. Resident was 12/04/19. Resident	ew, clinical record review ation, the facility staff failed eneficiary Notices in cable Federal regulations, residents (Resident #3 and apple. ded to issue a Notice of ge (NOMNC) letter to discharged from skilled a days remaining. Resident enursing facility on for Resident #3 included but Weakness. Resident #3's DS) a significant change assessment Reference Date accorded Resident #3 with a score of 15 on the Brief atus (BIMS), indicating initive skills for daily ficiary Notification the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor, it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facility to surveyor it in the facili	F 583		Y)	
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F 582	(CMS-10123). Reside days of her Medicare ABN letter was issued An interview was conservices Director (SS approximately 2:00 p. not realize they could NOMNC letter." The SResident #3 an ABN I A briefing was held with Director of Nursing on 4:00 p.m. The facility information about the 2. The facility staff fair Medicare Non-Covera Resident #87 who was services with Medicant #87 was admitted to the 101/19/20. Diagnoses but not limited to Musc #87's Minimum Data San (ARD) date of 01/2 with short and long-tericognitive skills severe made decisions. On review of the Bene Checklists provided by was noted that Reside having been issued the Non-Coverage (NOM) received the SNF ABN	ent #3 had only used 31 Part A services. Only a SNF d. ducted with the Social (D) on 03/03/20 at m. The SSD stated, "I did receive both; an ABN and (SSD said she only gave etter. ith the Administrator and (03/03/20 at approximately did not present any further findings. illed to issue a Notice of (Ige (NOMNC) letter to (Is discharged from skilled (Ie days remaining. Resident (In the Nesident #87 included (Ice Weakness. Resident (Ise (MDS) a 5-day PPS with (In the MDS) a 5-day PPS with (In the MDS) a 5-day PPS with (In the facility to surveyors, it (In the facility to surveyors, it (In the facility to surveyors, it (In the H87 was not listed for (Ice Notice of Medicare (Ice Notice) however, (Ice (Ice (Ice (Ice (Ice (Ice (Ice (Ice	F	582			

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F 584 SS=E	Resident #87 started 01/19/20, and the last was 02/11/20. Resid from Medicare Part A were not exhausted a a SNF ABN (CMS-100 (CMS-10123). Reside her Medicare Part A swas issued. An interview was cond Services Director (SS approximately 2:00 p.mot realize they could NOMNC letter." The SResident #87 an ABN A briefing was held wir Director of Nursing on 4:00 p.m. The facility information about the Safe/Clean/Comfortable CFR(s): 483.10(i)(1)-(1) §483.10(i) Safe Environmental Safe, consensible and home but not limited to receive supports for daily living The facility must proving \$483.10(i)(1) A safe, consensible environmental	a Medicare Part A stay on covered day of this stay ent #87 was discharged services when benefit days not should have been issued 055) and an NOMNC ont #87 only used 37 days of ervices. Only an NOMNC ducted with the Social D) on 03/03/20 at m. The SSD stated, "I did receive both; an ABN and SSD said she only gave letter. In the Administrator and 03/03/20 at approximately did not present any further findings. ole/Homelike Environment 7) In ment. In to a safe, clean, elike environment, including ving treatment and g safely.	F 5		DEFIGIENCY)		
berichtliche des göreiche Termendalles gewesteren.	(i) This includes ensur receive care and servi-	ing that the resident can ces safely and that the acility maximizes resident				**************************************	TITLE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRA

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F 584	Continued From page	e 39 es not pose a safety risk.	F	584			
	(ii) The facility shall ex	kercise reasonable care for esident's property from loss					
		eeping and maintenance maintain a sanitary, orderly, or;					
	§483.10(i)(3) Clean be in good condition;	ed and bath linens that are					
	§483.10(i)(4) Private of resident room, as spe	closet space in each cified in §483.90 (e)(2)(iv);					
	§483.10(i)(5) Adequate levels in all areas;	e and comfortable lighting					
	levels. Facilities initial	able and safe temperature ly certified after October 1, temperature range of 71 to	A PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICIPATION OF THE PARTICI				
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лал прадалення надалення	and V were observed	baseboard on Units III, IV to be missing. The base	ANTIMOTOR DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE P		THE OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNER O		
WANTER	boards were missing t	hroughout the entire units.					
Alle all Personal Asserved Assessment Served		th the Maintenance Director a.m. he stated, the facility					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495150	B. WNG	ING		C	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		STREET ADDRESS, CITY, STATE, ZIP CODE	03/	05/2020
THE CITADEL VIRGINIA BEACH LLC		L.C		:	340 LYNN SHORES DRIVE		
				<u>'</u>	VIRGINIA BEACH, VA 23452		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607 SS=D	had not replaced it. The Administrator was findings on 03/04/20 a Administrator stated to renovate the facility improvement plan she one, nor was she able the improvements. No provided by the facility Develop/Implement A CFR(s): 483.12(b)(1)-\$483.12(b) The facility implement written policy and exploitation misappropriation of respect of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	e baseboard last year and s made aware of the at 3:15 P.M. The the new owners were going by. When asked for a capital was not able to provide to give a date and time for further information was y staff. buse/Neglect Policies (3) y must develop and ticies and procedures that: thand prevent abuse, ion of residents and training as required at is not met as evidenced the staff interviews and facility facility staff failed to the Investigation and a witnessed allegation of the of 57 Residents in the ent #64.		607			
Political and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automotive Control and Automoti	Resident #64 was adr	nitted to the facility on					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION		OMPLETED C
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 607	3/16/2015 with diagnalimited to Schizophre Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disor	oses to include but not nia, Major Depressive order and Dementia. recent comprehensive f(DS) was an annual Assessment Reference Date The Brief Interview for Mental sident #64 was coded as g term memory recall ly impaired for cognition and	F 6	507		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495150	B. WING			C 03/05/2020	
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	LC		3	STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	1 00.	100/2020
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 607	#64 with physical den Administrator was told documentation to the response to the incide. Prior to leaving the fano facility documentation surveyor. On 3/4/20 at 9:40 A.M. asked for the Facility Form that was sent to the incident between on 3/2/20 witnessed by Administrator stated, On 3/4/20 at approxim Administrator provide. Summary which was documented in part, at Investigation Regardin Date Prepared: 3/2/2 Prepared By: Name (I. Cause to Initiate Investigation that ship and the pushing (Name) Regardin that ship and the pushing (Name) Regardin that the CNA will be a significant to the CNA will be the CNA will be the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	een CNA #2 and Resident nonstration. The d to please provide any surveyor of the facility's ent. cility on 3/3/20 at 5:00 P.M. tion was provided to the facility on the State Agency regarding Resident #64 and CNA #2 by this surveyor. The "Give us a minute." Inately 11:00 A.M. the d an Investigational reviewed and is so follows: Ing: Abuse allegation On Administrator) Westigation: (Name) informed e witnessed (Name) CNA esident #64 up to the dining essive manner. Surveyor as yelling at the resident to She states that she it say "stop" and (Name) ed "don't you yell at me", on administrative	F	607			

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		495150	B. WING_		C	
	NAME OF PROVIDER OR SUPPLIER THE CITADEL VIRGINIA BEACH LLC			STREET ADDRESS, CITY, STATE, 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452		03/05/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	((EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BI) TO THE APPROPRIA CIENCY)	
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ORM CMS-2567	(02-99) Previous Versions Obsol	lete Event ID: KBBM11		Facility ID: VA0151	If continuati	on sheet Page 44 of 149

RECEIVED MAR 3 0 2020 VOH/OLG

If continuation sheet Page 44 of 149

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI		ONSTRUCTION	4 ' '	E SURVEY MPLETED
		495150	B. WING			0.	C 3/05/2020
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	LC		340	EET ADDRESS, CITY, STATE, ZIP CODE LYNN SHORES DRIVE GINIA BEACH, VA 23452	<u>, , , , , , , , , , , , , , , , , , , </u>	30012020
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F 607	After speaking with the incident, the staff on the and colleagues who we were unable to support the staff members report excellent CNA and she affectionate with her result. Recommendation Even though the facility substantiate abuse in continue to provide reabuse policy and report regulatory guidelines. No FRI was presented investigational Summa surveyor. On 3/4/20 at approximal Administrator was asked FRI to the State Office abuse/mistreatment at The Administrator staff (NAME) Regional Direct that we didn't." The facility policy titled Program' revised Decand is documented in Policy Statement: Out be free from abuse, no resident property and but is not limited to free punishment, involuntations.	the CNA involved in the the unit, family members work with (NAME) CNA #2, betantiate that the survey sed an abuse situation. That (NAME) CNA #2 is an e is very respectful and residents. It was unable to this incident the facility will gular staff training on the ort allegations of abuse per dat the time the ary was given to this incident #64. The difference of Operations told you do "Abuse Prevention tember 2016 was reviewed part, as follows: It residents have the right to resploitation. This includes redomination of the includes redom from corporal	F	307			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		495150	B. WING			03/	05/2020
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	LC		3	STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452		
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607	chemical restraint not resident's symptoms. Policy Interpretation at a symptom and imple procedures to aid our neglect, or mistreatments. 6. Identify and assess abuse. 7. Investigate and rewithin timeframes as requirements. The facility policy title Reporting" revised Judocumented in part, and property, mistreatments and property, mistreatments and feder current regulations) and by facility managements investigation will also a property and feder current regulations. Role of the Investigate e. Interview the residual appropriate). i. Interview other residual appropriate and residual appropriates. ii. Interview other residual appropriates. Reporting: 1. All alleged violations.	ement policies and facility in preventing abuse, ent of our residents. Is all possible incidents of port any allegations of abuse required by federal If Abuse Investigation and lay 2017 was reviewed and is as follows: reports of resident abuse, misappropriation of resident and/or injuries of unknown If the promptly reported to ral agencies (as defined by and thoroughly investigated int. Findings of abuse be reported. In report (as medical adents to whom the accused and the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of the prompt of	F	607			

MAME OF PROVIDER OR SUPPLIER THE CITADEL VIRGINIA BEACH LLC (P41D) PREFEX PREFEX REGULATORY OR LSC IDENTIFYING INFORMATION) F 607 Continued From page 48 an unknown source and misappropriation of property will be reported by the facility. Administrator, or his/her designee, to the following persons or agencies: a. The State licensing/certification agency responsible for surveying/licensing the facility; b. The local/State Ombudsman; c. The Resident's Representative (Sponsor) of Record: d. Adult Protective Services; e. Law enforcement officials; f. The resident's Attending Physician; g. The facility Medical Director. 2. An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than: a. Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or b. Twenty-four (24) hours if the alleged violation of does not involve abuse AND has not resulted in serious bodily injury; or b. Twenty-four (24) hours if the alleged violation of does not involve abuse AND has not resulted in serious bodily injury; or b. Twenty-four (24) hours if the alleged violation of which the Administrator, the Director of Nursing and the Regional Director of Operations where the above information was discussed.	-	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL1 A. BUILDI		E CONSTRUCTION		LETED	
THE CITADEL VIRGINIA BEACH LLC SUMMARY STATEMENT OF DEPICIENCIES (REACH DEPICIENCIES) (REACH DEPICIENCY MUST BE PRECEDED BY FULL (REACH DEPICIENCY MUST BE PRECEDED BY FULL (REACH DEPICIENCY MUST BE PRECEDED BY FULL (REACH DEPICIENCY MUST BE PRECEDED BY FULL (REACH DEPICIENCY MUST BE PRECEDED BY FULL (REACH DEPICIENCY) MUST BE PRECEDED BY FULL (REACH DEPICIENCY) F 607 Continued From page 48 an unknown source and misappropriation of property will be reported by the facility Administrator, or his/her designee, to the following persons or agencies: a. The State licensing/certification agency responsible for surveying/filcensing the facility; b. The local/State Ombudsman; c. The Resident's Representative (Sponsor) of Record; d. Adult Protective Services; e. Law enforcement officials; f. The resident's Attending Physician; g. The facility Medical Director. 2. An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than: a. Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury. On 3/5/20 at 3:50 P.M. a pre-exit debriefing was held with the Administrator, the Director of Nursing and the Regional Director of Operations			495150	B. WING			- C 03/05/2020		
F 607 Continued From page 46 an unknown source and misappropriation of property will be reported by the facility Administrator, or his/her designee, to the following persons or agencies: a. The State licensing/certification agency responsible for surveying/licensing the facility; b. The local/State Ombudsman; c. The Resident's Representative (Sponsor) of Record; d. Adult Protective Services; e. Law enforcement officials; f. The resident's Attending Physician; g. The facility Medical Director. 2. An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than: a. Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury. On 3/5/20 at 3:50 P.M. a pre-exit debriefing was held with the Administrator, the Director of Nursing and the Regional Director of Poperations			LC		3	340 LYNN SHORES DRIVE			
an unknown source and misappropriation of property will be reported by the facility Administrator, or his/her designee, to the following persons or agencies: a. The State licensing/certification agency responsible for surveying/licensing the facility; b. The local/State Ombudsman; c. The Resident's Representative (Sponsor) of Record; d. Adult Protective Services; e. Law enforcement officials; f. The resident's Attending Physician; g. The facility Medical Director. 2. An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than: a. Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or b. Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury. On 3/5/20 at 3:50 P.M. a pre-exit debriefing was held with the Administrator, the Director of Nursing and the Regional Director of Operations	PREFIX	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		COMPLETION	
Prior to exit no further information was provided. Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:	F 609	an unknown source a property will be repor Administrator, or his/If following persons or a a. The State licensin responsible for survey b. The local/State Or c. The Resident's Record; d. Adult Protective S e. Law enforcement f. The resident's Atte g. The facility Medica 2. An alleged violation exploitation or mistresunknown source and property) will be repolater than: a. Two (2) hours if the abuse OR has resulte b. Twenty-four (24) If does not involve abus serious bodily injury. On 3/5/20 at 3:50 P.M. held with the Adminis Nursing and the Region where the above info Prior to exit no furthe Reporting of Alleged CFR(s): 483.12(c) (1) §483.12(c) In response neglect, exploitation,	and misappropriation of ted by the facility her designee, to the agencies: g/certification agency ying/licensing the facility; hubdsman; presentative (Sponsor) of ervices; officials; had Director. In of abuse, neglect, atment (including injuries of misappropriation of resident red immediately, but not e alleged violation involves and in serious bodily injury; or hours if the alleged violation are AND has not resulted in trator, the Director of onal Director of Operations remation was discussed. In information was provided. Violations (4) se to allegations of abuse,						

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THE CITADEL VIRGINIA BEACH LLC (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST OF DEFICIENCIES (EACH DEFICIENCY WIST OF DEFICIENCIES (EACH DEFICIENCY WIST OF DEFICIENCIES (EACH DEFICIENCY WIST OF DEFICIENCY TAG (EACH DEFICIENCY WIST OF DEFICIENCIES (EACH DEFICIENCY WIST OF DEFICIENCY TAG (EACH DEFICIENCY) F 609 Continued From page 47 §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours if the events that cause the allegation involves abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation involves abuse or result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and facility document review the facility staff failed to report an allegation of abuse/mistreatment to the State Survey Agency and Adult Protective Services within the required time fame for 1 of 57			495150	B. WING_		1.11.11.11.11.11.11.11.11.11.11.11.11.1	03	_
PREFIX TAG F 609 Continued From page 47 F 609 Continued From page 47 F 609 F 609 Continued From page 47 F 609 F 609 F 609 Continued From page 47 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609 F 609			LC		3	340 LYNN SHORES DRIVE		
§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation involve abuse and do not result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on observation, staff interviews and facility document review the facility staff failed to report an allegation of abuse/mistreatment to the State Survey Agency and Adult Protective Services within the required time frame for 1 of 57	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
The findings included: Resident #64 was admitted to the facility on 3/16/2015 with diagnoses to include but mot limited to Schizophrenia, Major Depressive	F 609	§483.12(c)(1) Ensure involving abuse, neglimistreatment, includir source and misappro are reported immedia hours after the allegat that cause the allegat 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 all appropriate corrective This REQUIREMENT by: Based on observation document review the an allegation of abuse Survey Agency and Awithin the required tin Residents in the surver The findings included Resident #64 was ad 3/16/2015 with diagnostic and misappropriate corrective and the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the surver the	ethat all alleged violations ect, exploitation or ng injuries of unknown priation of resident property, ately, but not later than 2 tion is made, if the events tion involve abuse or result in or not later than 24 hours if a the allegation do not involve ault in serious bodily injury, to ne facility and to other the State Survey Agency and ces where state law provides aterm care facilities) in the law through established the results of all administrator or his or her trative and to other officials in the law, including to the State on 5 working days of the leged violation is verified a action must be taken. It is not met as evidenced and, staff interviews and facility facility staff failed to report exhibits the state and to the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the State and the Stat	F	609			

•	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
		495150	B. WING			03/05/2020	
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	.c		STREET ADDRESS, CITY, STATE, ZIP 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	CODE		
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	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION		SURVEY PLETED
		405420	0 14310				С
		495150	B. WING_			03/	/05/2020
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
THE CITA	DEL VIRGINIA BEACH LI	-c			40 LYNN SHORES DRIVE /IRGINIA BEACH, VA 23452		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	(X5) COMPLETION DATE	
F 609	Continued From page		F	809			Total Indiana Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Commission of Co
	Administrator was told to please provide any documentation to the surveyor of the facilities response to the incident.		asiAA manara sa Amanana Amanana sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa Sa				
		cility on 3/3/20 at 5:00 P.M. ion was provided to the					
	asked for the Facility I	•					
	On 3/4/20 at approxim Administrator provided Summary which was a documented in part, a	d an Investigational reviewed and is					
**************************************	Investigation Regardir Date Prepared: 3/2/2 Prepared By: Name (o					
Welliam operations of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco	I. Cause to Initiate Inv	estigation:					
	#2 pushing (Name) Re room table in an aggre states that the CNA we "put down your legs:. overheard the residen CNA #2 allegedly state The CNA was placed a suspension pending in	e witnessed (Name) CNA esident #64 up to the dining essive manner. Surveyor as yelling at the resident to She states that she t say "stop" and (Name) ed "don't you yell at me". on administrative					
	II. Investigation:		vanace control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the				

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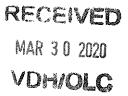
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		495150	B. WING			C 03/05/2020	
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH L	LC		STREET ADDRESS, CITY, STATE, ZI 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	P CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
F 609	Statements were take who were witness to Dietary Manager and statements indicate the anything that could be not feel that (Name) with (Name) Resident two other residents we contacted to determinissues with the care punit. Both stated that issues or concerns all residents. Staff mem a witness to the incide CNA #2 on the unit. In ever witnessed (Narinappropriate or abuse CNA #2 was interviewed She states that (Name to kick the table with concerned that the tallegs of another resident Resident #64 back are told the resident to puccould be positioned upon the meal. (Name) felt that she was inappand she responded be she is very loud and simisinterpret that but the abusive towards a respersonnel record was have and disciplinary policy in her file. III. Summary of Investigations in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	en from other staff members the event including (Name) (Name) CNA #3. Both hat they did not observe e considered abuse and did CNA #2 was inappropriate the #64. Family members for the reside on the unit were ne if they have had any provided by the CNA's on the they do not have any care bout how staff treat the ober (Name) LPN #5 was not ent but works with (Name) She states that she has me) CNA #2 being vive with residents. (Name) wed regarding the incident. The ent. She pulled (Name) had steadied the table and at his legs down so that he inder the table in preparation of CNA #2 was asked if she propriate with the resident y stating that she knows that sometimes people that she would never be sident. (Name) CNA #2's a reviewed and she does not actions or violations of		609			

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

Event ID: KB8M11

Facility ID: VA0151

If continuation sheet Page 51 of 149



STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495150	B. WING			i	С
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TIPMIL OF T	NOVIDEN ON GOLL EIEN				340 LYNN SHORES DRIVE		
THE CITA	DEL VIRGINIA BEACH LI	LC			VIRGINIA BEACH, VA 23452		
1VA) ID	SIMMAD ST	ATEMENT OF DEFICIENCIES					
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F 609	Continued From page	e 51	-	60:	9		Land Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the C
	and colleagues who v	vork with (NAME) CNA #2,	BAVVA A RABBANA				
		bstantiate that the survey					**************************************
		sed an abuse situation.	1000				
		that (NAME) CNA #2 is an					
	affectionate with her r	e is very respectful and	***************************************				
	anechoriate with her i	esiderits.					4##
	IV. Recommendation	s:	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S				a popularity a provincia de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la compa
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		ort allegations of abuse per					
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	On 3/4/20 at approxim	pately 5:45 P.M. the					na agranda de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la comp
		red if she had submitted a					A Principal Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annual Annu
	FRI to the State Office						
		llegation for Resident #64.			research		
		ted, "No, we didn't, I thought			Military and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
	(NAME) Regional Dire	ector of Operations told you					
	triat we didn't						
	The facility policy titled	d "Abuse Prevention	Balanda de distribución				
		ember 2016 was reviewed	P. Walderstander				
	and is documented in	part, as follows:	***************************************		4440		
	Policy Statement: Ou	r residents have the right to	***************************************		V-C		
***************************************		eglect, misappropriation of	***************************************				
		exploitation. This includes			water		
	but is not limited to fre	edom from corporal					
***************************************	punishment, involunta						
-		sical abuse and physical or					
	chemical restraint not resident's symptoms.	required to treat the	1				
-	rosidenta aymptoma,		.1		<u> </u>		

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	ROVIDER OR SUPPLIER			3	TREET ADDRESS, CITY, STATE, ZIP CODE 40 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	1 03/	05/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	ACTION SHOULD BE COTHE APPROPRIATE	
F 609	Continued From page 52		F	309			
	Policy Interpretation a	and Implementation:					ve ve ve ve ve ve ve ve ve ve ve ve ve v
	Develop and implement policies and procedures to aid our facility in preventing abuse, neglect, or mistreatment of our residents.						
	6. Identify and assess abuse.	s all possible incidents of	- Ау-Майлана палазануу-туштаруу				
	7. Investigate and report any allegations of abuse within timeframes as required by federal requirements.						
		d "Abuse Investigation and ly 2017 was reviewed and is s follows:					
	neglect, exploitation, in property, mistreatment source ("abuse") shall local, state, and feder						
	exploitation, or mistre	er designee, to the					
	b. The local/State On	ring/licensing the facility;					

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 DEL VIRGINIA BEACH LI	LC		STREET ADDRESS, CITY, STA 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23	r	1 00000	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	((EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD B ICED TO THE APPROPRI EFICIENCY)	1	(X5) MPLETION DATE	
	unknown source and property) will be reportater than: a. Two (2) hours if the abuse OR has resulte b. Twenty-four (24) he does not involve abus serious bodily injury. On 3/5/20 at 3:50 P.M. held with the Administ Nursing and the Region where the above infor Prior to exit no further Investigate/Prevent/CCFR(s): 483.12(c)(2)-6 §483.12(c) In responsing neglect, exploitation, comust: §483.12(c)(2) Have exviolations are thorough	ervices; officials; nding Physician; al Director. In of abuse, neglect, atment (including injuries of misappropriation of resident ted immediately, but not e alleged violation involves ad in serious bodily injury; or ours if the alleged violation te AND has not resulted in I. a pre-exit debriefing was trator, the Director of onal Director of Operations mation was discussed. information was provided. orrect Alleged Violation (4) e to allegations of abuse, or mistreatment, the facility vidence that all alleged hely investigated. further potential abuse, or mistreatment while the tress.	F 6					

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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	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	LC		34	TREET ADDRESS, CITY, STATE, ZIP CODE 40 LYNN SHORES DRIVE TRGINIA BEACH, VA 23452		0012020
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 610	investigations to the adesignated represents accordance with State Survey Agency, within incident, and if the alleappropriate corrective This REQUIREMENT by: Based on observation document review the thoroughly investigate abuse/mistreatment for survey sample, Resident #64 was adr 3/16/2015 with diagnor limited to Schizophren Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder, Bipolar Disorder	administrator or his or her ative and to other officials in a law, including to the State in 5 working days of the eged violation is verified a action must be taken. It is not met as evidenced in, staff interviews and facility facility staff failed to a witnessed allegation of or 1 of 57 Residents in the ent #64. In the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility on one of the facility one of the facility on one of the facility on one of the facility one of the facility one of the facility one of the facility one	F	610			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	495150	B. WING_			C	
NAME OF PROVIDER OR SUPPLIER THE CITADEL VIRGINIA BEACH L	LC		STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE	I	03/05/2020	
			VIRGINIA BEACH, VA 23452			
PREFIX (EACH DEFICIENCE	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION ICH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
yelled, "Stop." CNA at me." There was no and there was also no room at the time of the Manager was standir hallway and did hear about it. The Dietary see what was happer tone I thought she was and LPN (Licensed P down near the entrand the incident occurred, back of the unit. On 3/3/20 at 12:40 P, made aware of the about the surveyor betwee #64 with physical den Administrator was told documentation to the response to the incident prior to leaving the farm of facility documentation surveyor. On 3/4/20 at 9:40 A.M asked for the Facility Form that was sent to the incident between on 3/2/20 witnessed by Administrator stated, "On 3/4/20 at approximaterview was conduct Resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was in the dining resident #64 was asked he was and the was asked he was and the was asked he was and the was and the was and the was and the was and the was and the was and the was and the was and the was and the was and the was and the was and t	into him. Resident #64 #2 then said, "Don't you yell to other resident at the table to other staff members in the is incident. The Dietary of on my left side in the the incident when asked Manager stated, "I couldn't hing I just heard her loud is redirecting him." CNA #3 ractical Nurse) #5 were ce of the secured unit when the dining area is at the M. the Administrator was cove witnessed interaction are CNA #2 and Resident honstration. The did to please provide any surveyor of the facilities ent. cility on 3/3/20 at 5:00 P.M. tion was provided to the I. the Administrator was Reportable Incident (FRI) the State Agency regarding Resident #64 and CNA #2 by this surveyor. The 'Give us a minute."	F6	510			

I AND PLAN OF CORRECTION I INENTIFICATION MUMBER. I		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
	495150	B. WING_			C 03/05/2020		
NAME OF PROVIDER OR SUPPLIER THE CITADEL VIRGINIA BEACH LL	С		STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452				
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE DSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
verbalize his name, the current President was. On 3/4/20 at approxim interview was conducted Manager regarding who Resident #64 in the direction of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con	esident #64 was able to a correct year and who the ately 10:45 A.M. an ed with the Dietary pat he witnessed with hing area on 3/3/20 around by Manager stated, "I did a outside of the room! bud I thought she was to I did not hear the actual trating on you and focused tures of the test trays. I age of what I heard." ately 10:50 A.M. an ed with CNA #3 regarding in Resident #64 in the dining 12:15 P.M. CNA #3 withing prior to passing pathering other residents. But it I thought they were were passing trays, I in to passing trays, I in to passing trays." ately 11:00 A.M. the an Investigational eviewed and is follows: g: Abuse allegation administrator) estigation:	F 6	10				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						C	
		495150	B. WING			03/0	05/2020
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	.c		STREET ADDRESS, CITY, STATE, ZIP COD 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	Ē		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORREC PREFIX (EACH CORRECTIVE ACTION SHOI TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)		SHOULD BE		(X5) COMPLETION DATE
F 610	#2 pushing (Name) R room table in an aggr states that the CNA w "put down your legs:. overheard the resider CNA #2 allegedly stat The CNA was placed suspension pending i II. Investigation: Statements were take who were witness to to Dietary Manager and statements indicate the anything that could be not feel that (Name) C with (Name) Resident two other residents w contacted to determinissues with the care punit. Both stated that issues or concerns at residents. Staff mem a witness to the incide CNA #2 on the unit. Snever witnessed (Naminappropriate or abus CNA #2 was interview She states that (Name to kick the table with I concerned that the tallegs of another resider Resident #64 back ar told the resident to purcould be positioned ur for the meal. (Name) felt that she was inap	esident #64 up to the dining essive manner. Surveyor ras yelling at the resident to She states that she at say "stop" and (Name) red "don't you yell at me". On administrative investigation. In from other staff members the event including (Name) (Name) CNA #3. Both red they did not observe a considered abuse and did CNA #2 was inappropriate at #64. Family members for the reside on the unit were red if they have had any provided by the CNA's on the they do not have any care red tout how staff treat the ber (Name) LPN #5 was not ent but works with (Name) She states that she has red CNA #2 being live with residents. (Name) red regarding the incident.	F				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495150	B. WING			C 03/05/2020	
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	LC		STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452		00,00,2020	
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F 610	she is very loud and simisinterpret that but it abusive towards a respersonnel record was have and disciplinary policy in her file. III. Summary of Invest After speaking with the incident, the staff on it and colleagues who we were unable to susteam member witness Staff members report excellent CNA and shaffectionate with her reconstructed by the facility substantiate abuse in continue to provide reabuse policy and report regulatory guidelines. No FRI was presented Investigational Summisurveyor. On 3/4/20 at approximinterview was conduct whom also resides on what he witnessed with area on 3/3/20 around most recent MDS was Annual Assessment we BIMS for Resident #2	sometimes people hat she would never be sident. (Name) CNA #2's reviewed and she does not actions or violations of stigation: e CNA involved in the he unit, family members vork with (NAME) CNA #2, bstantiate that the survey sed an abuse situation. that (NAME) CNA #2 is an e is very respectful and esidents. s: ty was unable to this incident the facility will gular staff training on the ort allegations of abuse per	F	510			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495150	B. WING		· · · · · · · · · · · · · · · · · · ·	03	C 8/05/2020	
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH L	LC		340	REET ADDRESS, CITY, STATE, ZIP CODE LYNN SHORES DRIVE RGINIA BEACH, VA 23452		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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F 610	#20 stated, "I saw (N (Name) Resident #64 was yelling and rough and it's not good. Reseeing that makes his "Makes me feel bad I themselves. I was si Resident #20 was as rough with him or oth stated, "Yes, a lot of them." Resident #20 reported want he has "No, I'm to scared to asked if any staff mery yesterday regarding the dining area during #20 stated, "No". On 3/4/20 at approximal Administrator was as FRI to the State Office abuse/mistreatment at (NAME) Regional Direction that we didn't" The facility policy title Program" revised Deand is documented in Policy Statement: On the free from abuse, mersident property and but is not limited to free punishment, involuntations.	decision making. Resident ame) CNA #2 pushing a legs under the table. She in with him. I see that often esident #20 was asked how in feel. Resident #20 stated, because they can't speak for titing right there I saw it." ked if any staff had been er residents. Resident #20 beople, but not me I won't let was asked if he had ever a seen. Resident #20 was interviewed him CNA #2 or if he witnessed in glunch on 3/3/20. Resident mately 5:45 P.M. the ked if she had submitted a eregarding the allegation for Resident #64. Ited, "No, we didn't, I thought ector of Operations told you and "Abuse Prevention comber 2016 was reviewed in part, as follows: The residents have the right to be reglect, misappropriation of a exploitation. This includes eedom from corporal ary seclusion, verbal, resical abuse and physical or the required to treat the	F	310				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A, BUILDII		(X3) DATE SURVEY COMPLETED				
		495150	B. WING			03	C 3/05/2020	
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH L	LC		340	REET ADDRESS, CITY, STATE, ZIP CODE 0 LYNN SHORES DRIVE RGINIA BEACH, VA 23452			
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F 610	Continued From page	e 60	F	510			Account was a monocole	
	Policy Interpretation a	and Implementation:		ARRAM PLANSARAN PARA				
	Develop and imple procedures to aid our neglect, or mistreatment	facility in preventing abuse,						
	6. Identify and asses abuse.	s all possible incidents of		THE RESERVE THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF TH			Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew Andrew An	
	7. Investigate and re within timeframes as requirements.	port any allegations of abuse required by federal						
		d "Abuse Investigation and ly 2017 was reviewed and is as follows:						
	neglect, exploitation, property, mistreatmer source ("abuse") shall local, state, and feder	-		ng kai, kai kai ja ja ja ja ja ja ja ja ja ja ja ja ja				
	Role of the Investigat	or:					AVIII TA TA TA TA TA TA TA TA TA TA TA TA TA	
	employee provides ca	dents to whom the accused						
	exploitation, or mistre	ns involving abuse, neglect, atment, including injuries of nd misappropriation of ted by the facility	***************************************				A TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROP	

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

Event ID: KBBM11

Facility ID: VA0151

If continuation sheet Page 61 of 149

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
						С	
		495150	B. WING			03/05/2020	
NAME OF PROVIDER OR SUPPLIER THE CITADEL VIRGINIA BEACH LLC			STREET ADDRESS, CITY, STATE, ZIF 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A: CROSS-REFERENCED TO DEFICIE	CTION SHOULD BI D THE APPROPRIA	1	TION
F 610	b. The local/State On c. The Resident's Re Record; d. Adult Protective See. Law enforcement of The resident's Atteng. The facility Medica 2. An alleged violation exploitation or mistrea unknown source and property) will be reportated than: a. Two (2) hours if the abuse OR has resulted b. Twenty-four (24) hours end involve abuse serious bodily injury. On 3/5/20 at 3:50 P.M held with the Administ Nursing and the Region where the above infor I asked if anyone had or any other residents investigation. The Recommendation of the protection of the resident #64 has a local interviewable as well allocked unit." The Recommendation of the protection of the prot	ner designee, to the agencies: g/certification agency //ing/licensing the facility; inbudsman; presentative (Sponsor) of ervices; officials; inding Physician; all Director. In of abuse, neglect, atment (including injuries of misappropriation of resident ited immediately, but not e alleged violation involves and in serious bodily injury; or ours if the alleged violation in e AND has not resulted in the director of operations in the Director of operations in the violation was discussed. Interviewed Resident #64 is on the unit during the ingional Director of operations of the processor of operations of the unit during the indirector of operation of operation of operation was discussed.		510			

PRINTED: 03/18/2020 FORM APPROVED

OMB NO. 0938-0391

		1			(X3) DATE SURVEY COMPLETED		
	495150	B. WING_				05/2020	
		STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452					
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG				(X5) COMPLETION DATE	
· -	e 62	F	610				
Transfer and Dischar		F	622				
§483.15(c)(1) Facility (i) The facility must peremain in the facility, discharge the resident (A) The transfer or discresident's welfare and cannot be met in the (B) The transfer or disbecause the resident's sufficiently so the resiservices provided by (C) The safety of indivendangered due to the status of the resident; (D) The health of indivotherwise be endangered. (E) The resident has appropriate notice, to under Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medicare or Medica	requirements- ermit each resident to and not transfer or at from the facility unless- scharge is necessary for the d the resident's needs facility; scharge is appropriate s health has improved ident no longer needs the the facility; viduals in the facility is the clinical or behavioral strictly is the clinical or behavioral failed, after reasonable and pay for (or to have paid the resident does not repaperwork for third party third party, including the dies the claim and the tay for his or her stay. For a tes eligible for Medicaid after the facility may charge a the charges under Medicaid; the to operate. The seal is pending, pursuant to						
exercises his or her ri	ight to appeal a transfer or					The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
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Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid;	CORRECTION A95150 B. WING. ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 62 provided. 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Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident whole the appeal is pending, pursuant to § 431.230 of this chapter, when a resident § 431.230 of this chapter, when a resident	A BUILDING B. WING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 62 F 610 PREFIX TAGE Continued From page 62 F 622 Continued From page 62 F 622 Continued From page 62 F 622 Continued From page 62 F 622 Continued From page 63 F 622 Continued From page 64 F 620 Continued From page 65 F 622 Continued From page 65 F 622 Continued From page 66 F 620 Continued From page 62 F 640 Continued From page 62 F 640 Continued From page 62 F 640 Continued From page 62 F 640 Continued From page 62 F 640 Continued From page 62 F 640 Continued From page 62 F 640 Continued From page 62 F 640 Continued From page 62 F 640 F 640 F 622 Continued From page 62 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640 F 640	A BUILDING 495150 A BUILDING B WINC STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYING SHORES DRIVE YINGINIA BEACH LLC SUMMARY STATEMENT OF DEPICEMENTS (BACH DEPTICINATY MUST BE PRECEDED BY PILL REQULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 62 provided. 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For a resident refuses to pay for (in the party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident while the appeal is pendicaid after admission to a facility, the facility may charge a resident while the appeal is pendicaid for resident while the appeal is pendicaid; or (F) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to \$431.230 of this chapter, when a resident	

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	495150	B. WING		C 03/05/2020	"		
NAME OF PROVIDER OR SUPPLIER THE CITADEL VIRGINIA BEACH LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	7			
PREFIX (EACH DEFICIENCY MUST BE PRE	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PR		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHO			BE COMPLETI	ION
discharge notice from the facility procession of the resident of the resident or other in facility. The facility must document that failure to transfer or discharge of the facility must document that failure to transfer or discharge §483.15(c)(2) Documentation. When the facility transfers or discharge in paragraphs (c)(1)(i)(A) through section, the facility must ensure the or discharge is documented in the medical record and appropriate intocommunicated to the receiving herinstitution or provider. (i) Documentation in the resident's must include: (A) The basis for the transfer per procession, the specific resident need be met, facility attempts to meet the needs, and the service available a facility to meet the need(s). (ii) The documentation required by (2)(i) of this section must be made (A) The resident's physician when discharge is necessary under paragraph (c)(1)(this section. (iii) Information provided to the recomust include a minimum of the folion (A) Contact information of the pracesson include a minimum of the folion (A) Contact information of the resident representative information information information of the resident representative information information information of the resident representative information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information information infor	ess the failure to ager the health adividuals in the at the danger would pose. The would pose an ances specified (F) of this at the transfer resident's formation is alth care medical record paragraph (c)(1) (i)(A) of this (s) that cannot be resident to the receiving paragraph (c) (d) by-transfer or graph (d) (d) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	F 62			And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		

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	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	LC		;	STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452		
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F 622	ongoing care, as appropriate (E) Comprehensive care (F) All other necessal copy of the resident's consistent with §483.2 any other documentate a safe and effective to the training of the training and the training and the training and the training and the training and the training and the training and the training and the training and the training and the training and the training and the training and training and the training and training and the training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training and training	e information tions or precautions for ropriate. are plan goals; ry information, including a discharge summary, 21(c)(2) as applicable, and tion, as applicable, to ensure ansition of care. is not met as evidenced ew, facility document cord review, it was y staff failed to send the blan goals upon transfer to of 57 residents in the survey 19, #53, #82, and #21. admitted to the facility on is that included but were not mmunication deficit, order, and dementia with chavioral disturbance. recent MDS (minimum data a 14 day scheduled RD (assessment reference ident #119 was coded as ed in cognitive function on mental status exam.	F	622			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	LC		3	STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	1 03/03/2020		
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F 622	pushing over furniture responding at all to re culminated in residen aggressive, kicking a when she tried to interestening another renursing manager calletaken by stretcher to record) were notified. There was no evidence sent with Resident #1 hospital. Further revier revealed that Resider back to the facility durand residents. On 3/4/20 at 3:05 p.m Resident #119 out to attempted for an interreached. On 3/4/20 at 4:22 p.m conducted with the fon Nursing) ASM (admin When asked when a hospital what docume ASM #3 stated that sithe e-interact transfer policy. When asked included the care pland on't know." When asked included the care pland to send the care pland to send the care pland to send the care pland.	e in the dining room and not edirection. This activity to becoming physically nursing aide in the stomach revene resident physically esident. At this point, a ed 911 and resident was (name of hospital) (medical of incident." The ce that care plan goals were 19 upon transfer to the ew of the clinical record in #119 was not admitted to being a danger to staff in the nurse who transferred the hospital on 2/1/20 was view. She could not be instrative staff member) #3. The expected staff to send form and the bed hold is he expected her nurses to were sent with the resident to spital, ASM #3 stated that	F.	622				

DENTIFICATION AND PO		DING	i	(X3) DATE SURVEY COMPLETED		
	495150 B. WIN	B. WING		C 03/05/2020		
NAME OF PROVIDER OR SUPPLIER THE CITADEL VIRGINIA BEACH LLC	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452				
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F 622 Continued From page 66 On 3/4/20 at 4:33 p.m., an interconducted with LPN (Licensed I #7. When asked what documen residents upon transfer to the histated that she would send the advanced directive, any pertiner bed hold policy and the e-intera asked if she would send care plear easked if she would send care plear easked if she would send care plear with the resident upon hospital, LPN #7 stated, "I have that." LPN #7 stated that she also documenting what items were serident upon transfer to the horeover of the above of Resident #119's e-interpretation of the above concerns. ASM #/ admission/transfer/discharge post address care plan goals. No fur was provided prior to exit. 2. Resident #53 was initially adfacility on 12/30/2019 with diagrout not limited to, dysphagia, referches coli, urinary tract interpretation of 12/30/2019. Resident #53's most recent MD set) assessment was a Quarter Assessment with an ARD (Assedute) of 12/30/2019. Resident Interview for Mental Status) scot as unobtainable. A review of Resident #53's clinic revealed, there was no evidence Comprehensive Care Plan was	view was Practical Nurse) ts were sent with ospital, LPN #7 face sheet, nt laboratory tests, ct form. When an goals or the never heard of so never heard of ent with the spital. eract form dated lan goals. dministrative staff was made aware I stated that her olicy did not ther information mitted to the noses including, peated falls, other fection and S (Minimum Data ly Review ssment Review #53's BIMS (Brief re was recorded	F 62	2			

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		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 622	receiving provider dur that occurred on, or all An interview with the standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard and a standard an	ing a transfer to the hospital bout, 12/22/2019. facility Administrator on ately 11:00 a.m. regarding the Comprehensive Care iders upon discharge, on't do that." Corporate Staff #2 regarding itting comprehensive care produced the following o policy for submitting the arge." eviewed with the facility of Nursing, and Corporate held on 3/5/2020 at m. There was no additional admitted to the nursing diagnoses that included hispolar disorder and a. num Data Set (MDS) and hishort and long term ely impaired in the cognitive making. s comprehensive care plan his the resident when he was a hospital on 6/2/19,	F	322			
	#7. She stated when a	a resident is transferred to					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	***************************************	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE	03/	05/2020	
THE CITADEL VIRGINIA BEACH LLC				340 LYNN SHORES DRIVE				
THE CHAPEL VIRGINIA DEACH LLC			•	VIRGINIA BEACH, VA 23452				
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F 622	the hospital the follow are sent with the resider or sent with the resider. Physician's order she list -Face Sheet -Bedhold policy given not the resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resident or resi	ring discharge documents dent: eet (POS) with medication to 911 or medical transport, sident representative In (as indicated) as never told to send ent or forward to the eaforementioned heard of a care plan entails. In ately 4:30 p.m., a list conducted with the er of Nursing and the operations. The ewas reviewed and ed they were not aware of or fax a summary of the transferring entity when red from the facility. They we a policy or procedure tive. No further information	F	622				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 -	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		495150	B. WING			03/05/2020	
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F 622		e 69 Il records did not indicate a	F	622			
	Care Plan Summary N Resident #21. During 11:00 A.M. with the Adplans were not sent to	was sent to the hospital with an interview on 03/05/20 at dministrator, she stated care to the hospital with Resident sion (to the hospital) on	rich film mannonummitte van vertein einem vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vertein vert				
F 625	Notice of Bed Hold Po	olicy Before/Upon Trnsfr	F	625			
SS=E	CFR(s): 483.15(d)(1)((2)					
	§483.15(d) Notice of I	ped-hold policy and return-					
	nursing facility transfer the resident goes on the resident goes on the nursing facility must puthe resident or resident specifies— (i) The duration of the any, during which the return and resume restacility; (ii) The reserve bed popular, under § 447.40 (iii) The nursing facility bed-hold periods, which paragraph (e)(1) of the resident to return; and	state bed-hold policy, if resident is permitted to sidence in the nursing ayment policy in the state of this chapter, if any; y's policies regarding ch must be consistent with its section, permitting a					The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
	the time of transfer of hospitalization or there facility must provide to resident representativ specifies the duration	apeutic leave, a nursing o the resident and the e written notice which					

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INVINE OF L	NOVIDER OR SUFFLIER			ı	TREET ADDRESS, CITY, STATE, ZIP CODE			
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F 625	by: Based on clinical rec and facility documents failed to issue a bednessident representative hospital for 3 of 57 Res in the survey sample. The findings include: 1. The facility staff fail or Resident Represer written notice of the betransfer to the local her Resident #89 was adr on 7/12/18 with diagnenon-Alzheimer's disease generalized muscle wereadmitted on 1/19/20 included dysphagia, in urinary tract infection The most recent Minimassessment dated 1/2 change is status and of	ord review, staff interviews ation review, the facility staff old notice to the resident or re at time of transfer to the esidents (#89, #82 and #21) ded to ensure Resident #89 attative (RR) was issued a led hold reserve policy upon ospital on 1/14/20. mitted to the nursing facility oses that included ase dementia and leakness. The resident was of with diagnoses that included the included as eakness and (UTI).	F	625				
	ability to express idea comprehends most co was coded on this ass	s and wants and usually onversation. Resident #89 sessment as having short y and never/rarely made		ALAIN CAABAAN VAAAAN OO OO OO OO OO OO OO OO OO OO OO OO OO				
ne a se condition de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitución de la constitu	resident was sent to the admitted with a diagnostic							

elevated cardiac enzymes. The resident was

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 495150 B. WING 03/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE THE CITADEL VIRGINIA BEACH LLC VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 625 Continued From page 71 F 625 readmitted to the nursing facility on 1/19/20. There was no documentation that a written notice of the bed hold reserve policy was issued to the RR upon transfer to the local hospital. On 3/3/20 at 11:05 a.m., an interview was conducted with a Licensed Practical Nurse (LPN) #7. She stated when a resident is transferred to the hospital the following discharge documents are sent with the resident: -Physician's order sheet (POS) with medication list -Face Sheet -Bedhold policy given to 911 or medical transport, not the resident or resident representative -Laboratory reports -The SBAR report -Copy of the DNR form (as indicated) LPN #7 stated she does not issue the bedhold policy to the resident or their families, but gave the bedhold notice to 911 or regular transportation. She stated, "Maybe they give the bedhold notice to the resident and/or family." The facility's policy and procedures titled Bed-Holds and Returns dated 3/2017 indicated prior to transfer, written information will be given to the residents and the resident's representatives that explains in detail the rights and limitation of the resident regarding bed-holds, reserve bed payment, perdiem rate and details of the transfer. On 3/5/20 at approximately 4:30 p.m., a debriefing session was conducted with the

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Administrator, Director of Nursing and the Regional Director of Operations. The aforementioned issue was reviewed and

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	prior to survey exit.	information was provided	V				
	or Resident Represer written notice of the b	led to ensure Resident #82 ntative (RR) was issued a ed hold reserve policy upon ospital on 6/2/19, 12/26/19					
	Resident #82 was add on 2/5/18 with diagno Alzheimer's disease, l paranoid schizophren	bipolar disorder and					
	coded the resident with	nnual dated 1/15/20 and th short and long term ely impaired in the cognitive					
	to the facility on 6/3/19 12/26/19 with readmis nurse's notes dated 1. 1/6/20 did not referen	ed 6/2/19 with readmission 9; the nurse's notes dated sion on 12/26/19, and /5/20 with readmission on ce documentation that a ed hold reserve policy was a transfer to the local					
	#7. She stated when the hospital the follow are sent with the resid -Physician's order she list -Face Sheet	nsed Practical Nurse (LPN) a resident is transferred to ing discharge documents lent: eet (POS) with medication to 911 or medical transport,					

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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 495150 B. WING 03/05/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE THE CITADEL VIRGINIA BEACH LLC VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Continued From page 73 F 625 -Laboratory reports -The SBAR report -Copy of the DNR form (as indicated) LPN #7 stated she does not issue the bedhold policy to the resident or their families, but gave the bedhold notice to 911 or regular transportation. She stated, "Maybe they give the bedhold notice to the resident and/or family." On 3/5/20 at approximately 4:30 p.m., a debriefing session was conducted with the Administrator, Director of Nursing and the Regional Director of Operations. The aforementioned issue was reviewed and discussed. No further information was provided prior to survey exit. 3. The facility staff failed to provide Resident #21 with a bed hold notice upon discharge to the hospital. Resident #21 was discharged to the hospital on 11/24/19. Diagnoses for this resident included seizures, depression, and multiple sclerosis. Resident #21 was admitted to the hospital on 11/24/19. A review of the re-admission Minimum Data Set (MDS) dated 12/05/19 assessed this resident in the area of Cognitive Patterns - Brief Interview for Mental Status (BIMS) as a 15 which indicated intact cognition. A review of the clinical records did not indicate a bed hold notice was provided to Resident #21 upon his discharge to the hospital on 11/24/19. During an interview on 03/05/20 at 11:00 A.M. with the Administrator she stated, Resident #21

was not provided a bed hold notice upon discharge to the hospital on 11/24/19.

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AND PLAN C	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG	(X3) DATE SURVE COMPLETED	(X3) DATE SURVEY COMPLETED	
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	Encoding/Transmitting CFR(s): 483.20(f)(1)-(§483.20(f) Automated requirement- §483.20(f)(1) Encodin a facility completes a facility must encode th each resident in the fa (i) Admission assessmen (ii) Annual assessmen (iii) Significant change (iv) Quarterly review a (v) A subset of items u reentry, discharge, and (vi) Background (face- is no admission assess §483.20(f)(2) Transmitt after a facility complete a facility must be capal CMS System informatic contained in the MDS i standard record layouts and that passes standa CMS and the State. §483.20(f)(3) Transmitt 14 days after a facility of assessment, a facility of assessment, a facility of casessment, a fac	g Resident Assessments (4) I data processing g data. Within 7 days after resident's assessment, a ne following information for icility: nent. It updates. in status assessments. ssessments. spon a resident's transfer, d death. sheet) information, if there sment. Iting data. Within 7 days as a resident's assessment, ble of transmitting to the on for each resident on a format that conforms to a sand data dictionaries, ardized edits defined by all requirements. Within completes a resident's nust electronically transmit of complete MDS data to ding the following: Int. In status assessment. In of prior full assessment.	F 64				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES

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	1 O S # 17 11 M # O ft R V R A R # so m de	reentry, discharge, an (viii) Background (face initial transmission of I does not have an admission of I does not have a safety of I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does not have a distributed in I does n	upon a resident's transfer, d death. e-sheet) information, for an MDS data on resident that dission assessment. mat. The facility must mat specified by CMS or, an alternate RAI approved specified by the State and is not met as evidenced w and clinical record failed to ensure a (MDS) was submitted for dents #91 and Resident enursing facility on was discharged from the musting facility on was discharged from the must dent imited to Muscle mum Data Set (MDS), an with an Assessment (720 coded Resident Mental Status (BIMS) is sible 15 indicating unitive skills for daily	F6	640				
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		495150	B. WING			03/05/2020	
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F 640	Continued From page	76	 F	340			
	02/07/20 read in part: facility at 3:00 p.m.	Resident discharged from	A Principal and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual and Annual			Machine and the second	
	An interview was cond Practical Nurse (LPN) Coordinator) on 03/03 p.m. She reviewed Rithen stated, "Resident on 02/07/20." She sai completed." The MDS discharge MDS should within 14 days after Rifrom the facility. A briefing was held with Director of Nursing on 4:00 p.m. The facility information about the CMS' RAI Version 3.0 Resident assessment -Discharge Assessment Must be completed with discharge from the face expected to return to the Must be completed (Iti-Must be completed (Iti-Must be completed)	#2 (Assistant MDS //20 at approximately 3:25 esident #91's clinical record it #91 was discharged home id a discharge MDS was not is Coordinator said a d have been completed esident #91's discharge th the Administrator and 03/03/20 at approximately did not present any further findings. Manual (Chapter 1: Instrument (RAI). int-return not anticipated:					
-	completion date (Z050 2. Resident #1 was ac 6/25/18, and was discl the hospital 10/21/19.	narged from the facility to The last assessment databank was a quarterly					
		ecord revealed a nurse's hich stated the resident ergency room for				de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de la company de	

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F 641 SS=D	a.m. The MDS Coordidischarge MDS assess and transmitted to CM present a completed on 3/4/20 at approximing validation report indications transmitted to the On 3/5/19, at approximing the sweet shared to Director of Nursing an Operations. The Admininformation would be presented to the Accuracy of Assessments.	of, at approximately 11:30 inator stated the resident's syment wasn't completed its. The MDS Coordinator discharge MDS assessment ately 2:15 p.m., along with a ating the MDS assessment in CMS data bank. Inately 3:50 p.m., the above with the Administrator, in the Regional Director of inistrator stated no addition provided.	F€	641			
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PRINTED: 03/18/2020 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING _ COMPLETED C 495150 B. WING NAME OF PROVIDER OR SUPPLIER 03/05/2020 STREET ADDRESS, CITY, STATE, ZIP CODE THE CITADEL VIRGINIA BEACH LLC 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 641 Continued From page 79 F 641 MDS assessment should not have been coded for hospice care because the hospice agency didn't pick the resident up for hospice services. At approximately 4:35 p.m., the MDS Coordinator stated a modification was made to the 11/7/19, MDS assessment and presented a copy of the modified assessment. On 3/5/20, at approximately 3:50 p.m., the above findings were shared with the Administrator, Director of Nursing and Regional Director of Operations. The Administrator stated she understood the concern and had no additional information the offer. F 656 Develop/Implement Comprehensive Care Plan F 656 SS=D CFR(s): 483.21(b)(1) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse

treatment under §483.10(c)(6).

(iii) Any specialized services or specialized

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	rehabilitative services provide as a result of a recommendations. If a findings of the PASAR rationale in the resider (iv)In consultation with resident's representation (A) The resident's goal desired outcomes. (B) The resident's prefiguture discharge. Facility whether the resident's community was assess local contact agencies entities, for this purpos (C) Discharge plans in plan, as appropriate, in requirements set forth it section. This REQUIREMENT in the section is assessed on staff interview and facility documentating failed to develop a persinclude depression and residents in the survey in the findings included: Resident #100 was admod/3/12/2015. Diagnoses included but are were limble persive Disorder and Known Physiological Collinimum Data Set (an aan Assessment Referenceded Resident #100 with the survey standard resident #100 with the service was an Assessment Reference and Resident #100 with the service was an Assessment Reference and Resident #100 with the service was an Assessment Reference and Resident #100 with the service was an Assessment Reference and Resident #100 with the service was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was an Assessment Reference was a	the nursing facility will PASARR I facility disagrees with the R, it must indicate its nt's medical record. The resident and the ve(s)- Is for admission and Perence and potential for ties must document desire to return to the red and any referrals to and/or other appropriate e. The comprehensive care accordance with the in paragraph (c) of this is not met as evidenced W, clinical record review from review, the facility staff from centered care plan to anxiety for 1 of 57 sample, Resident #100. Partitled to the facility on for Resident #100 in ted to, Major displayed Anxiety Disorder Due to andition. Resident #100's issessment protocol) with the Date of 02/04/2020 th short-term memory mory problems, and with	F	656			

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i a c	decision making. Review of Resident #1 03/04/2020 revealed the control of 03/01/2020 the following: "Paroxe of depression) Tab 40 tablet orally one time a Disorder Due To Know Start Date: 08/28/2019 the treatment of anxiety (Alprazolam) Give 1 tate for anxiety 3 times a destart Date: 02/11/2020 The MAR also included Monitoring - Anxiolytic: Administering PRN; 1=1 3=Relaxation every 8 he Behavior Monitoring. Serview of Order Summa Active Orders As Of: 3/following:	00's clinical record on the following: istration Record (MAR) for 20 - 03/31/2020 revealed time (used for the treatment MG (Milligram) Give 1 day related to Anxiety the Physiological Condition. "and "Xanax (used for y) Tablet 0.5 MG blet by mouth as needed by Q (every) 8 H (hours)." "the following: "Behavior Alternative Used Before Music; 2=low stern activity; purs as needed for tart Date: 01/08/2020." ary Report Dated with 04/2020 revealed the start Date: 02/12/2020 ervices) May Provide Med Management sychiatric Services"	F 6:	56		
0	2/24/2020 revealed and	is documented in part,			н жежей по форму райониция	

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	as follows: "He had s today's exam and was auscultation. Staff state coping mechanism for interfering with his AD Living). He is on Xana Paxil for depression. In nurse to manage his a Review of Resident #1 plan on 03/04/2020 did depression or anxiety. On 03/05/2020 at 11:1 conducted with Licens #2, the MDS Coordina #100 had a diagnosis of LPN #2 stated, "Yes." diagnosis of depression addressed in the reside stated, "No, it probably have been left off, we hover." When asked if the reviewed since change "Yes." LPN #2 stated, plan." When asked who care plan, LPN #2 stated, plan." When asked who care of the resident." On 03/05/2020 at 2:30 Director of Nursing was When asked what her experience of the presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented about the fine presented abou	ignificant anxiety during sholding his breath during sted he does often as a his anxiety., but it is L's (Activities of Daily ax and Risperdal as well as A referral to the psych inxiety was ordered. 100's comprehensive care of not include a care plan for 5 a.m., an interview was ed Practical Nurse (LPN) stor, when asked if Resident of depression and anxiety, When asked if the in and anxiety was ents care plan, LPN #2 y should have been. May nave been changing things he care plan had been over, LPN #2 stated, "I will add it to the care at is the purpose of the ed, "It's to help us take p.m., during briefing the smade aware of finding. expectations were, ed, "Yes, depression and en addressed individually orther information was ding. Care Planning, Care Plan	F	656			

PRINTED: 03/18/2020 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING_ COMPLETED 495150 8. WING NAME OF PROVIDER OR SUPPLIER 03/05/2020 STREET ADDRESS, CITY, STATE, ZIP CODE THE CITADEL VIRGINIA BEACH LLC 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ΙD PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 656 Continued From page 83 F 656 Policy Statement: Our facility's Updating Care Plan/Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan/Updating for each resident. F 657 Care Plan Timing and Revision F 657 CFR(s): 483.21(b)(2)(i)-(iii) SS≃D §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must he-(i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-(A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. This REQUIREMENT is not met as evidenced

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

Based on clinical record review staff interview

by:

Event ID: KBBM11

Facility ID: VA0151

If continuation sheet Page 84 of 149

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	and review of facility of staff failed to revise the residents (Resident #5 The findings include: Resident #96 was admon 7/12/18 with diagnon-Alzheimer's disease generalized muscle we readmitted on 1/19/20 included *dysphagia, *furinary tract infection (Included *furinary tract infection (Included *furinary tract infection (Included *furinary tract infection (In	documentation, the facility of care plan for 1 of 57 (26) in the survey sample. Initially the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey sample of the survey survey survey survey sample of the survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey survey surve	F	557		
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F 657	swallowing liquids, for saliva(https://www.nic#1). *Meniere's disease is that can lead to dizzy loss. In most cases, it not one ear (https://www.mayoclimeniere's-disease/systo). Free of Accident Haza	may have trouble safely ods, or olcd.nih.gov/health/dysphagia a disorder of the inner ear spells (vertigo) and hearing fleniere's disease affects nic.org/diseases-conditions/mptoms-causes/syc-203749 ards/Supervision/Devices	F 6	89				
	as free of accident han §483.25(d)(2)Each resupervision and assist accidents. This REQUIREMENT by: Based on record revie facility staff failed to proper resident (Resident #16 57 to prevent an elope The findings included: Resident #167 was ad 07/25/19 with diagnose Alzheimer's Disease, of CVA), dementia, Asthi	re that - ident environment remains zards as is possible; and sident receives adequate cance devices to prevent is not met as evidenced ew and staff interview the ovide supervision for one 67) in the survey sample of						

PRINTED: 03/18/2020 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING _ COMPLETED C 495150 B. WNG NAME OF PROVIDER OR SUPPLIER 03/05/2020 STREET ADDRESS, CITY, STATE, ZIP CODE THE CITADEL VIRGINIA BEACH LLC 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 689 Continued From page 87 F 689 A Quarterly Minimum Data Set (MDS) dated 12/11/19 assessed this resident in the area of Cognitive Patterns -Brief Interview for Mental Status as a 7 which indicated severe cognitive impairment. In the area of Behaviors this resident was assessed as having behaviors for rejecting care. As well as other behavioral symptoms including pacing. In the area of Activities of Daily Living (ADL) this resident was assessed as requiring limited assistance with one person physical assist with transfer, dressing, and eating. A care plan revision dated 12/21/19 indicated: Focus- The resident has a behavior problem. Resident was chasing and yelling at nurses stating "I'M going to kill you ____". Goal- The resident will have no evidence of behavior problems. Interventions- Assist the resident to develop more appropriate methods of coping and interacting. Observe behavior episodes and attempt to determine underlying cause. Consider location, time of day, persons involved, and situations. Document behavior and potential causes. A wandering assessment dated 10/09/2019 indicated: Family requested a wander assessment. The assessment indicated-Significant Change in Condition. Mental Status-Can follow instructions. Mobility- Is ambulatory. History of Wandering -Has a history of wandering (past hospitalization or history from resident/family). Comments/Notes - Resident stated to RP (Responsible Party) that once he got the strength he was going to leave and wasn't staying on the unit. Scoring (7) Low Risk.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TPLE CONSTRUCTION NG	-		SURVEY PLETED
		495150	B. WING			1	C /05/2020
	ROVIDER OR SUPPLIER	LLC		STREET ADDRESS, CIT 340 LYNN SHORES DI VIRGINIA BEACH, V	RIVE	1 00	0072020
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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		3) DATE SURVEY COMPLETED
		495150	B. WING			С
THE CITA	PROVIDER OR SUPPLIER ADEL VIRGINIA BEACH LI			STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452		03/05/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT 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)	SHOULD BE	(X5) COMPLETION DATE
F 727	bothering him. Reside early afternoon at his linjury and was placed Administrator met with incident, facility investi previous elopement as Resident left the facility staff, and the MD and elopement. The reside secured unit and not wiresident had an elopem 10/09/19 at family requirisk. Resident had no conference to the facility re-educated to staff alcolock front doors. Facility ensured door bell was imaintenance further as front doors and they we correctly." During an Interview with 03/05/20 at 10:30 A.M. eloped from the facility, guard at the time. All do be locked at night. The staff were re-educated cand possibly elope. Integral and the time at his locked and possibly elope.	nt returned to facility in baseline with no noted on secured unit. DON and resident RP to discuss gation in progress, and seessment. If without knowledge of the RP were notified of the nt was not on the low stem rearing a wander guard as nent assessment on resident produced 7.0 low changes in status since last indering assessment was elopement policy was ang with staff education to by maintenance staff in place and functioning, seessed the locks on the refound to be functioning. In the Administrator on she stated, Resident #167 and the Administrator stated, all on residents who wander reviews were attempted e night of the occurrence crified nursing assistant veral times but did not later to the facility maintenance the reviews were attempted to residents who wander reviews were attempted to residents but did not later times but did not later times but did not later times poon.	F 727			
	§483.35(b) Registered r	urse				

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

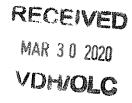
	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION	E SURVEY PLETED
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	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	.c		340	REET ADDRESS, CITY, STATE, ZIP CODE LYNN SHORES DRIVE RGINIA BEACH, VA 23452	
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F 727	§483.35(b)(1) Except paragraph (e) or (f) of must use the services least 8 consecutive he §483.35(b)(2) Except paragraph (e) or (f) of must designate a regi director of nursing on §483.35(b)(3) The director of nursing on average daily occupant This REQUIREMENT by: Based on staff interviolation obtained during the Si Nurse Staffing task, the Registered Nurse (Fonsecutive hours a dipotentially affecting all The findings included: During the nursing stathrough March 1, 2020 unable to provide nurse for July 4, 2019 throug staffing for October 12 2010 revealed there we facility for at least 8 co 10/5/19, 10/19/19, 11/10/19, 11/11/19/19, 11/10/19, 11/10/19, 11/10/19, 11/10/19, 11/10/19, 11/10/19, 11/10/19, 11/10/19, 11/10/19, 11/10/19, 11/10/19, 11/10/19, 11/10/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/21/19, 12/2	when waived under this section, the facility of a registered nurse for at ours a day, 7 days a week. when waived under this section, the facility stered nurse to serve as the a full time basis. ector of nursing may serve y when the facility has an ncy of 60 or fewer residents. is not met as evidenced ew and information ufficient and Competent the facility staff failed to staff (N) for at least 8 ay, 7 days a week residents in the facility. If review for July 4, 2019 If the facility staff was the staffing documentation the October 6, 2019. Nurse the property of the facility of the facility staff was the staffing documentation the October 6, 2019. Nurse the property of the facility of the facility of the facility of the facility of the facility staff was the staffing documentation of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of the facility of t	F	727		

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

Event ID: KBBM11

Facility ID: VA0151

If continuation sheet Page 91 of 149



	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495150	B. WING			C 3/05/2020
	PROVIDER OR SUPPLIER DEL VIRGINIA BEACH L	-c	340	EET ADDRESS, CITY, STATE, ZIP CODE LYNN SHORES DRIVE GINIA BEACH, VA 23452	L <u>v</u>	3103/2020
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F 727	Coordinator was inter- coordinator stated she facility for all the requesystem was managed couldn't verify the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestion of the requestio	nately 3:50 p.m., the Staffing viewed. The staffing wasn't employed by the ested dates and the staffing differently therefore; she uested staffing. Inately 3:50 p.m., the above with the Administrator, d Regional Director of nistrator stated she mand had no additional edures/Pharmacist/Records 1)-(3) Invices the routine and emergency of its residents, or obtainment described in any may permit unlicensed or drugs if State law the general supervision of the staffing procedures the acquiring, receiving,	F 755	DEFICIENCY)		
	biologicals) to meet the §483.45(b) Service Co	needs of each resident.				
	§483.45(b)(1) Provides aspects of the provision the facility.	consultation on all n of pharmacy services in				

DEPART	MENT OF HEALTH AN	ND HUMAN SERVICES				PRIN	ΓED: 03/18/20	าวก
CENTER	RS FOR MEDICARE &	MEDICAID SERVICES				FO	RM APPROV	ED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	OMB (X3) DA	NO. 0938-03 ATE SURVEY OMPLETED	<u>91</u>
		495150	B. WING				С	
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		03/05/2020	_
THE CITA	DEL VIRGINIA BEACH LI	LC			340 LYNN SHORES DRIVE			
				١	VIRGINIA BEACH, VA 23452			ı
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F 755	Continued From page	92	F	755				
	receipt and disposition sufficient detail to enal reconciliation; and \$483.45(b)(3) Determined and that an accoss maintained and period This REQUIREMENT by:	nes that drug records are in ount of all controlled drugs odically reconciled. is not met as evidenced		на под поменения в поменения в под под под под под под под под под под				
- O Veritor — System constructive — System — constructive project	record review, and faci the facility staff failed to record of controlled me residents (Residents #2 in a survey sample.	, staff interview, clinical lity documentation review, o provide an accurate dications for 4 of 57 22, #37, #168 and #418),		ной-просед в воличений мерения по без попоскую принять по в переду по принять по метерений по переду по перед				
	account of controlled m #22. Resident #22 was acility on 05/23/19. Dia ncluded but not limited	admitted to the nursing agnoses for Resident #22 to Cognitive Decline.		ANNA PRIMA PROPERTY AND AND AND AND AND AND AND AND AND AND				
F F M a d	on the medication cart or Practical Nurse (LPN) #. Monitoring/Control Reco- actual medication count iscrepancy:	nedication was conducted on Unit 1 with Licensed 2. The Medication ord was compared to the						
ir	on 03/02/20 at approximaterview was conducted did not give Resident #	nately 11:55 a.m., an I with LPN #2 who stated, #22 her morning Ativan."		VI IAAAA SI AMAA AAAAA AAAAA AAAAA AAAAA AAAAA AAAAA		Parameter (Company Company		

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION NG			SURVEY
	:	495150	B. WNG		_		C
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	.c		STREET ADDRESS, CITY, STA 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23	•	1 03/	05/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 755	She (LPN) said "I retrikeys from Registered but we never did not on my mistake; we should have countered by the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	leved the medication cart Nurse (RN)#1 this morning do a narcotic count; that was d have counted." ducted with RN #1 on ately 1:15 p.m. The RN said d with LPN #2 but it actually 22's February 2020 t revealed the following g - give 1 tablet by mouth gnitive decline. Piew was conducted with ON) at approximately 3:03 , "The nurse should not n of the medication cart count has been counted ed to ensure an accurate nedications for Resident is originally admitted to the 15/16. Diagnoses for but not limited Anxiety mately 12:45 p.m., an medication was conducted on Unit 3 with Licensed #4. The Medication cord was compared to the at with the following 0.5 mg count per	·	755			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
		495150	B. WING_			C 03/05/2020
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH L	LC		STREET ADDRESS, CITY, STATI 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 234		00.0012020
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F 755	On 03/02/20 at approinterview was conducted said "I gave Resident She said she should count sheet right award to the residents here. The correct way to signary trying to get it together the correct way to signary trying to get it together the correct way to signary trying to get it together the correct way to signary trying to get it together the correct way to signary trying to get it together the correct." Review of Resident #Physician Order Sheet order: -12/30/19 - Give Xanatimes a day for agitation of Nursing (Ep.m. The DON states have taken possession keys until the narcotic and was correct." 3. The facility staff far account of controlled #168. Resident #168 facility on 02/24/20. It included but not limited the medication can practical Nurse (LPN Monitoring/Control Reactual medication condiscrepancy:	eximately 12:45 p.m., an exted with LPN #4. LPN #4 #37 her morning Xanax." have signed the narcotic by but was still getting used. The LPN stated, "I know in off narcotics but I'm still ext." 37's February 2020 bet revealed the following ex 0.5 mg by mouth two in on. view was conducted with exponsional exponsions for the medication cart is count has been counted and the following ex admitted to the nursing diagnoses for Resident #168 and to Anxiety disorder. In an exponsional exponsion in the medication was conducted it on Unit 5 with Licensed in #5. The Medication exports with the following in the part of the medication was compared to the unit with the following in azepam 0.5 mg count per in the part of the medication was count per interest in the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the	F7	755		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION		SURVEY PLETED
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	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	.c		340 L	ET ADDRESS, CITY, STATE, ZIP CODE LYNN SHORES DRIVE GINIA BEACH, VA 23452		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	MICHALLA SAULU LA LA MARAJA A HORIZA SA SA SA SA SA SA SA SA SA SA SA SA SA	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	On 03/02/20 at approximaterview was conduct stated, "I forgot to sign 9:00 a.m., Clonazepan signed off once I remotive card." Review of Resident #3 Physician Order Shee order: -02/25/20 - Give Clonatwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times a day for Getwo times account of controlled and the medication cart practical Nurse (LPN) Monitoring/Control Repart actual medication courd discrepancy: Resident #418, Gabap record=4, actual count	ximately 1:05 p.m., an ted with LPN #5. LPN in off on Resident #168's im." She said "I should have eved the medication from 22's February 2020 at revealed the following azepam 0.25 mg by mouth generalized Anxiety Disorder. Soluted with Director of 02/20 at approximately 3:03 in, "I expect for all nurses to dimedication at the time the sered." Siled to ensure an accurate medications for Resident was admitted to the nursing biagnoses for Resident #418 do to Pain. The Medication was conducted on Unit 1 with Licensed #2. The Medication cord was compared to the int with the following tentin 300 mg count per =3. Simately 11:55 a.m., an and with LPN #2 who stated,	F	755			
		s given by RN #1." She		e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l			

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	O	X3) DATE SURVEY COMPLETED
		495150	B. WING			C 03/05/2020
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	.c		STREET ADDRESS, CITY, STATE, 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452		03/03/2020
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	(LPN) said "I retrieved from RN #1 this morn narcotic count; that we have counted." An interview was cond 03/02/20 at approximal stated, "I should have administering medical have signed off on Re Gabapentin at the timesaid "I should have conducted actually slipped my miner and the said "I should have conducted actually slipped my miner and the said "I should have conducted and the said "I should have conducted and the said "I should have conducted and the said "I should have said "I should have said "I should have the said "I should have taken possession was correct." A briefing was held with Director of Nursing on 4:00 p.m. The facility information about the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (Revised December 20 the said "I facility policy titled (In the medication cart keys are but we never did a as my mistake; we should ducted with RN #1 on ately 1:15 p.m. The RN followed the 5 right for ion." He said "I should sident #418's 9:00 a.m., at it was administered." He unted with LPN #2 but it nd." 118's February 2020 at revealed the following an 300 mg - give 1 capsule day for pain. The nurse should not not not the medication cart count has been counted with CN at approximately did not present any further indings. Controlled Substances 212). The facility shall comply with and other requirements arage, disposal, and	F7	755		

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

Event ID: K8BM11

Facility ID: VA0151

If continuation sheet Page 97 of 149



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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		E SURVEY IPLETED
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F 755	Continued From page	97	F.	755			
	with other medications seizures. It is also use (sudden, unexpected worry about these atta (https://medlineplus.gd 4) Gabapentin is used types of seizures in pe Gabapentin capsules, are also used to reliev neuralgia (PHN; the braches that may last for attack of shingles) (htt Drug Regimen Review CFR(s): 483.45(c)(1)(2 §483.45(c)(1) The drug must be reviewed at le licensed pharmacist. §483.45(c)(2) This reviof the resident's medic §483.45(c)(4) The pha irregularities to the attefacility's medical direct and these reports must	dineplus/drug). reat anxiety disorders. reat anxiety disorders. reat anxiety disorders. reat anxiety disorders. reat anxiety disorders. reat anxiety disorders. reat anxiety disorders. reat anxiety disorders. reat anxiety disorders. reat anxiety disorders. reat anxiety disorders. reat anxiety disorders of attacks of extreme fear and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and reat and	F 7	756			

	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD		ONSTRUCTION		E SURVEY PLETED
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	DEL VIRGINIA BEACH L	LC		340	EET ADDRESS, CITY, STATE, ZIP CODE LYNN SHORES DRIVE GINIA BEACH, VA 23452		
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F 756	drug that meets the c (d) of this section for a (ii) Any irregularities of during this review museparate, written report attending physician and director and director and director and the irregularity that (iii) The attending phy resident's medical recirregularity has been that action has been taken be no change in the ophysician should doct the resident's medical should doct the resident's medical should doct the resident's medical should doct the resident's medical should doct the resident's medical should doct the resident's medical should doct the resident's medical should doct the resident's medical should doct the resident's medical should doct the resident's medical to the frames of the process and steps when he or she identification and facility documental failed to ensure month readily available for reconstruction (Residents #21, #61, #physician reviewed phor 1 resident (Residents the survey sample.)	riteria set forth in paragraph an unnecessary drug. Toted by the pharmacist set be documented on a set that is sent to the and the facility's medical of nursing and lists, at a t's name, the relevant drug, a pharmacist identified. Sician must document in the ord that the identified eviewed and what, if any, it to address it. If there is to nedication, the attending ament his or her rationale in record. If you was the different steps in the pharmacist must take fies an irregularity that to protect the resident. Is not met as evidenced ews, clinical record review atton review the facility staff fly medication reviews were view for 3 residents in the pharmacy recommendations in #112) of 57 residents in	F	756			

NAME OF PROVIDER OR SUPPLIER THE CITADEL VIRGINIA BEACH LLC STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYMS HARRES DRIVE SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) FACTOR FACTOR CONSULTANT PHARMACIST SERVICES PROVIDER REQUIREMENTS "POLICIES AND PROCEDURES-Pharmacy Services for Nursing Facilities" 2006 American Society of Consultant Pharmacists and MED-PAS, INC (Revised January 2018) (Pharmacy Name) RX Jugust 2019 Policy-Regular and Reliable consultant pharmacist services are provided to residents. A written agreement with a consultant pharmacist periods at fair market price, and the terms of the services provided." Review of the procedures revealed and is documented in part, as follows: "F. Specific activities that the consultant pharmacist periods at fair market price, and the terms of the services provided." Review of the procedures revealed and is documented in part, as follows: "F. Specific activities that the consultant pharmacist periods includes, but is not limited to: 1) Reviewing the medication regimen (medication regimen review) of each resident at least monthly, or more frequently under certain conditions (e.g., upon admission or with a significant change in condition), incorporating federally mandated standards of care in addition to other applicable professional standards as a outlined in the procedure for medication regimen review (See IIIA1:MEDICATION REGIMEN REVIEW), and documentation. 2 Communicating to the resident's medical erecord or in a readily retrievable format if utilizing electronic documentation. 2 Communicating to the responsible prescriber and the facility leadership potential or actual problems detected and other findings relating to medication therapy orders including recommendations for changes in medication therapy and monitoring of medication therapy as well as requisitory compliance issues [at least monthly]."		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		E SURVEY PLETED
THE CITADEL VIRGINIA BEACH LC (X4) ID (X4) ID (X4) ID (RECOLATIONY OR LSC DEMITPHING INFORMATION) FREEK TAG FOR AD PRICE TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY PULL RECOLATIONY OR LSC DEMITPHING INFORMATION) F 756 Continued From page 99 "ORGANIZATIONAL ASPECTS IA2: CONSULTANT PHARMACIST SERVICES PROVIDER REQUIREMENTS" POLICIES AND PROCEDURES-Pharmacy Services for Nursing Facilities" 2008 American Society of Consultant Pharmacists and MED-PAS, INC (Revised January 2018) (Pharmacy Name) RX August 2019 Policy-Regular and Reliable consultant pharmacist services are provided to residents. A written agreement with a consultant pharmacist stipulates financial arrangements, at fair market price, and the terms of the services provided." Review of the procedures revealed and is documented in part, as follows: "F. Specific activities that the consultant pharmacist performs includes, but is not limited to: 1) Reviewing the medication regimen (medication regimen review) of each resident at least monthly, or more frequently under certain conditions (e.g., upon admission or with a significant change in condition), incorporating federally mandated standards of care in addition to other applicable professional standards as outlined in the procedure for medication regimen review (See IIIA1:MEDICATION REGIMEN REVIEW), and documenting the review and findings in the resident's medical record or in a readily retrievable format if utilizing electronic documentation. 2) Communicating to the responsible prescriber and the facility leadership potential or actual problems detected and other findings relating to medication therapy orders including recommendations for changes in medication therapy and monitoring of medication therapy as well as regulatory compliance issues [495150	B. WING			1	_
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Resident #21 was originally admitted to the facility on 09/08/2011. Diagnoses included but		"ORGANIZATIONAL CONSULTANT PHAF PROVIDER REQUIR PROCEDURES-Phair Facilities" 2006 Ame Pharmacists and MEI January 2018) (Phar 2019 Policy-Regular pharmacist services a written agreement wit stipulates financial ar price, and the terms of Review of the proced documented in part, a activities that the consincludes, but is not limedication regimen (I of each resident at least frequently under certa admission or with a sicondition), incorporat standards of care in a professional standard procedure for medicar in a professional standard procedure for medicar if ut documenting the revieresident's medical recretrievable format if ut documentation. 2) C responsible prescribes potential or actual profindings relating to medication therapy ar therapy as well as regat least monthly]."	ASPECTS IA2: RMACIST SERVICES EMENTS "POLICIES AND macy Services for Nursing rican Society of Consultant D-PAS, INC (Revised macy Name) RX August r and Reliable consultant are provided to residents. A sthat a consultant pharmacist rangements, at fair market of the services provided." ures revealed and is as follows: "F. Specific sultant pharmacist performs mited to: 1) Reviewing the medication regimen review) ast monthly, or more ain conditions (e.g., upon ignificant change in ting federally mandated iddition to other applicable is as outlined in the tion regimen review (See EGIMEN REVIEW), and awand findings in the cord or in a readily cilizing electronic communicating to the r and the facility leadership blems detected and other iddication therapy orders attions for changes in and monitoring of medication rulatory compliance issues [F	756			

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTI NG	(X3) DATE SURVEY COMPLETED			
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NAME OF PROVIDER OR SUPPLIER THE CITADEL VIRGINIA BEACH LLC				340 LYNN	DDRESS, CITY, STATE, ZIP CODE I SHORES DRIVE A BEACH, VA 23452	1 03	/05/2020
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	were not limited to, M Depression. Residen (MDS-an assessment Assessment Reference coded Resident #21 w for Mental Status) scoognitive impairment. On 03/04/2020 at apprequested copies of M Reviews of Resident # from the Administrator Consultant. The Admi acquired the facility in Medication Regimen F August 2019." The Act they were part owners On 03/04/2020, the fa Medication Regimen F July 2019 through Feb On 03/05/2020 at apprequested copies of M Reviews for April, May facility was unable to p Regimen Reviews for April, May facility was unable to p Regimen Reviews for April, May facility was unable to p Regimen Reviews for April, May facility was unable to p Regimen Reviews for April, May facility on 06/30/201 at 2:30 the Director of Nursing finding. No further info about the finding. 2. Resident #61 was of facility on 06/30/2018. were not limited to, No Hemorrhage, unspecifi	ultiple Sclerosis and t #21's Minimum Date Set protocol) with an ee Date of 12/05/2019 with a BIMS (Brief Interview are of 11 indicating moderate roximately 10:00 a.m., ledication Regiment f21 for the past 12 months and Corporate Nurse inistrator stated, "We July 2019. We can provide Reviews completed after diministrator also stated that of the pharmacy, (Name). Incility provided copies of Reviews for the period of arrany 2020. Toximately 9:00 a.m., edication Regimen and June 2019. The provide Medication April and June 2019. p.m., during a briefing, was made aware of the armation was presented Priginally admitted to the Diagnoses included but antraumatic Subarachnoid ed and Vascular Dementia turbance. Resident #61's	F	756			

MAME OF PROVIDER OR SUPPLIER THE CITADEL VIRGINIA BEACH LLC (241) DEFICIENCY STATEMENT OF DESCRIBENCES SUMMARY STATEMENT OF DESCRIBENCES (EACH DEPOCACY MUST BE PRECIDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) FOR COntinued From page 101 protocol) with an Assessment Reference Date of 010-4/2020 coded Resident #61 with a BIMS (Brief Interview for Mental Status) score of 01 indicating severe cognitive impairment. On 03/04/2020 at approximately 10:00 a.m., requested occipes of Medication Regiment Reviews of Resident #81 for the past 12 months from the Administrator and Corporate Nurse Consultant. The Administrator also stated that they were part owners of the pharmacy, (Name). On 03/04/2020 at approximately 4:00 p.m., the facility provided copies of Medication Regimen Reviews for the period of July 2019 through February 2020. On 03/05/2020 at approximately 4:00 p.m., the facility reported they were unable to provide evidence of Medication Regimen Reviews for April, May and June 2019. On 03/05/2020 at 230 p.m., during briefing the Director of Nursing was made aware of finding. No further information was presented about the finding. 3. Resident #71 was originally admitted to the facility on 01/23/2018. Diagnoses included but were not limited to, Cerebral Infarction and Unspecified Demental. Resident #715 Minimum			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		NSTRUCTION	(X3) DATE SURVEY COMPLETED	
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PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 756 Continued From page 101 protocol) with an Assessment Reference Date of 0/104/2020 coded Resident #61 with a BIMS (Brief Interview for Mental Status) score of 01 indicating severe cognitive impairment. On 03/04/2020 at approximately 10:00 a.m., requested copies of Medication Regiment Reviews of Resident #61 for the past 12 months from the Administrator and Corporate Nurse Consultant. The Administrator stated, "We acquired the facility in July 2019. We can provide Medication Regimen Reviews completed after August 2019." The Administrator also stated that they were part owners of the pharmacy, (Name). On 03/04/2020 at approximately 4:00 p.m., the facility reported they were unable to provide evidence of Medication Regimen Reviews for April, May and June 2019. On 03/05/2020 at 2:30 p.m., during briefing the Director of Nursing was made aware of finding. No further information was presented about the finding. 3. Resident #71 was originally admitted to the facility on 01/23/2018. Diagnoses included but were not limited to, Cerebral Infarction and Unspecified Dementia. Resident #71's Minimum					340 LY	YNN SHORES DRIVE		10312020
protocol) with an Assessment Reference Date of 01/04/2020 coded Resident #61 with a BIMS (Brief Interview for Mental Status) score of 01 indicating severe cognitive impairment. On 03/04/2020 at approximately 10:00 a.m., requested copies of Medication Regiment Reviews of Resident #61 for the past 12 months from the Administrator and Corporate Nurse Consultant. The Administrator stated, "We acquired the facility in July 2019. We can provide Medication Regimen Reviews completed after August 2019." The Administrator also stated that they were part owners of the pharmacy, (Name). On 03/04/2020, the facility provided copies of Medication Regimen Reviews for the period of July 2019 through February 2020. On 03/05/2020 at approximately 4:00 p.m., the facility reported they were unable to provide evidence of Medication Regimen Reviews for April, May and June 2019. On 03/05/2020 at 2:30 p.m., during briefing the Director of Nursing was made aware of finding. No further information was presented about the finding. 3. Resident #71 was originally admitted to the facility on 01/23/2018. Diagnoses included but were not limited to, Cerebral Infarction and Unspecified Dementia. Resident #71's Minimum	PREFIX	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFI			X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA	COMPLETION	
Data Set (MDS-an assessment protocol) with an Assessment Reference Date of 01/09/2020 coded Resident #71 with short-term memory problems and long-term memory problems with severely impaired cognitive skills for daily		protocol) with an Asse 01/04/2020 coded Re (Brief Interview for Me indicating severe cognormal company of the Indicating severe cognormal company of the Indicating severe cognormal company of the Indicating severe cognormal company of the Indication Regimen of August 2019." The Act they were part owners on 03/04/2020, the family 2019 through Feb. On 03/05/2020 at appraciality reported they we evidence of Medication April, May and June 20 on 03/05/2020 at 2:30 Director of Nursing was No further information finding. 3. Resident #71 was of facility on 01/23/2018. were not limited to, Ce Unspecified Dementia. Data Set (MDS-an ass Assessment Reference coded Resident #71 w problems and long-terminal parts and long-terminal coded Resident #71 w problems and long-terminal coded Resident #71 w problems and long-terminal coded Resident #71 w problems and long-terminal coded Resident #71 w problems and long-terminal coded Resident #71 w problems and long-terminal coded Resident #71 w problems and long-terminal coded Resident #71 w problems and long-terminal coded Resident #71 w problems and long-terminal coded Resident #71 w problems and long-terminal coded Resident #71 w problems and long-terminal coded Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-terminal code Resident #71 w problems and long-	essment Reference Date of sident #61 with a BIMS ental Status) score of 01 nitive impairment. Proximately 10:00 a.m., ledication Regiment #61 for the past 12 months and Corporate Nurse inistrator stated, "We July 2019. We can provide Reviews completed after dministrator also stated that is of the pharmacy, (Name). Recility provided copies of Reviews for the period of bruary 2020. Proximately 4:00 p.m., the were unable to provide on Regimen Reviews for D19. In p.m., during briefing the semade aware of finding, was presented about the Diagnoses included but rebral Infarction and Resident #71's Minimum ressment protocol) with an endate of 01/09/2020 eith short-term memory memory problems with	F	756			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/C

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		495150	B. WING				C /05/2020
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH I	rc		3	TREET ADDRESS, CITY, STATE, ZIP CODE 40 LYNN SHORES DRIVE IRGINIA BEACH, VA 23452	1 00	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX			E ATE	(X5) COMPLETION DATE
F 756	decision making. On 03/04/2020 at ap requested copies of Reviews for Resident from the Administrate Consultant. The Adracquired the facility in Medication Regimen August 2019." The Advance and they were part owner on 03/04/2020, the Medication Regimen July 2019 through February 2019 through February 2019 through February 2019 through February 2019 through February 2019. On 03/05/2020 at ap requested copies of Reviews for April, Material May and June 2019. On 03/05/2020 at 2:3 Director of Nursing who further information finding. 4. Resident #112, the ensure that the physical recommendation. Readmitted to the facility included but were not Dementia Without Bedepression. Resider (MDS-an assessment References)	proximately 10:00 a.m., Medication Regiment It #71 for the past 12 months or and Corporate Nurse ministrator stated, "We In July 2019. We can provide Reviews completed after Administrator also stated that res of the pharmacy, (Name). facility provided copies of Reviews for the period of rebruary 2020. proximately 9:00 a.m., Medication Regimen review for April 2019 was review for April 2019 was review for Reviews for 10 p.m., during briefing the ras made aware of finding. The facility staff failed to cian reviewed pharmacy resident #112 was originally review on 03/31/2017. Diagnosis t limited to, Unspecified The facility staff failed to cian reviewed pharmacy resident #112 was originally review on 03/31/2017. Diagnosis t limited to, Unspecified The facility staff failed to cian reviewed pharmacy resident #112 was originally represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the The facility staff failed to represented about the the facility	F	756			

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	- 1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495150	B. WING			_ C 03/05/2020	
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LL	.c		;	STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE	<u> U3</u>	/05/2020
	1			L'	VIRGINIA BEACH, VA 23452		
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F 756	for Mental Status) sco moderate cognitive im On 03/04/2020 at apprequested copies of M Reviews of Resident from the Administrator Consultant. The Admi acquired the facility in Medication Regimen F August 2019." The Act they were part owners On 03/04/2020 at appreview of Resident #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #112's Consultant #1	re of 12 indicating pairment. roximately 10:00 a.m., ledication Regiment 112 for the past 12 months and Corporate Nurse inistrator stated, "We July 2019. We can provide Reviews completed after Iministrator also stated that of the pharmacy, (Name). Proximately 12:00 p.m., ultant Pharmacist Review was reviewed and mented in part, as follows: Please consider a dose 5 mg (Milligram) at trently monitoring for ssive and/or withdrawal 112/2020. Proximately 12:15 p.m., 12's Medication for the period of 1/29/2020 revealed the en Tablet 10 MG (Zolpidem by mouth at bedtime for 09/24/2019" Oximately 12:20 p.m., 2's Medication for the period of //31/2020 revealed the en Tablet 10MG (Zolpidem by mouth at bedtime for 1/2019/2020 revealed the en Tablet 10MG (Zolpidem by mouth at bedtime for	F	756			

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

Event ID: KBBM11

Facility ID: VA0151

If continuation sheet Page 104 of 149



MAR 3 0 2020

		IDENTIFICATION NUMBER:) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED		
		495150	B. WING			0	C 3/05/2020		
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH L	LC		340 LYN	FADDRESS, CITY, STATE, ZIP CODE NN SHORES DRIVE NIA BEACH, VA 23452				
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	An interview was con #3 on 03/05/2020 at 1 Consultant Pharmacis Review with recomme There was no evidence responded to the phate Reviewed Medication months of February 2 Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3. Corporate #3.	ducted with Corporate Staff 12:30 p.m Reviewed st Medication Regiment endations with Corporate #3. ce that the physician rmacist recommendation. Administration records for 020 and March 2020 with orate #3 stated, "The at the recommendation is then it goes to the DON hen the DON delegates to anager then it is sent to the The physician should or, it should be documented or pharmacist orporate #3 stated that he policy and procedure on Reviews was received and ATIONAL ASPECTS 1A2: MACIST SERVICES EMENTS "POLICIES AND macy Services for Nursing ican Society of Consultant op-PAS, INC (Revised fic activities that the performs includes, but is iewing the medication regimen review) of each only, or more frequently as (e.g., upon admission or ge in condition), mandated standards of ar applicable professional	F	756					

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) M IDENTIFICATION NUMBER: A. BU		TIPLE C		(X3) DATE SURVEY COMPLETED		
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Property Assessment Control	drug when used- §483.45(d)(1) In exce duplicate drug therap	essive dose (including y); or						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495150					CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 757	§483.45(d)(4) Without use; or §483.45(d)(5) In the processed consequences which reduced or discontinute for the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of the processed of	t adequate monitoring; or t adequate indications for its presence of adverse indicate the dose should be ed; or imbinations of the reasons (d)(1) through (5) of this is not met as evidenced view, medical record is and facility document if failed to ensure 1 of 57 ey sample, Resident #77, ssary medications. mitted to the facility on to include but not limited to falling and Schizoaffective mum Data Set (MDS) was at with an Assessment of 1/14/20. The Brief tatus (BIMS) was a 9 out of ig the resident has pairment. Under Section O rocedures and Programs ne A. Did the resident	F	757			
POSACAN THE REAL PROPERTY AND ADMINISTRATION OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON OF THE PERSON	receive the influenza v Resident #77 was cod	~					

AND PLAN OF CORRECTION (X1) PROVIDERSOPPLIER/CLIA IDENTIFICATION NUMBER:		ł	TPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED				
		495150	B. WING_		-	C 03/05/2020			
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH L			STREET ADDRESS, CITY, STA 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23		,			
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F 757	On 3/3/20 at 12:20 P conducted with Resid also the Resident's R Power of Attorney (P POA stated, "They gat told them I refused for Resident #77's Inform Vaccine was reviewed as follows: Under Informed Conschecked and Resider written in: I hereby D permission to administ Document was signed Practical Nurse) #6.	.M. a phone interview was dent #77's daughter who was desponsible Party (RP) and OA). During the interview the ave her the flu shot after I or her to have it." ned Consent for Influenza d and is documented in part, sent the following box was not #77's POA's name was O NOT GIVE the facility ster an influenza vaccination. If by LPN (Licensed onic Medical Record was namunization tab which g information:	F 7		EPIGIENCY)				
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	Order Date: 12/09/20 Order Status: Comple Order Summary: Aflu Suspension Prefilled S (Influenza Vac Split Q intramuscularly one tir	eted ria Quadrivalent Syringe 0.5 ML (milliliters) uad) Inject 0.5 ml							

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/18/2020 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED 495150 B. WING NAME OF PROVIDER OR SUPPLIER 03/05/2020 STREET ADDRESS, CITY, STATE, ZIP CODE THE CITADEL VIRGINIA BEACH LLC 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 757 Continued From page 108 F 757 Immunization for 1 Day. Resident #77's Medication Administration Record dated 12/1/2019-12/31/2019 was reviewed and is documented in part, as follows: Date 12//9/2019 Afluria Quadrivalent Suspension Prefilled Syringe 0.5 ML (milliliters) (Influenza Vac Split Quad) Inject 0.5 ml intramuscularly one time only for Routine Immunization for 1 Day. -Start Date- 12/09/2019 Temp: 98.7 One Time: Nurse's Initials Time: 21:19 P.M. On 3/5/20 at 2:00 P.M. an interview was conducted with Registered Nurse (RN) #2 who is also the Staff Development Coordinator regarding Resident #77's Informed Consent for the Influenza Vaccine. RN #2 stated, "I called the daughter on the phone and explained what the shot was for and the precautions and she said "No, I don't want her to have the flu shot because she got it last year and no one asked me if she could have it". I said ok. Once I had the refusal I went into the computer and marked her as refusing under the immunization tab. The nurse that gives the shot should check for allergies and the consent in the computer before giving the medication. The nurse that gave her the flu shot doesn't work here anymore." On 3/5/20 at 2:40 P.M. an interview was

conducted with Licensed Practical Nurse (LPN) #6 regarding Resident #77's Influenza Vaccine. LPN #6 stated, "Before I wrote the order I went into the immunizations tab but I didn't open it all the way so I didn't see the consent was refused. I

AND PLAN OF CORRECTION		OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
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	F 758 F SS=D S	tried to stop the order it." On 3/5/20 at 2:35 P.M. conducted with the Dii what were her expects influenza vaccines. The stated, "I expect for the that is received." The also asked if it would be unnecessary medicatic stated, "Absolutely, be daughter, we should not be daughter, we should not be facility policy titled revised August 2016 we documented in part, as 6. A resident's refusal documented on the Influenza Vaccine and predical record. A facility "Unnecessary received from the facility "Unnecessary received from the Region where the above information and the Region where the above information to exit no further in Free from Unnec Psychological (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	an interview was rector of Nursing regarding ations of the staff with the Director of Nursing was the considered an on. The Director of Nursing cause it was by the ot have given it." "Influenza Vaccine" as reviewed and is follows: of the vaccine shall be ormed Consent for ollaced in the resident's Medication" policy was not by prior to exit. a pre-exit debriefing was tor, the Director of Operations ation was discussed. Formation was provided. Otropic Meds/PRN Use 1)-(5) Drugs. Topic drug is any drug that sociated with mental	F 758			

MAME OF PROVIDER OR SUPPLIER THE CITADEL VIRGINIA BEACH LLC WAY 10 SUMMARY STATEMENT OF DEFICIENCIES (EACH ORGENTE AND AS THE PRODUCERS PLAN OF CORRECTION PREFER TAG.) FOR CONTINUED TO BE APPROPRIATE OF DEFICIENCIES (EACH ORGENTE AND AS THE PRECEDED BY PILL REQULATORY OR LSC IDENTIFYING INFORMATION) F 758 Continued From page 110 but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-psychotic; (iii) Anti-depressant; (iii) Anti-anxiety, and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that— \$483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; \$483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; \$483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and \$483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in \$483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to extended beyord 14 days, he or she should document their rationale in the exidents medical record and indicate the duration for the PRN order.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.		IPLE CON	(X3) DATE SURVEY COMPLETED		
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PRINTED: 03/18/2020 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO. 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING _ COMPLETED 495150 C B. WING NAME OF PROVIDER OR SUPPLIER 03/05/2020 STREET ADDRESS, CITY, STATE, ZIP CODE THE CITADEL VIRGINIA BEACH LLC 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 758 Continued From page 111 F 758 drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility documentation review the facility staff failed to indicate the duration for an as needed psychotropic medication for 1 resident (Resident #100) and failed to perform a gradual dose reduction for 1 resident (Resident #20) of 57 residents in the survey sample. The findings included: Resident #100 was admitted to the facility on 03/12/2015. Diagnosis for Resident #100 included but are not limited to, Major Depressive Disorder and Anxiety Disorder Due to Known Physiological Condition. Resident #100's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 02/04/2020 coded Resident #100 with short - term memory problems, long - term memory problems, and with severely impaired cognitive skills for daily decision making. On 03/04/2020 at approximately 10:00 a.m., review of Consultant Pharmacist recommendation revealed the following: "The resident is on a PRN psychotropic drug: ALPRAZOLAM Tablet 0.5 MG (Milligram) Give 1 tablet by mouth every 8 hours as needed for Anxiety PRN (As Needed) TID (Three Times A Day). Per federal regulations, PRN orders for psychotropic drugs are limited to 14 days. For extension of PRN orders for psychotropic medications beyond 14 days or renewal of PRN

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practitioner must evappropriateness of Please consider eit order, or (2) provide period and indicate 01/14/20. Review devidence Physician On 03/04/2020 at a review of Medication the period of 02/01/201/201/201/201/201/201/201/201/20	ding physician or prescribing valuate to determine therapy. Recommendations: her (1) discontinuing the PRN erational for extended time a specific duration." Printed: of recommendation did not response. Poproximately 11:00 a.m., on Administration Record for 2020 - 02/29/2020 revealed exclam Tablet 0.5 MG Give 1 by 8 hours as needed for 2020 and 11:10 a.m., on Administration Record For 2020 - 03/31/2020 revealed ex Tablet 0.5 MG (Alprazolam) with as needed for anxiety 3 by 8 H (hours) Start Date: Poproximately 11:20 a.m., on Administration Record For 2020 - 03/31/2020 revealed ex Tablet 0.5 MG (Alprazolam) with as needed for anxiety 3 by 8 H (hours) Start Date: Poproximately 11:20 a.m., on Administration Record For 2020 - 03/31/2020 revealed ex Tablet 0.5 MG (Alprazolam) with as needed for anxiety 3 by 8 H (hours) Start Date: Poproximately 11:20 a.m., on Administration Record For 2020 - 03/31/2020 revealed ex Tablet 0.5 MG (Alprazolam) with as needed for anxiety 3 by 8 H (hours) Start Date:	F 758				

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	wants, ask him do yo	tor and ask him what he u want to discontinue the		-		
	order or schedule it?" "PRN order should be	Director of Nursing stated, scheduled for 14 days "			Tamil Victor of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the C	
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-	have been identified a	of behavioral symptoms nd addressed.				
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	Resident is currently of (mg) daily. Please consider a dos (mg) daily, while conc	on Citalopram 10 Milligrams se reduction to Citalopram 5 surrently monitoring for essive and/or withdrawal					
	A review of a physician's order dated 02/15/20 included: Citalopram Tab 10 mg give 1 tablet orally one time a day related to other specified depressive episodes. A review of the Medication Administration Record (MAR) for the month of March 2020 included: Citalopram tab 10 mg give one tablet orally one time a day related to other specified depressive episodes.						
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	Federal laws, the facilibiologicals in locked of temperature controls, personnel to have accompression of the Comprehensive D. Control Act of 1976 are abuse, except when the package drug distribut quantity stored is minimibe readily detected. This REQUIREMENT by: Based on general obstacility and staff intervitiensure medications we with currently accepted and stored according to in 3 out of 5 medication. The findings included: 1. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 1. The facility on C. Resident #109 included: 1. The facility on C. Resident #109 included: 1. The facility on C. Resident #109 included: 1. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 1. The facility on C. Resident #109 included: 1. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 1. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 1. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 1. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 1. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 1. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 2. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 3. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 4. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 2. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 3. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 4. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 4. The facility staff fail (insulin) vial was dated #109. Resident #109 included: 4. The facility staff fail (insulin) vial was dated #109. Resident #109 included:	ity must store all drugs and compartments under proper and permit only authorized sess to the keys. illity must provide separately iffixed compartments for drugs listed in Schedule II of trug Abuse Prevention and and other drugs subject to the facility uses single unitation systems in which the small and a missing dose can is not met as evidenced servations of the nursing tew, the facility failed to the labeled in accordance of professional principles to manufacture guidelines in carts. The detail of the compartments for the servations of the nursing tew, the facility failed to the labeled in accordance of professional principles to manufacture guidelines in carts. The detail of the compartments are the servations of the nursing tew, the facility failed to the professional principles to manufacture guidelines in carts. The detail of the compartments are the servations of the nursing tew, the facility failed to the servations of the nursing tew, the facility failed to the servations of the nursing tew, the facility failed to the servations of the nursing tew, the facility failed to the servations of the nursing tew, the facility failed to the servations of the nursing tew, the facility failed to the servations of the nursing tew the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of the servations of th	F	761				

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	Resident #109 but doe the insulin should hav The Lantus insulin wa medication cart by the Review of Resident #' Physician Order Shee order: -08/28/19 - Lantus - in subcutaneously at bed An interview was cond Nursing (DON) on 03/6 p.m. The DON stated, labeled and dated onc 2. The facility staff fail label (Ativan) was legil Resident #75 was orig nursing facility on 02/0 Resident #75 included On 3/02/20 at approximation cart on Uni Licensed Practical Nur inspection of the control inside the medication of was observed but the re legible (most of the nar interview was conducte "The medication belong LPN was asked, "How Ativan belong to if mos is missing" she replied, medication belong." The at the Ativan bottle, I ar	es not have an open date; e been dated once open." s removed from the nurse. 109's February 2020 t revealed the following ject 35 units attime for diabetes. 109's Tebruary 2020 t revealed the following ject 35 units attime for diabetes. 109's February 2020 t revealed the following ject 35 units attime for diabetes. 109's February 2020 t revealed the following ject 35 units attime for diabetes. 109's February 2020 t revealed the following ject 35 units attime for diabetes. 109's February 2020 t revealed the following ject 35 units attime for diabetes. 109's February 2020 t revealed the following ject 35 units attime following ject 30 units attime for diabetes. 109's February 2020 the following ject 35 units attemption ject 40 units limited to the value of ject 40 units limited to the ject 40 units limited to Anxiety. 109's February 2020 the following ject 35 units limited to following ject 35 units limited to following ject 35 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to 40 units limited to	F	761		

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	An interview was con Nursing (DON) on 03 p.m. The DON stated medication is not to b label must be ordered DON said "Once the can administer the medication of Nursing or 4:00 p.m. The facility information about the The facility policy titled Containers (Revised 2 Policy statement: All the facility shall be prowith current state and "Policy Interpretation of but not limited to: Medications of liquid Ativan with manufacture guideline carts. During the inspecimedications stored institution of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of the province of	ducted with Director of //02/20 at approximately 3:03 , "If a label is not legible; the e administered but a new if from pharmacy first." The new label arrives, the nurse edication." If the Administrator and a 03/03/20 at approximately did not present any further findings. If Labeling of Medication 2007). In medications maintained in accordance federal regulations. In and Implementation include dication labels must be led to ensure multi dose as stored according to so on 3 of 5 medication eart, are observed. The label information: Store at cold attended to the medication of the controlled state between 36-46 degrees. Its multi dose vials of liquid was observed on the liquid.	F7	761			
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PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

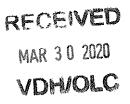
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
495150			B. WING			C 03/05/2020	
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH	LLC		340	REET ADDRESS, CITY, STATE, ZIP CODE) LYNN SHORES DRIVE RGINIA BEACH, VA 23452	1 0.	3/05/2020
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	inventory of controlle on the medication ca assigned to Licenser. The LPN stated, "Th #75 should be stored refrigerator and not of the medication can assigned to LPN #2. Ativan should be stored LPN was asked, "Whiquid Ativan in the rethe medication will not the medication will not the medication can assigned to LPN #3. Ativan for Resident # refrigerator after review Ativan." An interview was con Nursing (DON) on 03 p.m. The DON stated medication) should be according to manufacture. Guidelin Ativan. Store Ativan at a cold 36 degrees to 46 degrees to 46 degrees to 46 degrees to 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 on 100 o	eximately 11:37 a.m., an and medication was conducted art located on Unit 4, d. Practical Nurse (LPN) #1. e liquid Ativan for Resident d in the medication cart." Eximately 11:52 a.m., and d medication was conducted art located on Unit 1, The LPN stated, "The liquid red in the refrigerator." The liat is the purpose for storing frigerator" she replied, "So on lose it potency." Eximately 12:30 p.m., and d medication was conducted art located on Unit 2, The LPN stated, "The liquid 43 should be stored in the liquid 43 should be stored in the liquid 43 should be stored in the liquid 43 should in the liquid 43 should be stored in the liquid 43 should be stored in the liquid 43 should leaving the label on the liquid 43 should leaving the label on the liquid 44 should leaving the label on the liquid 45 stored in the refrigerator stored in the refrigerator stored in the refrigerator stores guidelines." These: How should I store temperature. Refrigerate at rees and protect from light.	F	761			
	-Lantus is used to trea	at type 1 diabetes (condition					

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

Event ID: KB8M11

Facility ID: VA0151

If continuation sheet Page 120 of 149



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495150	B. WING			C 03/05/2020	
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	LC	1	STREET ADDRESS, CITY, STATE, Z 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452		<u> </u>	03/2020
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	therefore cannot contente the blood). It is also used to relied in the control of the amount of the mount of	es not produce insulin and rol the amount of sugar in sed to treat people with type in which the body does not and, therefore, cannot sugar in the blood) who I their diabetes) ov/ency/article/007365.htm). Eve anxiety dilineplus/drug). The Palatable/Prefer Temp 22) drink and the facility provides- repared by methods that use, flavor, and appearance; and drink that is palatable, fe and appetizing is not met as evidenced as, clinical record review, view of facility conserves nutritive value and food that is palatable for residents (Resident #89) mitted to the nursing facility uses that included		761			
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PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: KB8M11

Facility ID: VA0151

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VDH/OLC

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
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		495150	B. WING			03/	/05/2020
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	DE		
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THE CITA	DEL VIRGINIA BEACH LI			VIRGINIA BEACH, VA 23452			
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F 804	The care plan dated 2 (Activities of Daily Livifor dehydration. The gresident was that she of dehydration and we she needed for ADL. (accomplish this goal is support the resident to plan dated 12/3/19 ide for a nutritional proble sodium, mechanical sithe staff set for the resident the physician significant weight loss 1/8/20. The aforementioned coreflect the physician pidated 2/14/20 of NAS texture, regular/thin control to the resident had a sconscore of 15 which indicate moderately impaired in skills for daily decision that the nursing staff is a decline in function for husband and was total. The resident had not be loss at the time of this. The following observation of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of the staff of	ing) deficits and was at risk goal the staff set for the would be free of symptoms ould receive the assistance. One of the approaches to included staff assistance to be eat and drink. The care entified Resident #89 at risk im and was on a low oft thin liquid diet. The goal sident was that she would prescribed diet and have no through review date of are plan was not revised to rescribed diet order change (no added salt) diet pureed onsistency liquids. The necessary cognitive imaking. The screen noted tated the resident suffered ellowing the death of her illy dependent for all ADLs. It is not were conducted of neals: The during tour of Unit 1,	F	804			
		resident. Three pureed					İ

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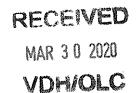
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		495150	B. WING			03/	/05/2020	
NAME OF P	ROVIDER OR SUPPLIER			Г	STREET ADDRESS, CITY, STATE, ZIP CODE			
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THE OHA	DEC VINGINIA BEACH LE	-0			VIRGINIA BEACH, VA 23452			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	. D		PROVIDER'S PLAN OF CORRECTION		/V5)	
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F 804	Continued From page	123	F	804	4			
	items (based on color) were noted on one plate. All three pureed items merged into each other						SERVICE FOOD	
					VI 344 A A A A A A A A A A A A A A A A A A			
	that created one large				er un en en en en en en en en en en en en en		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	
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and a second	and ice tea was also o	bserved on the resident's	****		***		- Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Cons	
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	When asked by this su	urveyor if she was hungry,	***************************************				AAA WARRING	
	she took her left hand	and slightly lifted the side						
		'I can't eat this slop." On			To the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th			
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		ip only and no help to eat						
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		cord for the lunch meal on				on the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th		
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		and no setup or physical				***************************************		
vyrvasova		NA recorded the resident				***		
***************************************		meal. On 3/2/20 at 5:15						
		I plate had three items on						
ALL ALL ALL ALL ALL ALL ALL ALL ALL ALL		me configuration as the						
***		included house shake,						
* Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Commenter of the Comm		of the soup of the day, ice	***************************************			***************************************		
vanagoge pa		resident was not assisted				1		
		he dinner meal. CNA #6				***************************************		
		t could independently eat						
	her meal. The tray was						1	
		n. CNA #6 recorded the				***************************************		
	resident's meal as 0,0.							
-	On 3/3/20 at approxima	ately 12:20 n m the						
	Resident Representati							
	nurses leave the tray w	• •				oonsanoo.	j	
		cause she does not like the				- Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont	1	
ī		o if they puree it. I was told						
		ist in the kitchen that they			- Andrews - Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control o		l	
**************************************	do not ourse source Ma	y Mom is losing too much					1	
	weight now." The resid	ent's tray had two main				ANNOUND AND AND AND AND AND AND AND AND AND A		

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

Event ID: K8BM11

Facility ID: VA0151

If continuation sheet Page 124 of 149



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
						С		
		495150	B. WING			03/05/2020		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2	ZIP CODE			
THE CITA	DEL VIRGINIA BEACH LI	_c		340 LYNN SHORES DRIVE				
				VIRGINIA BEACH, VA 23452				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)				
F 804	Continued From page items on one plate me bread, chocolate pudd tea. The resident look flicked the side of her this everyday. They si day and walk off." The resident said. The RR how much weight the she was not losing we based on how she loo asked the resident if s soup, to which the res accept that." On 3/3/20 at 1:00 p.m. kitchen was asked if so which he responded thim, "No soups could I on 3/3/20, at approxim was at the bedside fee brought in that was in a resident was observed soup and 100 % of ice resident loved soup and offered to her. She cor a meeting with the "nut which was identified as was told that he was ur could strain the broth of and she felt that she had the RR stated, while of	erged into one with pureed ding, house shake and ice ed up at this surveyor, plate and said, "It looks like to it in front of me day after a RR confirmed what the stated when she asked resident lost, they told her ight, but she could tell ked in her clothes. The RR he would like thickened ident stated, "I think I would in, one of the cooks of the oup could be pureed to nat the Dietary Manager told be pureed." Inately 1:22 p.m., the RR ding the resident soup she a pureed consistency. The lato consume 75% of the tea. She stated the id would eat it if it was attinued to say that she had tritionist" from the kitchen is the Dietary Manager and mable to puree soup, but off the "soup of the day" and to accept his conditions. Trying, "Her husband was		1				
	meals together. He die exhausted trying to kee can only come every of different now she need she will keep losing mo	d they used to eat their d two months ago. I am ep my Mom going and I ther day mostly. Things are s their help and without it ore weight." She stated she ning and she did not expect						

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		495150	B. WING			i .	C 5/05/2020
NAME OF P	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 03	70372020
					40 LYNN SHORES DRIVE		
THE CITA	DEL VIRGINIA BEACH LI	rc		J	/IRGINIA BEACH, VA 23452		
	CHANADA	ATTICLE OF BUILDING	7				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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)		(X5) COMPLETION DATE
F 804	Continued From page	. 125		004			
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	miracles, but just help said she was told to c						
	did, but stated she did						
	off" Resident #89. Hos						
	i	20 under diagnosis of senile					
		ident has received ongoing					
	psychological counsel	1					
İ	stabilization/reduction						
	symptoms from 6/26/1						
	The psychological cou						
	2/13/20 continued to a					MANAGE PARAMETER AND AND AND AND AND AND AND AND AND AND	
a.a.a.aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	from the loss of her hu	isband.	AND AND AND AND AND AND AND AND AND AND	**************************************	•		MATERIAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY AND
	There was no physicia	n's order for "strained					
	broth". The current ph	ysician's order dated was					an annual and an annual and an annual and an annual and an an an an an an an an an an an an an
	2/14/20 of NAS (no ad	lded salt) diet pureed					· ·
Walderson	texture, regular/thin co			***************************************			
William Victoria		ately 3:15 p.m., the Dietary					
With	Manager was asked w	hat items could not be					
		sponded, "Everything can				I	
**************************************	be pureed, but lettuce.						
		ucted with the Physician's	de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la			***************************************	
		20 at 11:45 a.m. She stated					
		nsult based on the resident					
	having swallowing diffi						
		ary 2020. She stated she				-	
		in January and returned in				l	
		ary and did not know the					
		ight. The PA stated she t was no longer eating, the					
		ray accordingly and assist					
		itives and consult the RD.				***************************************	1
		th the attending physician's				Mariano.	ŀ
and the same	office and was playing	catch up with seeing all of				***************************************	
		ut nossibly the attending			•		

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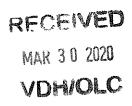
when she was out.

was providing oversight for the resident's care

Event ID: KBBM11

Facility ID: VA0151

If continuation sheet Page 126 of 149



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		495150	B. WING	•			/05/2020	
NAME OF P	ROVIDER OR SUPPLIER			Τ	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00	70372020	
THE CITA	DEL VIRGINIA BEACH LI	ı c			340 LYNN SHORES DRIVE			
IIIE OIIA	DEE VINGIMIA BEACH E				VIRGINIA BEACH, VA 23452			
(X4) ID		ATEMENT OF DEFICIENCIES	lD	•	PROVIDER'S PLAN OF CORRECTION			
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F 804	F 804 Continued From page 126		F	804	4			
	On 3/4/20 at 12:40 p.i	m., CNA #1 was observed					ORNEROVA PAVAGO	
		strained broth." The CNA			**************************************		COLONA 1 Lappin	
		nt loved soup, but she had	***************************************				***************************************	
		nd get it for the current meal					***************************************	
		to send for it, stating that it					***************************************	
	was supposed to be o	on every tray because they					TOTAL DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE	
		. She said she was not						
		ations that may have taken						
		broth verses pureed soup,"			***			
		upposed to be on the tray			PORT AND AND AND AND AND AND AND AND AND AND			
		nd dinner. The CNA stated,						
		the pureed plate of food,						
		She won't touch it. The						
		hate it." CNA #1 stated that I feed her all of the broth						
		uld eat the ice cream and			00 Maria			
		IA stated for breakfast the			E Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Cons			
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	little of it so she record							
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		NA #1 stated she offered			Permission		Para and a second	
	Resident #89 in betwe							
	yogurt, pudding and ic	e cream, but there was no						
	where in their charting	system to record intake of					[
	the between meal sna	cks.						
	On 3/5/20 at 10:15 a.n	n., and interview was	***************************************				A Parameter Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution of the Constitution o	
1		habilitation Director (Rehab				į		
		Director stated Resident					nov Ponnous	
	#96 was screened 9/2					ļ		
	decline and received s	peech therapy from						
		/19 to facilitate safety and						
Walter Committee	efficiency with visual a							
no excession		eceptive and expressive						
Annual Property	language training. The							
and the second	resident was schedule					1		
		g aids to decrease need						
	for visual aids. The spe	eech recommended and	1			1	i	

PRINTED: 03/18/2020 FORM APPROVED

 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	(X3) DA	(X3) DATE SURVEY COMPLETED	
		495150	B. WING _			С
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LL	.c		STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	1_0	3/05/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD RE	(X5) COMPLETION DATE
i la da striink v nb w pa a	NAS (no added salt) di thin liquids consistency screened again on 2/1s intake and significant v (12/19/19=122.0; 1/20/ diet had been downgra during the January 202 #89 was assessed with oropharyngeal dysphag of pureed texture and ti supervision and severe poor intake with meals. During the above interv Director she called the serviced the resident to pureed. The Speech The and stated "Yes". This serviced the resident to pureed. The Speech The and stated "Yes". This serviced the resident of speech therapist provide sexture soup which was minimal throat clearing. Indicated, "Speech Ther manager regarding patie obs and dehydration, ar with meals." The Rehab into understand why the service of the resident of the touries of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the resident of the	dated 10/28/19 was for iet mechanical soft texture, iz. The resident was 8/20 due to decrease in veight loss (20=120; 2/1/20=104). Her ided to a pureed texture to hospitalization. Resident in a moderate to severe gia requiring modified diet weight loss risk due to riew with the Rehab Speech Therapist that ask her if soup could be been service notes dated at requested soup and the red prepared pureed tolerated well with The note further rapy instructed nurse ent's risk of further weight and minimum to no intake Director stated she did resident was receiving and of pureed soup which the of the resident's not the textured soup more nutritional value to the resident was receiving the more nutritional value to the resident was receiving the more nutritional value to the resident was receiving the more nutritional value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the resident value to the res	F 80	4		
th	nerapist joined the abover ne resident was receivin	/e interview and said that	norem nyimnya pyrom mayota		L. T. T. T. T. T. T. T. T. T. T. T. T. T.	TANKI
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Event ID: KBBM11

Facility ID: VA0151

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	TE SURVEY MPLETED		
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495150 B. WING	C 03/05/2020		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA. 23452	3/05/2020		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION TAG 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		
F 804 Manager joined the Interview and stated although he did not have any notes or dates to refer to, he had a meeting with the family in February 2020 and told them that he would provide the resident with the broth of the soup of the day (cream of potato, cream of broccoil, noodle rice, Italian wedding, gumbo and tomato soup) and that the resident's family accepted his explanation. He stated, "What do you expect me to do, pureed 4 ounces of soup. I would need to puree at least 20 ounces. If not done in bulk, it is difficult to puree, I don't have the equipment to puree small amounts and it would be a problem to reheat as well." The Registered Dietitian's (RD) progress notes dated 2/17/20 indicated a weight warning and that he recommended fortified foods at every meal related to poor intake and significant weight loss. The RD was on vacation and not available for interview. On 3/5/20 at 12:50 p.m., further interview was conducted with the Dietary Manager. He stated fortified foods included cereal, cream of wheat, oatmeal, house shake, frozen nutritional treats, mighty cups, vogurs and Jello pudding, He said although he did not have a date or had any notes of his discussion with the RD, he tool her he was providing house shake, pudding, ice cream that would be equal to fortified foods. He stated he could not recall if he spoke to the RD about providing the resident broth of the soup of the day instead of the physician ordered pureed diet that could include pureed soup. On 3/5/20 at 1:50 p.m. Licensed Practical Nurse (LPN) on Unit 1 said that all of the residents that are served the pureed meals told her it looked "nasty" and had difficulty eating it based on looks			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		TIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		405450	B 14440			С	
		495150	B. WING			03	/05/2020
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
THE CITA	DEL VIRGINIA BEACH LI	LC		34	10 LYNN SHORES DRIVE		
				VI	IRGINIA BEACH, VA 23452		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 804	Continued From page	: 129	F	804			AA TAATAAA AA TAATAAA
	and taste. She stated		,	JO ,			N. Wallenger
		kitchen on 2/24/20 about		I			***************************************
		with meals not based on a		- AND AND ADDRESS OF THE PERSON NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUMN NAMED IN COLUM			Addition 1
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	On 3/5/20 at 2:30 p.m	., the Director of Nursing		1		į	
	(DON) stated although						
		erent presentation of the					
		ppealing to the residents on		į			
		n individual small serving		777			
a construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the construction of the cons	bowls or molds to repr	resent the item served. She					
		residents on pureed diet		•			
-		vould be no reason not the					
-	puree the soup of the	day because there would					
	be plenty of residents	that could be offered					
		lid be prepared in bulk that				Î	
	would exceed 20 ounc					***	
		to be provided as many					
		ible at meal times and in		Ì		WI I I I I I I I I I I I I I I I I I I	
		er an increase in calories.		***************************************			
d down		required set up of all meals					ŀ
and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		the nursing staff to take					
-	the time to assist the re	esident to eat. Additionally,				A PARTIES A	
	she said she did not kr						
	receiving only prote an	d that she felt it was not					}
harry Arme or	ollering enough calone	es to sustain the resident.					
**************************************	On 3/5/20 at approxima	ately 4:30 p.m., a					
	debriefing session was						
	Administrator, Director						
	Regional Director of O					-	
	aforementioned issue v						
		nformation was provided					
	prior to survey exit.	•					
11 11 11 11 11 11 11 11 11 11 11 11 11	The Dietary Manager's	signed job description					
	dated 12/9/19 indicated					and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	1
	administrative functions						
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	STATEMENT	OF DEFICIENCIES	WILDIOAID OLIVICES				OMB	NO. 0938-0391
	AND PLAN O	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		E CONSTRUCTION		TE SURVEY MPLETED
	· · · · · · · · · · · · · · · · · · ·		495150	B. WING			,	C 3/05/2020
****		ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LL	.c		3	STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	1 0	3103/2020
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ix	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
		determining quality an visit residents periodic of meals served, likes resident, as well as the objectives and goals for directives from the Reg therapeutic and regular assure they are in comphysician's orders and similar in nutritive value refuse foods served. The facility policy and protocol dated 9/2012 is authorize and the staff general or cause-speci resident choice, nutrition physician to determine supplemental needs), infunctional factors (provides needed). The facility's policy and Resident Nutrition Servindicated that each residenting, palatable are nourishing, palatable are sident value for the sident and the staff general or cause-specificated that each residential needs).	s as received from nursing eloping methods for d quantity of food served, ally to evaluate the quality and dislikes, involve the efamily in planning or the resident, follow gistered Dietician, review or diet plans and menus to apliance with the provide substitute foods to the residents who concedure titled Nutrition Weight loss-Clinical indicated the physician will will implement appropriate fic interventions to include and needs (dietician and appropriate diet, and appropriate diet, and appropriate diet, and appropriate diet, and attractive well-balanced er nutritional and special to consideration the ident. Residents shall	F	804			
	v r	vith Meals dated 7/2017	rocedure titled Assistance 7 indicated residents shall meals in a manner that eds of each resident.				TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERT	

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TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				OMB N	IO. 0938-039
IND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION ING		(X3) DAT	E SURVEY PLETED
NAME OF F		495150	B. WING				С
	PROVIDER OR SUPPLIER DEL VIRGINIA BEACH	LLC		340 LYNN SHORES		0:	3/05/2020
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES		VIRGINIA BEACH	VA 23452		
PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	ADER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD EFERENCED TO THE APPROF DEFICIENCY)	D DE	(X5) COMPLETION DATE
F 804	Continued From pag	e 131	F8	04			300
	(odynophagia). Some unable to swallow or swallowing liquids, fo	gia have difficulty swallowing ience pain while swallowing e people may be completely may have trouble safely ods, or dcd.nih.gov/health/dysphagia					
F 812 I	trial can lead to dizzy loss. In most cases, Nonly one ear (https://www.mayoclinmeniere's-disease/syr	a disorder of the inner ear spells (vertigo) and hearing feniere's disease affects ic.org/diseases-conditions/mptoms-causes/syc-203749	F 81	2			
§	§483.60(i) Food safety The facility must -	requirements.				match—arabanno-paoci—araba	
f f g s (i fr	tate of local authoritie) This may include for om local producers, so and local laws or regular i) This provision does acilities from using progratens, subject to compare growing and food-fi) This provision does	d satisfactory by federal, s. od items obtained directly ubject to applicable State ations. not prohibit or prevent duce grown in facility apliance with applicable mandling practices. not preclude residents not procured by the facility.					
316	andarus IOF 1000 SERVI	ce safety.				Anni a principal de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l	
MS-2567(02-	-99) Previous Versions Obsolete	e Event ID: KBBM11	Fac	lity ID: VA0151	If continuation		

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If continuation sheet Page 132 of 149

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
						С		
		495150	B. WING			03/	05/2020	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 340 LYNN SHORES DRIVE	E			
THE CITA	DEL VIRGINIA BEACH LI	LC		VIRGINIA BEACH, VA 23452				
(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CO IX (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BI	(X5) COMPLETION DATE		
F 812	This REQUIREMENT by: Based on observation facility document revies store and prepare foo professional standard. The findings included: On 3/2/20 at approximinitial kitchen tour, the were made: Dry Storage Room: 1-25 pound bag of parto air with no date. 1-10 pound bag of ma open to air. 1 bag of bowtie pasta Reach in Refrigerator 1 gallon ziplock bag win it, which was immediatery aide that the foit belonged to staff. 1-2 pound package of sandwich meat not se	is not met as evidenced ns, staff interviews and ew the facility staff failed to d in accordance with s for food service safety. nately 11:30 A.M. during the following observations rboiled rice not sealed, open acaroni noodles not sealed, not sealed, open to air. #2: with a drink and a protein bar diately removed by the bod bag belonged to, stating of smoked turkey breast aled, open to air. eggs with fluid leaking over	F	812				
	1-50 pound bag of pot table not sealed, open large scoop sitting on 1-2 pound bag of light	brown cane sugar not that was sitting on a shelf				TO AND THE THE THE THE THE THE THE THE THE THE	TO THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
	:	495150	B. WING			C 03/05/2020	
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	L¢		STREET ADDRESS, CITY, STATE, ZIP CODE 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452		1 03/	03/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	X (EACH CORRECTIVE ACTION S	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 812	The return air vent wa amount of dark gray s 1- 25 pound box of insealed, open to air an inside of the box lying thickener. Drain flies were obsertable, the trash can are Three drains were insarea. All three drains amounts of thick black drain was noted to ha On 3/2/20 at 11:50 A.I conducted with the Diflies. The Dietary Aide the dishwasher area." The Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings. On 3/P.M. the Dietary Manager above findings.	as covered in a copious sticky material. Is stant food thickener not do a large scoop noted on top of the food wed flying around the steam and the handwashing sink. It pected in the dishwashing were noted to have copious a grease build up. One we 3 fruit flies inside of it. M. an interview was etary Aide regarding fruit e stated, "They are mainly in was informed of all the 12/20 at approximately 12:15 ager was asked about his storage of food and pests in any Manager stated, "When it should sealed so it is not and dated. Also scoops are be washed after each use. I cleaned." It is attentional to the kitchen and in the dishwasher area. It is not not contain the kitchen and in the dishwasher area. It is not not stately 12:25 P.M. the contain the dishwasher area. It is not not not stated, "I see the it "Food Receiving and 2014 was reviewed and is	F	812			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		495150	B. WING	B. WING			05/2020
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LL	.c		STREET ADDRESS, CITY, STATE, ZI 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	P CODE	1 03/	03/2020
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN X (EACH CORRECTIVE # CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE O THE APPROPRIA	_	(X5) COMPLETION DATE
SS=D	Policy Statement: For stored in a manner that handling practices. Policy Interpretation a 1. Food Services, or of maintain clean food state. 4. Non-refrigerated for and napkins will be storage" unit which is controlled, free of insection. 6. Dry foods that are removed from original dated ("use by" date). using a "first in-first ou 7. All foods stored in 1 will be covered, labeled date). On 3/5/20 at 3:50 P.M held with the Administr Nursing and the Region where the above informed prior to exit no further Resident Records - Ide CFR(s): 483.20(f)(5), 4 §483.20(f)(5) Resident (i) A facility may not reresident-identifiable to accordance with a conagrees not to use or di	and Implementation: Other designated staff, will orage areas at all times. Ods, disposable dishware ored in a designated "dry temperature and humidity tests and rodents and kept stored in bins will be packaging, labeled and Such foods will be rotated to system. The refrigerator or freezer d and dated ("use by" In a pre-exit debriefing was rator, the Director of operations mation was discussed. Information was provided. Sentifiable Information was provided. Sentifiable Information that is the public. Sease information that is an agent only in tract under which the agent	F8	812			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI		CONSTRUCTION		LETED
		495150	B. WING	B. WING		03/) 05/2020
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	LC		34	TREET ADDRESS, CITY, STATE, ZIP CODE 40 LYNN SHORES DRIVE IRGINIA BEACH, VA 23452		
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F 842	must maintain medical that are- (i) Complete; (ii) Accurately docume (iii) Readily accessible (iv) Systematically org §483.70(i)(2) The faciall information contain regardless of the form records, except when (i) To the individual, o	cords. Idance with accepted Is and practices, the facility al records on each resident ented; e; and ganized lility must keep confidential ned in the resident's records, n or storage method of the release is- r their resident permitted by applicable law;	F	842			
	operations, as permitt with 45 CFR 164.506 (iv) For public health a neglect, or domestic vactivities, judicial and law enforcement purp purposes, research purposes, research purposes, research purposes, research purposes, research purposes, research purposes, research purposes, research purposes, research purposes, research purposes, research purposes, research purposes, fundical examiners, fundical examiners, fundical incompliance. §483.70(i)(3) The facing record information agunauthorized use. §483.70(i)(4) Medical for- (i) The period of time	ted by and in compliance; ; activities, reporting of abuse, violence, health oversight administrative proceedings,					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER			Т	STREET ADDRESS, CITY, STATE, ZIP CODE		3/05/2020	
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	there is no requirement (iii) For a minor, 3 year legal age under State §483.70(i)(5) The medicity of the resident information (ii) A record of the resident review evaluation of the resident review evaluation of the resident review evaluation of the resident review evaluation of the resident review evaluation of the resident review of the resident review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the review of the re	nt in State law; or resident a resident reaches law. lical record must containment to identify the resident; dent's assessments; e plan of care and services preadmission screening valuations and sted by the State; and other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other licensed in other li	F	842				
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DAT	ro. 0936-039 i re survey Mpleted
		495150	B. WING	B. WING			С
	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LE			STREET ADDRESS, CITY, ST 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 2	ŧ	<u> 0:</u>	3/05/2020
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	as unobtainable. A review of the medical revealed a note documentation of facility progress note and a description of extra Emergency Room On 3/5/2020 at approxed Corporate Director of Macumentation request Transfer form dated 12 "hematoma to forehead Corporate DON, "Does thoroughly describe the hospitalization on or attraspended, "This transwas transferred to the I hematoma." Surveyor describe how he received a hematoma attransferred to the hospitalization on or attransferred to the hospitalization. These findings were readministrator, DON and briefing held on 3/5/202 p.m. There was no adoprovided. 2. Resident #77 was ac 2/8/18 with diagnoses to	al record for Resident #53 mented on 12/24/2020 at resident #53 "remained in m the ER." Further review res failed to provide dates rents resulting in transfer to (ER). Imately 12:10 p.m. the resident #53 "remained in m the ER." Further review rest failed to provide dates rents resulting in transfer to (ER). Imately 12:10 p.m. the resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital resident a SNF/NF to Hospital re	F	842			
6	The most recent Minimu an Annual Assessment Reference Date (ARD) (um Data Set (MDS) was with an Assessment of 1/14/20. The Brief	Towns and the second			ALTERNATION AND AND AND AND AND AND AND AND AND AN	

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TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3	(X3) DA	NO. 0938-039 TE SURVEY MPLETED
	495150	B. WING			С
NAME OF PROVIDER OR SUPPLI			STREET ADDRESS, CITY, STATE, ZIP CO 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	0 DE	3/05/2020
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a possible 15 in moderate cogni Resident #77's reviewed and is Focus: The res Constipation reliand impaired malintervention: Releach day. Description of the properties of November 20 November 1st the were blank with a medical record a showed the residence of November 1st the missing care from 1st 1st 1st 1st 1st 1st 1st 1st 1st 1st	ntal Status (BIMS) was a 9 out of dicating the resident has ive impairment. Comprehensive Care Plan was documented in part, as follows: dent has had episodes of ated to diagnosis of Dementia	F 84	2		

Event ID: KBBM11

Facility ID: VA0151

If continuation sheet Page 139 of 149



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STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		IO. 0938-039	
	JOHNECHON	IDENTIFICATION NUMBER:	A. BUILDING		(X3) DAT	(X3) DATE SURVEY COMPLETED	
NAME OF		495150	B. WING			С	
THE CITA	PROVIDER OR SUPPLIER ADEL VIRGINIA BEACH			STREET ADDRESS, CITY, STATE, ZIP CO 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452	[0 ;	3/05/2020	
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F 883 SS=D	or mental condition, resident's medical resident's medical reservices performed, of the resident's clinical On 3/5/20 at 3:50 P.M. held with the Adminis Nursing and the Register of the above information to exit no further Complaint deficiency. Influenza and Pneumo CFR(s): 483.80(d)(1)(f) (f) (f) (f) (f) (f) (f) (f) (f) (f)	shall be documented in the cord. and Implementation: medications administered, etc., must be documented in record. M. a pre-exit debriefing was trator, the Director of onal Director of Operations mation was discussed. information was provided. coccal Immunizations and pneumococcal a. The facility must develop es to ensure that-influenza immunization, esident's representative larding the benefits and fithe immunization; ered an influenza 1 through March 31 immunization is medically resident has already been time period; resident's representative efuse immunization; and	F 883				

Event ID: K8BM11

Facility ID: VA0151

If continuation sheet Page 140 of 149



MAR 3 0 2020

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AND FLAM OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION	(X3) D/	NO. 0938-039 ATE SURVEY OMPLETED
		495150	B. WING			С
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	was provided educt and potential side of immunization; and (B) That the resider immunization or did immunization due to refusal. §483.80(d)(2) Pneu must develop policion that— (i) Before offering the immunization, each representative receive benefits and potential immunization; (ii) Each resident is immunization, unless medically contraindically contraindical already been immunization that in following: (iv) The resident or the theorem of the population of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the president of the	ation regarding the benefits effects of influenza and either received the influenza and not receive the influenza and mococcal disease. The facility es and procedures to ensure the president or the resident's each of the effects of the ensure the immunization is cated or the resident has expected; the resident's representative to refuse immunization; and edical record includes endicates, at a minimum, the enterest of pneumococcal either received the enization or did not receive munization or did not receive munization due to medical fusal. The influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influenza influ	F8	83		

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		495150	B. WING	B. WING			/05/2020
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	Resident #77 was cod	led as 1-Yes.			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
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arra-monte		esponsible Party (RP) and					
***************************************		PA). During the interview the			***************************************		
-	POA stated, "They gav	ve her the flu shot after I					
Pramoon n ro	told them I refused for	her to have it."				İ	
deconsesses	Resident #77's Informa	ed Consent for Influenza					
1		and is documented in part.					
AAAAA MAHAAAAA	as follows:						
-						4	
i		ent the following box was					
		#77's POA's name was				***************************************	
i	•	NOT GIVE the facility er an influenza vaccination.					
ſ	Document was signed					***************************************	
	Practical Nurse) #6.	-, -, 17 (E10011000					
	•						

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

Event ID; KBBM11

Facility ID: VA0151

MAK 3 0 2020

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION INTERPRETATION NUMBERS		1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			İ			С	
		495150	B. WING_			03.	/05/2020
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
THE CITA	DEL VIRGINIA BEACH LI	∟ c		;	340 LYNN SHORES DRIVE		
				1	VIRGINIA BEACH, VA 23452		
(X4) ID		ATEMENT OF DEFICIENCIES	ID.		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI) TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 883	Continued From page	142	 F8	383	3		
	Resident #77's Electro	onic Medical Record was					
	reviewed under the Im						
	indicated the following	information:			N. C. C. C. C. C. C. C. C. C. C. C. C. C.		
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	Nurse) #2						
	Consent Confirmed D	ate: 11/25/19					SACA FARRISON
	Resident #77's Physic	ian Orders were reviewed	A particular over		T discourse		AA
	and are documented i						
	Order Date: 12/09/20						440-yearnamer
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	Order Summary: Aflu						
	Suspension Prefilled S	Syringe 0.5 ML (milliliters)					
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	minimization to t Da	у.					
	Resident #77's Medica	ation Administration Record			No. Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Co	ļ	
1		/2019 was reviewed and is			**************************************		
	documented in part, as	s follows:					
	Date 12//9/2019		**************************************			ден түү ден шаланда осолоогоо	
Memoria	Afluria Quadrivalent Si	uspension Prefilled Syringe					
		uenza Vac Split Quad)	avoran-				
	Inject 0.5 ml intramusc	ularly one time only for			* Parameter		
	Routine Immunization		General I Forest				
enderenden	-Start Date- 12/09/201	9					
	Temp: 98.7	tinto Timos 04.40 D 55	, Lance		- Para Para Para Para Para Para Para Par	T V Salana	
***************************************	One Time: Nurse's Init	uais Time: 21:19 P.M.	***************************************			-	
	On 3/5/20 at 2:00 P.M.	an interview was				The second second	
		ered Nurse (RN) #2 who is				To a to a to a to a to a to a to a to a	
		ment Coordinator regarding					
			1		<u> </u>	<u> </u>	

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

Event ID: KBBM11

Facility ID: VA0151

If continuation sheet Page 143 of 149



PRINTED: 03/18/2020 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II 7	IPLE CONSTRUCTION		OMB NO. 0938-0391		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI		⊶.	(X3) DATE SURVEY COMPLETED		
		495150	B. WNG_				С	
NAME O	F PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	STATE, ZIP CODE	<u> </u>	3/05/2020	
THE CI	TADEL VIRGINIA BEACH LL	-c		340 LYNN SHORES DRIV VIRGINIA BEACH, VA	Æ			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES						
PREFI) TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORR	R'S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)	Ξ .TE	(X5) COMPLETION DATE	
F 88	3 Continued From page	143	F 8	02				
	Resident #77's Informe		ГО	03			-	
	Influenza Vaccine. RN	N #2 stated, "I called the					A Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the Common of the	
	daughter on the phone	and explained what the						
	shot was for and the p	recautions and she said						
	"No, I don't want her to	have the flu shot because						
	she got it last year and	no one asked me if she						
	could have it." I said o	k. Once I had the refusal I						
	went into the computer	r and marked her as	-				7	
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/18/2020 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING COMPLETED С 495150 B. WNG NAME OF PROVIDER OR SUPPLIER 03/05/2020 STREET ADDRESS, CITY, STATE, ZIP CODE THE CITADEL VIRGINIA BEACH LLC 340 LYNN SHORES DRIVE VIRGINIA BEACH, VA 23452 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION DATE TAG (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 883 Continued From page 144 F 883 On 3/5/20 at 3:50 P.M. a pre-exit debriefing was held with the Administrator, the Director of Nursing and the Regional Director of Operations where the above information was discussed. Prior to exit no further information was provided. Maintains Effective Pest Control Program F 925 F 925 SS=E | CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced bv: Based on observations, staff interviews and facility document review the facility staff failed to maintain an effective pest control program. The findings included: 1. On 3/2/20 at approximately 1130 A.M. during the initial kitchen tour the following observations were made: Drain flies were observed flying around the steam table, the trash can and the handwashing sink. Three drains were inspected in the dishwashing area. All three drains were noted to have copious amounts of thick black grease build up. One drain was noted to have 3 fruit flies inside of it. On 3/2/20 at 11:50 A.M. an interview was conducted with the Dietary Aide regarding fruit flies. The Dietary Aide stated, "They are mainly in the dishwasher area." The Dietary Manager was informed of all the

above findings. On 3/2/20 at approximately 12:15 P.M. the Dietary Manager was asked about his

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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expectations for the storage of food and pests in the kitchen. The Dietary Manager stated, "When something is opened it should sealed so it is not open to air or pests and datedThe drains need to be cleaned." On 3/2/20 at approximately 12:25 P.M. the Director of Maintenance arrived in the kitchen and was shown the drains in the dishwasher area. The Director of Maintenance stated, "I see the files." Throughout the survey gnats and fruit flies were also observed on Units 4 and 5. On 3/5/20 at 9:40 A.M. an interview was conducted with the Director of Maintenance regarding the pest observed in the facility. The Director of Maintenance provided documentation to show on 1/24/20 that 1 box of Terro Fruit Fry Traps had been ordered. The Director of Maintenance was asked if the traps had been effective. The Director of Maintenance stated, "It has slowed them down." The facility policy titled "Pest Control" revised May 2008 was reviewed and is documented in part, as follows: Policy Interpretation and Implementation: 1. This facility maintains an on-going pest control program to ensure that the building is kept free of insects and rodents. On 3/5/20 at 3:50 P.M. a pre-exit debriefing was	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI	IOULD BE COMPLETION		
DECLIMITE THE Administrator, the Dissets of	F F F F I P III C	expectations for the sign of the kitchen. The Dietal something is opened if open to air or pests and to be cleaned." On 3/2/20 at approximation of Maintenance was shown the drains in The Director of Maintenance was shown the survey also observed on Units. On 3/5/20 at 9:40 A.M. conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with the Director of Maintenance was asked of the conducted with	torage of food and pests in any Manager stated, "When it should sealed so it is not it should sealed so it is not it should sealed so it is not it datedThe drains need stately 12:25 P.M. the searrived in the kitchen and in the dishwasher area. In ance stated, "I see the gnats and fruit flies were 4 and 5. an interview was sector of Maintenance streed in the facility. The provided documentation in 1 box of Terro Fruit Fly id. The Director of it if the traps had been of Maintenance stated, "It " "Pest Control" revised May is documented in part, as it is documented in part, as it is documentation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation: I Implementation	F	925				

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2020 FORM APPROVED

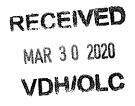
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[ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LL	.c		34	TREET ADDRESS, CITY, STATE, ZIP CODE 40 LYNN SHORES DRIVE IRGINIA BEACH, VA 23452	1	03/05/2020
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		Nursing and the Region where the above informed Prior to exit no further 2. During an observation approximately 11:42 at swept by (Housekeepin hallway near room #41 On 3/5/2020 at approximately 11:42 at a swept by (Housekeepin hallway near room #41 On 3/5/2020 at approximately Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that today. It's an is the wall facility Maintenance Doffix that toda	anal Director of Operations mation was discussed. information was provided. ion on 3/4/2020 at m., a live roach was seen and) staff #12 on the Unit 1 imately 9:35 a.m., an hallway was conducted Maintenance Director. reas of missing as of the hallway. The irector responded, "We will sue in controlling pests. of repairing those to help to the facility." Other (Housekeeping) staff roximately 11:00 a.m. obaches within the facility, I usually see roaches eek and they are usually as Sighting/Evidence Logs in the dining room on Room #39 on 1/9/2020.	F	925			

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

Event ID: KB8M11

Facility ID: VA0151

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING	CONSTRUCTION	(X3) DA1	(X3) DATE SURVEY COMPLETED	
		495150	495150 B. WING		С		
1	ROVIDER OR SUPPLIER DEL VIRGINIA BEACH LI	.c	340	REET ADDRESS, CITY, STATE, ZIP CODE LYNN SHORES DRIVE RGINIA BEACH, VA 23452	0:	3/05/2020	
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	Sightings of several roservices Office on 1/2 Unit 4: Sightings of roaches or rooms 115-123 on 1/2i Sightings of roaches or on 2/5/2020. Unit 5: Sightings of roaches we Dining Room on 12/2/2 A review of Facility Ver Reports revealed, in part 1. A finding of "floor tild loose/missing within reverse with a recomment eliminate potential pest on 10/21/2019 and 11/2. A finding of "spilled floor", floor drains in necans in need of cleaning to "clean to reduce pest breeding", on 1/24/2020. A finding of "hole/galareas around upper winding conditioner units allowed to the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the servic	n the main floors within 8/2020. In the main floors within 8/2020. In main floors by Room 114 within rooms 83, 85 and the 2019. Indoor Customer Service art, the following: Les or baseboards sident rooms and kitchen dation to "repair to harborage/breeding site" 21/2019. Food material found on the led of cleaning and trash g, with a recommendation to attraction and source for the low frames and around the led of cracks and open dow frames and around	F 925	DEFICIENCY)			
ii C	ncluded:	est Control (rev. 5/2008) n an effective pest control					
1	Policy Interpretation and This facility maintains program to ensure that t	Implementation an on-going pest control he building is kept free of					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/18/2020 FORM APPROVED

STATEMENT	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(73) 1411	II TIPLE CONSTRUCT	OMB NO. 0938-039
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	PROVIDER OR SUPPLIER	LLC		STREET ADDRESS, CITY, STATE, ZIP	03/05/2020 CODE
(X4) ID PREFIX	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	VIRGINIA BEACH, VA 23452	
TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	IX (EACH CORRECTIVE ACT	TION SHOULD BE COMPLETION THE APPROPRIATE DATE
F 925	insects and rodents. 3. Windows are scre 4. Only approved "Fl and rodenticides are		F	925	
I	5. Garbage and trash accumulate and are redaily.6. Maintenance service appropriate and necessions.	n are not permitted to emoved from the facility			
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		Event to: VBRW11	Fa	cility ID: VA0151	continuation of the

If continuation sheet Page 149 of 149
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VDH/OLC

EP Program Patient Population

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Risk assessment of resident population to determine those at risk during an emergency updated in the EP binder.

Documented delegation of authority during an emergency updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents deemed at risk during an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Director of Nursing (or assigned person) to provide weekly updates to risk assessment of resident population deemed at risk during an emergency.

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Director of Nursing (or assigned person) will ensure that assessed list is updated weekly for three weeks, then monthly for four months.

Administrator (or assigned person) will ensure that documented delegation of authority is updated weekly for three weeks, then monthly for four months.

5. Include dates when corrective action will be completed:

Corrective actions will be complete by April 5, 2020.

Helene Melson 3.27.2020

Subsistence Needs for Staff and Patients

 Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Policies and procedures for emergency lighting, fire detection, extinguishing, alarm system sewage and waste disposal updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Maintenance Director to ensure that policies and procedures are included in the EPP binder, and are updated as necessary.

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will audit policies and procedures weekly for 3 weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

Procedures For Tracking Of Staff and Patients

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Tracking system for tracking on-duty staff and sheltered patients who may be relocated during an emergency, updated in EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents who may be relocated during an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Business Office Manager/ HR Manager (or assigned person) to maintain an updated log of staff member's names and contact information (to include email addresses and phone numbers). Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

SDC to educate staff on tracking system protocol.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Business Office Manager/ HR Manager (or assigned person) will audit tracking system log in EP (Emergency Plan) binder weekly for 3 weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

Policies for Evacuation and Primary/ Alternate Communication

 Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Policies and procedures for safe evacuation, transportation, identification of evacuation locations and alternate means of communications with external resources and staff responsibilities have been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents who may evacuate during an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

SDC to educate staff on evacuation policies and procedures.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will monitor and update when applicable evacuation policies and procedures, the identification of evacuation location(s), and alternate means of communication with external resources in the EP binder weekly for 3 weeks, and monthly for six months.

Policies/ Procedures for Medical Documentation

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Policies and procedures for the preservation and protection of patient information, as well as the availability of resident records, have been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents who may evacuate during an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

SDC to educate staff on evacuation policies and procedures, that pertain to the preservation and protection of patient information during an evacuation, as well as how to maintain the availability of resident records.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will monitor and update when applicable policies and procedures pertaining to the preservation and protection of patient information during an evacuation, as well as the availability of resident records monthly for six months.

Roles Under a Waiver Declared by Secretary

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Documentation describing the facility's role in providing care at an alternate care site has been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents who may evacuate during an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

SDC to educate staff on facility role in providing care at an alternate care site, when evacuated.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will monitor and update when applicable policies and procedures pertaining to the facility's role in providing care at an alternate care site when evacuated, monthly for six months.

Names and Contact Information

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Names of all staff members and contact information have been updated in the EP binder. Information regarding entities providing services during an emergency updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents in an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Business Office Manager/ HR Manager (or assigned person) will monitor and update when applicable staff member list and contact information, weekly for four weeks and monthly for six months.

Maintenance Director will monitor and updated when applicable policies and procedures pertaining to the facility's role in providing care at an alternate care site when evacuated, and vendor (i.e., entities) contracts/ information of those providing services during emergency, weekly for four weeks, and monthly for six months.

Primary/ Alternate Means for Communication

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An Emergency Preparedness Communication Plan, which includes alternate means of communication in an emergency, has been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents in an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director will monitor and updated when applicable the Emergency Preparedness Communication Plan, weekly for four weeks, and monthly for six months.

Methods for Sharing Information

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

A communication plan, including a method for sharing information and medical documentation to maintain continuity of care, has been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents in an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director will monitor and updated when applicable the Communication Plan, weekly for four weeks, and monthly for six months.

Information on Occupancy/ Needs

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Documentation about facility's occupancy needs and its ability to provide assistance has been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents in an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director will monitor and updated when applicable the documentation on facility occupancy needs, and the ability to provide assistance, weekly for four weeks, and monthly for six months.

EP Training and Testing

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Emergency Preparedness Training and Testing Program Review was updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents in an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director will monitor and updated when applicable the Emergency Preparedness Training and Testing Program, weekly for four weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

EP Training Program

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Documentation of Emergency Preparedness Training has been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

SDC to provide Emergency Preparedness Training.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will monitor and update when applicable documentation of Emergency Preparedness Training in the EP binder weekly for 3 weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

EP Testing Requirements

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Documentation of EP Testing Requirements has been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting. Interdisciplinary team to analyze results of emergency preparedness exercise.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will monitor and update when applicable documentation of EP Testing Requirements in the EP binder weekly for 3 weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

Corrective actions will be complete by April 20, 2020.

Audit: EP Testing Requirements

Request/ Refuse/ Discontinue Treatment: Formulate Advance Directive

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An audit of the Advance Directives Discussion Documents was conducted on residents #63, #82, and #109.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

A blank Advanced Directive Discussion Document will be added to the Social Services admission folder to review with resident/ responsible party during the 72-hour meeting.

Readmissions will have code status verified, and a new discussion document will be created if readmission has a change in code status or other advanced directive during hospital stay. Staff Development Coordinator to educate all nurses on Completing Transfer Form 100%, Signing and Closing Out.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director (or assigned person) will audit for 8 weeks, then monthly for 4 months, that facility maintains updated and accurate Advanced Directives Discussion Documents for residents, including new admits, readmits, and residents who have had a change in code status.

5. Include dates when corrective action will be completed:

Plan of Correction F 582 Medicaid/ Medicare Coverage & Liability Notice

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An audit of NOM-NC and ABN documents was conducted for residents #3 and #87.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any resident who would receive a NOM-NC letter has the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Social Services Director to utilize the SNF Beneficiary Protection Notification Review Pathway provided by CMS regarding the issuance of both the NOMNC and ABN to ensure that the most recent and accurate forms are being provided upon the termination of benefits.

Administrator to discuss at QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director will complete weekly audits for three months, then monthly for three months to ensure 100% compliance of NOM-NC/ ABN requirements.

5. Include dates when corrective action will be completed:

Safe/ Clean/ Comfortable/ Homelike Environment

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An audit of Units 3, 4, and 5 was conducted on 3.13.2020.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Missing baseboards will be replaced on Units 3, 4, and 5.

Maintenance Director to discuss at March QAPI meeting with interdisciplinary committee.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will conduct weekly audits for two months, then monthly audits for two months, to repair any damaged cove base/ baseboard.

5. Include dates when corrective action will be completed:

Develop/Implement/Abuse/Neglect Policies

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Social Services Director was educated on Abuse/ Neglect Investigation and Reporting Policy.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

SDC (Staff Development Coordinator) to provide education on Abuse/ Neglect policies to all staff members.

Deer Oaks Behavioral Health to provide in-service training for management team, regarding deescalating behaviors. SDC will train floor staff.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director (or assigned person) will audit for 8 weeks, then monthly for 4 months, that the Abuse Investigation/ Reporting Tool is used appropriately for an abuse allegation. SDC (or assigned person) will conduct weekly audits for 8 weeks, then monthly audits for 4 months, to ensure that all staff members are educated on Abuse/ Neglect policies/ procedures.

5. Include dates when corrective action will be completed:

Reporting of Alleged Violations

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Social Services Director was educated on Reporting of Alleged Violations.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

SDC (Staff Development Coordinator) to provide education on Abuse/ Neglect policies, as well as reporting guidelines for suspected abuse or neglect to all staff members.

Alleged abuse notification checklist will be reviewed with Administrator or DON following each reportable incident.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director (or assigned person) will audit for 8 weeks, then monthly for 4 months, that allegations of abuse/ mistreatment are reported to the State Survey Agency and Adult Protective Services within the required time frame.

5. Include dates when corrective action will be completed:

Investigate/ Prevent/ Correct Alleged Violation

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Social Services Director was educated on thoroughly investigating a witnessed allegation of abuse/ mistreatment. A thorough investigation was conducted, and the event involving resident #64 was determined to *not* be abuse.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

SDC (Staff Development Coordinator) to provide education on Abuse/ Neglect policies, as well as reporting guidelines for suspected abuse or neglect to all staff members.

Alleged abuse notification checklist will be reviewed with Administrator or DON (or assigned person) following each reportable incident.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director (or assigned person) will audit for 8 weeks, then monthly for 4 months, that allegations of abuse/ mistreatment are thoroughly investigated.

5. Include dates when corrective action will be completed:

Transfer and Discharge Requirements

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An audit of hospital transfers was conducted.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Administrator to provide education to Social Services Director regarding Transfer and Discharge Requirements.

Staff Development Coordinator will educate all charge nurse regarding the completion of Interact Transfer Assessment on PCC.

Social Services Director will create a discharge/ transfer packet for each unit to use as a template for discharges and transfers to ensure 100% compliance.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director (or assigned person) will conduct weekly audits for two months, then monthly audits for four months, to verify that comprehensive care plan goals are sent with any transfer to the hospital.

5. Include dates when corrective action will be completed:

Notice of Bed Hold Policy Before/ Upon Transfer

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Audit conducted to ensure all bed hold notices are provided to the resident or resident representative at time of transfer to a hospital.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Administrator to provide education to Social Services Director regarding Notice of Bed Hold Policy Before/ Upon Transfer.

Staff Development Coordinator will educate all charge nurses regarding the notification of state bed hold policy before or upon each transfer.

Social Services Director will create a discharge/ transfer packet for each unit to use as a template for discharges and transfers to ensure that the correct documents are utilized across the facility.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director (or assigned person) will conduct weekly audits for two months, then monthly audits for four months, to verify that each resident/ resident representative receives a Bed Hold Policy Before/ Upon Transfer.

5. Include dates when corrective action will be completed:

Encoding/Transmitting Resident Assessments

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

A completed discharge MDS Assessment, along with validation report indicating the MDS assessment was transmitted to the CMS, was completed for residents #1 and #91. MDS Coordinators were educated on Discharge MDS Assessments.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss at QAPI meeting.

MDS Coordinators to conduct 100% audit on missing assessments and complete any that are in deficient practice.

MDS Coordinators to audit MDS Assessments for the past 90-day discharges.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

MDS Coordinators will audit Discharge: MDS Assessments weekly for 8 weeks, then monthly for 6 months.

5. Include dates when corrective action will be completed:

Accuracy of Assessments

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Modification on the MDS Assessment was completed for resident #76. MDS Coordinators educated on Accurate Coding of Section J&O for Hospice Residents.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss at QAPI meeting.

MDS Coordinators to conduct 100% audit on all Hospice residents. MDS Coding for past 90 days will be reviewed to resolve any deficient practice.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

MDS Coordinators will audit MDS assessments weekly for 8 weeks, then monthly for six months.

5. Include dates when corrective action will be completed:

Develop/Implement Comprehensive Care Plan

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Comprehensive care plan was updated to include depression/ anxiety for resident #100.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss at QAPI meeting.

MDS Coordinators to conduct a 100% audit on care plans, ensure they are complete and up to date, and address any deficient practices.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

MDS Coordinators will audit care plans weekly for 8 weeks, then monthly for six months.

5. Include dates when corrective action will be completed:

Care Plan Timing and Revision

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Care Plan was revised for resident #96. MDS Coordinators educated on Significant Change MDS's.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any resident has the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss at QAPI meeting.

MDS Coordinator to conduct a 100% audit on Care Plans, complete any that are in deficient practice, and ensure that care plans are current and updated.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

MDS Coordinator to audit Care Plans with Significant Change weekly for 8 weeks, then monthly for 6 months.

5. Include dates when corrective action will be completed:

Free of Accident Hazards/ Supervision/ Devices

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

100% elopement reassessment on all residents completed. Wander-guards checked. Resident #167 placed on secure unit after hospital return for additional safety.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

SDC to Reeducate licensed clinical staff on accurate completion of elopement assessment and appropriate reassessment as indicated by residents change of condition.

Review elopement risks, wandering behaviors or other behaviors that may indicate need at weekly risk meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Director of Nursing (or designee) to perform audits of risk for elopement assessments on new admissions and residents with COC to identify those at risk, weekly for 8 weeks, then monthly for 4 months.

Central Supply Manager to conduct audits of Wander-guard supplies weekly for 8 weeks, then monthly for 4 months.

5. Include dates when corrective action will be completed:

RN 8 HRS/ 7 DAYS a Week. Full Time DON

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

RN coverage provided 8 hours per day, 7 days a week.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Administrator to monitor daily coverage on Key Factor Report.

Staffing Coordinator to ensure sufficient RN coverage.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Director of Nursing (or designee) will audit the daily schedule with the Staffing Coordinator, weekly for 6 weeks, then monthly for 4 months.

5. Include dates when corrective action will be completed:

Pharmacy Services/ Procedures/ Pharmacist/ Records

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

100% controlled medication count complete and accurate. Variances included in weekly risk meeting, to include errors in narc count, PCC documentation that doesn't match narcotic book.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Unit Manager (or designee) to observe shift-to-shift count on all shifts to verify count is accurate. Education to be provided when areas of opportunity are identified.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Unit Managers (or designee) will conduct cart audits to include count of controlled meds weekly for 8 weeks, then monthly for 4 months. Variations will be followed up on and reported to DON.

5. Include dates when corrective action will be completed:

Drug Regimen Review, Report Irregular, Act On

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Staff educated on state guidelines regarding medication administration. Discrepancies resulted in immediate cart count. Corrections made for residents #21, #61, and #71. Physician reviewed pharmacy recommendations corrected for resident #112.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Medication errors, errors in narc count, PCC documentation that does not match narc book added to weekly Risk Meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

DON (or designee) to conduct cart audits weekly for 4 weeks, then monthly for 3 months.

DON (or designee) to conduct audits physician reviewed pharmacy recommendations weekly for 4 weeks, monthly for 3 months.

5. Include dates when corrective action will be completed:

Drug Regimen is Free from Unnecessary Drugs

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Two-nurse verification implemented. 100% flu consent audit performed; medication error report filed. Family and MD received notification for resident #77. Education on proper administration of vaccines with consent completed.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Two nurse signatures required for obtaining all flu and pneumonia vaccination consents. Consent to be verified prior to administration.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Infection Control Preventionist will audit consents and provide a list of residents who do not wish to receive the flu vaccine to DON, weekly for 6 weeks, then monthly for 3 months. DON (or designee) will audit MAR to ensure those residents that did not give consent are not scheduled for flu vaccine administration, weekly for 6 weeks, then monthly for 3 months.

5. Include dates when corrective action will be completed:

Free from Unnecessary Psychotropic Meds/ PRN Use

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Audit conducted to remove all PRN psychotropic orders. If greater than 14 days, justification for continued use by MD will be indicated. Indication of the duration for an as needed psychotropic medication for resident #100 was completed. Gradual dose reduction for resident #20 was completed.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Staffing Development Coordinator (SDC) to educate nurses on federal law, which restricts PRN psychotropic drug orders to 14 days.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Director of Nursing (DON) to audit PRN psychotropics, and gradual dose recommendations to verify that GDR is being followed.

5. Include dates when corrective action will be completed:

Label/ Store Drugs and Biologicals

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Unlabeled medication removed and replaced to ensure efficacy for resident #109. Medications with illegible labels removed and reordered. Medications labeled in accordance with currently accepted professional principles and stored according to manufacture guidelines on all medication carts.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

DON (or designee) to ensure that medications are properly labeled.

SDC to educate nurses on labeling medications correctly and following manufacture recommendations. (to include labeling insulin, eyedrops and other meds that require date upon opening).

Pharmacy to provide cart audits to DON, including legible labels and properly dated medication indications. Pharmacy to report inappropriate storage of medication on carts, including those that must be refrigerated. Discrepancies to be addressed with nurse, with noncompliance including education and potential disciplinary action. Pharmacy audits to be shared with interdisciplinary team during risk meeting. Results to be documented.

Random med pass observations to be performed to verify medications being administered are labeled, dated and stored appropriately.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

DON (or designee) to audit medication carts to ensure that medications are properly labeled, weekly for 6 weeks, then monthly for 4 months.

5. Include dates when corrective action will be completed:

Nutritive Value/ Appearance, Palatable/ Prefer Temp

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An audit of resident diets conducted. Food methods that conserve nutritive value and provision and presentation of food that is palatable and attractive (i.e., pureed soup) provided to resident #89.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents who require a puree diet have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Through food preferences and mechanically altered diets listed on tray cards, puree soup will be available to any resident who needs or requests it, for every meal. All with puree requirements will be offered daily pureed soup.

Dietary Manager to educate dietary team regarding the implementation of puree soup availability for each meal.

Dietary Manager to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Dietary Manager (or assigned person) will conduct daily for three weeks, to ensure puree soup is available for all meals. Weekly inspections will be conducted for three months.

Through resident interviews, quarterly reviews and care plan meetings, Dietary Manager will monitor to ensure resident's requests and needs for food items are being met.

5. Include dates when corrective action will be completed:

Corrective actions will be complete by March 28, 2020.

Food Procurement, Store/ Prepare/ Serve- Sanitary

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Kitchen cleaned, scoop washed, food sealed and properly dated, personal items removed from refrigerator.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Dietary Manager to in-service staff of proper storage of food items, proper label and dating items, and proper use of utensils while using food items.

Daily cleaning by Dietary Manager (or assigned person) of the three inspected drains in the kitchen, for gnats and/or fruit flies. Maintenance Director or designee will clean drains monthly. Dietary Manager to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Dietary Manager (or assigned person) will audit dry goods storage, refrigerator storage, personal items storage and proper cleaning of kitchen daily for three weeks, and weekly for three months.

5. Include dates when corrective action will be completed:

Resident Records-Identifiable Information

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Education provided to nurses and CNA's on accurate and thorough documentation of patient bowel and bladder movements, and any changes or lack of evacuation of bowel or bladder. Resident #53 incident report documenting 12/24 resident had a fall causing a hematoma resulting in an order to send to the ER.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Daily review at clinical meeting, all residents transferred to hospital, to ensure supporting documentation and reason for transfer.

Compliance rate to be addressed at weekly Risk Management meetings.

Residents transferred to hospital will be reviewed during weekly Risk Management meetings.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

ADON (or designee) to conduct audits of documentation of bowel and bladder for each patient, weekly for 6 weeks and monthly for 4 months.

5. Include dates when corrective action will be completed:

Influenza and Pneumococcal Immunizations

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Licensed nursing staff educated on consent policy, as well as PCC education on where to locate immunization consents for residents.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss at QAPI meeting.

Staff Development Coordinator will audit new admissions influenza and pneumococcal consents.

Daily review of influenza and pneumococcal percentages to be reviewed every weekday morning with interdisciplinary team.

Influenza and Pneumococcal log will be maintained by Staff development Coordinator. Unit Managers to review consents in 72-hour care plan meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Staff Development Coordinator to conduct audits of PCC consent weekly for 8 weeks, then monthly for four months.

5. Include dates when corrective action will be completed:

Maintains Effective Pest Control Program

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An audit of facility was conducted 3.6.2020, and all dead pests were removed. Contracted pest control company was contacted and visit was scheduled.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Pest control company serviced the facility on 3.10.2020, and will continue at least monthly, but more frequently if necessitated.

Missing baseboards will be replaced on Unit 1.

Pest control log will be maintained by Maintenance Director.

Maintenance Director to discuss at March QAPI meeting with interdisciplinary committee.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

The Dietary Manager will conduct the three inspected drains in the kitchen, and the steam table and trash can for gnats and/or fruit flies, for 3 weeks. Weekly inspections will be conducted for three months.

Daily cleaning by Dietary Manager (or assigned person) of the three inspected drains in the kitchen, for gnats and/or fruit flies, for 3 weeks. Maintenance Director will conduct weekly inspections for three months and will clean drains monthly for three months.

Maintenance Director (or assigned person) will conduct daily audits of Unit 1, Unit 4, and Unit 5. Weekly audits of baseboards on Unit 1 will be conducted for 8 weeks, then once a month for two months.

5. Include dates when corrective action will be completed:

EP Program Patient Population

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Risk assessment of resident population to determine those at risk during an emergency updated in the EP binder.

Documented delegation of authority during an emergency updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents deemed at risk during an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Director of Nursing (or assigned person) to provide weekly updates to risk assessment of resident population deemed at risk during an emergency.

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Director of Nursing (or assigned person) will ensure that assessed list is updated weekly for three weeks, then monthly for four months.

Administrator (or assigned person) will ensure that documented delegation of authority is updated weekly for three weeks, then monthly for four months.

5. Include dates when corrective action will be completed:

Corrective actions will be complete by April 5, 2020.

Helene Molnar 4.2.2020

Subsistence Needs for Staff and Patients

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Policies and procedures for emergency lighting, fire detection, extinguishing, alarm system sewage and waste disposal updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Maintenance Director to ensure that policies and procedures are included in the EPP binder, and are updated as necessary.

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will audit policies and procedures weekly for 3 weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

Procedures For Tracking Of Staff and Patients

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Tracking system for tracking on-duty staff and sheltered patients who may be relocated during an emergency, updated in EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents who may be relocated during an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Business Office Manager/ HR Manager (or assigned person) to maintain an updated log of staff member's names and contact information (to include email addresses and phone numbers). Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

SDC to educate staff on tracking system protocol.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Business Office Manager/ HR Manager (or assigned person) will audit tracking system log in EP (Emergency Plan) binder weekly for 3 weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

Policies for Evacuation and Primary/ Alternate Communication

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Policies and procedures for safe evacuation, transportation, identification of evacuation locations and alternate means of communications with external resources and staff responsibilities have been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents who may evacuate during an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

SDC to educate staff on evacuation policies and procedures.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will monitor and update when applicable evacuation policies and procedures, the identification of evacuation location(s), and alternate means of communication with external resources in the EP binder weekly for 3 weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

Corrective actions will be complete by April 10, 2020.

Helene Molnar 4.2.2020

Policies/ Procedures for Medical Documentation

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Policies and procedures for the preservation and protection of patient information, as well as the availability of resident records, have been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents who may evacuate during an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

SDC to educate staff on evacuation policies and procedures, that pertain to the preservation and protection of patient information during an evacuation, as well as how to maintain the availability of resident records.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will monitor and update when applicable policies and procedures pertaining to the preservation and protection of patient information during an evacuation, as well as the availability of resident records monthly for six months.

5. Include dates when corrective action will be completed:

Roles Under a Waiver Declared by Secretary

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Documentation describing the facility's role in providing care at an alternate care site has been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents who may evacuate during an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

SDC to educate staff on facility role in providing care at an alternate care site, when evacuated.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will monitor and update when applicable policies and procedures pertaining to the facility's role in providing care at an alternate care site when evacuated, monthly for six months.

5. Include dates when corrective action will be completed:

Names and Contact Information

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Names of all staff members and contact information have been updated in the EP binder. Information regarding entities providing services during an emergency updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents in an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Business Office Manager/ HR Manager (or assigned person) will monitor and update when applicable staff member list and contact information, weekly for four weeks and monthly for six months.

Maintenance Director will monitor and updated when applicable policies and procedures pertaining to the facility's role in providing care at an alternate care site when evacuated, and vendor (i.e., entities) contracts/ information of those providing services during emergency, weekly for four weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

Primary/ Alternate Means for Communication

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An Emergency Preparedness Communication Plan, which includes alternate means of communication in an emergency, has been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents in an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director will monitor and updated when applicable the Emergency Preparedness Communication Plan, weekly for four weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

Methods for Sharing Information

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

A communication plan, including a method for sharing information and medical documentation to maintain continuity of care, has been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents in an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director will monitor and updated when applicable the Communication Plan, weekly for four weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

Information on Occupancy/ Needs

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Documentation about facility's occupancy needs and its ability to provide assistance has been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents in an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director will monitor and updated when applicable the documentation on facility occupancy needs, and the ability to provide assistance, weekly for four weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

EP Training and Testing

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Emergency Preparedness Training and Testing Program Review was updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents in an emergency have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director will monitor and updated when applicable the Emergency Preparedness Training and Testing Program, weekly for four weeks, and monthly for six months.

5. Include dates when corrective action will be completed: Corrective actions will be complete by April 10, 2020.

EP Training Program

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Documentation of Emergency Preparedness Training has been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting.

SDC to provide Emergency Preparedness Training.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will monitor and update when applicable documentation of Emergency Preparedness Training in the EP binder weekly for 3 weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

EP Testing Requirements

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Documentation of EP Testing Requirements has been updated in the EP binder.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator (or assigned person) to discuss change with interdisciplinary team at March QAPI meeting. Interdisciplinary team to analyze results of emergency preparedness exercise.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will monitor and update when applicable documentation of EP Testing Requirements in the EP binder weekly for 3 weeks, and monthly for six months.

5. Include dates when corrective action will be completed:

Corrective actions will be complete by April 10, 2020.

Audit: EP Testing Requirements

Request/ Refuse/ Discontinue Treatment: Formulate Advance Directive

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An audit of the Advance Directives Discussion Documents was conducted on residents #63, #82, and #109.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

During MDS and Care Plan meetings, MDS will ensure that their records are correct and that Advanced Directives match up, and changes will be addressed whenever needed.

A blank Advanced Directive Discussion Document will be added to the Social Services admission folder to review with resident/responsible party during the 72-hour meeting.

Readmissions will have code status verified, and a new discussion document will be created if readmission has a change in code status or other advanced directive during hospital stay. Staff Development Coordinator to educate all nurses on Completing Transfer Form 100%, Signing and Closing Out.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director (or assigned person) will audit for 8 weeks, then monthly for 4 months, that facility maintains updated and accurate Advanced Directives Discussion Documents for residents, including new admits, readmits, and residents who have had a change in code status.

5. Include dates when corrective action will be completed:

Corrective actions will be complete by April 10th, 2020.

Helene Molnar 4.2.2020

Plan of Correction F 582 Medicaid/ Medicare Coverage & Liability Notice

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An audit of NOM-NC and ABN documents was conducted for residents #3 and #87.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any resident who would receive a NOM-NC letter has the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Social Services Director to utilize the SNF Beneficiary Protection Notification Review Pathway provided by CMS regarding the issuance of both the NOMNC and ABN to ensure that the most recent and accurate forms are being provided upon the termination of benefits. Administrator to discuss at QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director will complete weekly audits for three months, then monthly for three months to ensure 100% compliance of NOM-NC/ ABN requirements.

Include dates when corrective action will be completed:
 Corrective actions will be complete by April 10th, 2020.

Safe/ Clean/ Comfortable/ Homelike Environment

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An audit of Units 3, 4, and 5 was conducted on 3.13.2020.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Missing baseboards will be replaced on Units 3, 4, and 5.

Maintenance Director to discuss at March QAPI meeting with interdisciplinary committee.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Maintenance Director (or assigned person) will conduct weekly audits for two months, then monthly audits for two months, to repair any damaged cove base/ baseboard.

5. Include dates when corrective action will be completed:

Develop/Implement/Abuse/Neglect Policies

 Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Social Services Director was educated on Abuse/ Neglect Investigation and Reporting Policy. A thorough investigation was conducted on the event involving Resident #64.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

SDC (Staff Development Coordinator) to provide education on Abuse/ Neglect policies to all staff members.

Deer Oaks Behavioral Health to provide in-service training for management team, regarding deescalating behaviors. SDC will train floor staff.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director (or assigned person) will audit for 8 weeks, then monthly for 4 months, that the Abuse Investigation/ Reporting Tool is used appropriately for an abuse allegation. SDC (or assigned person) will conduct weekly audits for 8 weeks, then monthly audits for 4 months, to ensure that all staff members are educated on Abuse/ Neglect policies/ procedures.

5. Include dates when corrective action will be completed:

Reporting of Alleged Violations

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Social Services Director was educated on Reporting of Alleged Violations. The event allegedly involving Resident #64 was reported, and the investigation was closed.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

SDC (Staff Development Coordinator) to provide education on Abuse/ Neglect policies, as well as reporting guidelines for suspected abuse or neglect to all staff members.

Alleged abuse notification checklist will be reviewed with Administrator or DON following each reportable incident.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director (or assigned person) will audit for 8 weeks, then monthly for 4 months, that allegations of abuse/ mistreatment are reported to the State Survey Agency and Adult Protective Services within the required time frame.

5. Include dates when corrective action will be completed:

Investigate/ Prevent/ Correct Alleged Violation

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Social Services Director was educated on thoroughly investigating a witnessed allegation of abuse/ mistreatment. A thorough investigation was conducted regarding Resident #64 and the event involving resident was determined to *not* be abuse.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

SDC (Staff Development Coordinator) to provide education on Abuse/ Neglect policies, as well as reporting guidelines for suspected abuse or neglect to all staff members.

Alleged abuse notification checklist will be reviewed with Administrator or DON (or assigned person) following each reportable incident.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director (or assigned person) will audit for 8 weeks, then monthly for 4 months, that allegations of abuse/ mistreatment are thoroughly investigated.

5. Include dates when corrective action will be completed:

Transfer and Discharge Requirements

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An audit of hospital transfers was conducted, to ensure that comprehensive Care Plan goals are sent upon transfer to the hospital. Residents #53, 82, and 21 presently reside at the facility, and Resident #119 has discharged.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Administrator to provide education to Social Services Director regarding Transfer and Discharge Requirements.

Staff Development Coordinator will educate all charge nurse regarding the completion of Interact Transfer Assessment on PCC.

Social Services Director will create a discharge/ transfer packet for each unit to use as a template for discharges and transfers to ensure 100% compliance.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director (or assigned person) will conduct weekly audits for two months, then monthly audits for four months, to verify that comprehensive care plan goals are sent with any transfer to the hospital.

5. Include dates when corrective action will be completed:

Notice of Bed Hold Policy Before/ Upon Transfer

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Audit conducted to ensure bed hold notices are provided to the resident or resident representative at time of transfer to a hospital, including Residents #21, 82, and 89.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Administrator to provide education to Social Services Director regarding Notice of Bed Hold Policy Before/ Upon Transfer.

Staff Development Coordinator will educate all charge nurses regarding the notification of state bed hold policy before or upon each transfer.

Social Services Director will create a discharge/ transfer packet for each unit to use as a template for discharges and transfers to ensure that the correct documents are utilized across the facility.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Social Services Director (or assigned person) will conduct weekly audits for two months, then monthly audits for four months, to verify that each resident/ resident representative receives a Bed Hold Policy Before/ Upon Transfer.

5. Include dates when corrective action will be completed:

Encoding/Transmitting Resident Assessments

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

A completed discharge MDS Assessment, along with validation report indicating the MDS assessment was transmitted to the CMS, was completed for residents #1 and #91. MDS Coordinators were educated on Discharge MDS Assessments.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss at QAPI meeting.

MDS Coordinators to conduct 100% audit on missing assessments and complete any that are in deficient practice.

MDS Coordinators to audit MDS Assessments for the past 90-day discharges.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

MDS Coordinators will audit Discharge: MDS Assessments weekly for 8 weeks, then monthly for 6 months.

5. Include dates when corrective action will be completed:

Accuracy of Assessments

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Modification on the MDS Assessment was completed for resident #76. MDS Coordinators educated on Accurate Coding of Section J&O for Hospice Residents.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss at QAPI meeting.

MDS Coordinators to conduct 100% audit on all Hospice residents. MDS Coding for past 90 days will be reviewed to resolve any deficient practice.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

MDS Coordinators will audit MDS assessments weekly for 8 weeks, then monthly for six months.

5. Include dates when corrective action will be completed:

Develop/Implement Comprehensive Care Plan

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Comprehensive care plan was updated to include depression/ anxiety for resident #100.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss at QAPI meeting.

MDS Coordinators to conduct a 100% audit on care plans, ensure they are complete and up to date, and address any deficient practices.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

MDS Coordinators will audit care plans weekly for 8 weeks, then monthly for six months.

5. Include dates when corrective action will be completed:

Care Plan Timing and Revision

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Care Plan was revised for resident #96. MDS Coordinators educated on Significant Change MDS's.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any resident has the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss at QAPI meeting.

MDS Coordinator to conduct a 100% audit on Care Plans, complete any that are in deficient practice, and ensure that care plans are current and updated.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

MDS Coordinator to audit Care Plans with Significant Change weekly for 8 weeks, then monthly for 6 months.

5. Include dates when corrective action will be completed:

Free of Accident Hazards/ Supervision/ Devices

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

100% elopement reassessment on all residents completed. Wander-guards checked. Resident #167 placed on secure unit after hospital return for additional safety.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

SDC to Reeducate licensed clinical staff on accurate completion of elopement assessment and appropriate reassessment as indicated by residents change of condition.

Review elopement risks, wandering behaviors or other behaviors that may indicate need at weekly risk meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Director of Nursing (or designee) to perform audits of risk for elopement assessments on new admissions and residents with COC to identify those at risk, weekly for 8 weeks, then monthly for 4 months.

Central Supply Manager to conduct audits of Wander-guard supplies weekly for 8 weeks, then monthly for 4 months.

5. Include dates when corrective action will be completed:

RN 8 HRS/ 7 DAYS a Week. Full Time DON

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

RN coverage provided 8 hours per day, 7 days a week.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Administrator to monitor daily coverage on Key Factor Report.

Staffing Coordinator to ensure sufficient RN coverage.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Director of Nursing (or designee) will audit the daily schedule with the Staffing Coordinator, weekly for 6 weeks, then monthly for 4 months.

5. Include dates when corrective action will be completed:

Pharmacy Services/ Procedures/ Pharmacist/ Records

 Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

100% controlled medication count complete and accurate. Variances included in weekly risk meeting, to include errors in narc count, PCC documentation that doesn't match narcotic book.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Unit Manager (or designee) to observe shift-to-shift count on all shifts to verify count is accurate. Education to be provided when areas of opportunity are identified.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Unit Managers (or designee) will conduct cart audits to include count of controlled meds weekly for 8 weeks, then monthly for 4 months. Variations will be followed up on and reported to DON.

5. Include dates when corrective action will be completed:

Drug Regimen Review, Report Irregular, Act On

 Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Staff educated on state guidelines regarding medication administration. Discrepancies resulted in immediate cart count. Corrections made for residents #21, #61, and #71. Physician reviewed pharmacy recommendations corrected for resident #112.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Medication errors, errors in narc count, PCC documentation that does not match narc book added to weekly Risk Meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

DON (or designee) to conduct cart audits weekly for 4 weeks, then monthly for 3 months. DON (or designee) to conduct audits physician reviewed pharmacy recommendations weekly for 4 weeks, monthly for 3 months.

5. Include dates when corrective action will be completed:

Drug Regimen is Free from Unnecessary Drugs

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Two-nurse verification implemented. 100% flu consent audit performed; medication error report filed. Family and MD received notification for resident #77. Education on proper administration of vaccines with consent completed.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Two nurse signatures required for obtaining all flu and pneumonia vaccination consents. Consent to be verified prior to administration.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Infection Control Preventionist will audit consents and provide a list of residents who do not wish to receive the flu vaccine to DON, weekly for 6 weeks, then monthly for 3 months.

DON (or designee) will audit MAR to ensure those residents that did not give consent are not scheduled for flu vaccine administration, weekly for 6 weeks, then monthly for 3 months.

5. Include dates when corrective action will be completed:

Free from Unnecessary Psychotropic Meds/ PRN Use

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Audit conducted to remove all PRN psychotropic orders. If greater than 14 days, justification for continued use by MD will be indicated. Indication of the duration for an as needed psychotropic medication for resident #100 was completed. Gradual dose reduction for resident #20 was completed.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Staffing Development Coordinator (SDC) to educate nurses on federal law, which restricts PRN psychotropic drug orders to 14 days.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Director of Nursing (DON) to audit PRN psychotropics, and gradual dose recommendations to verify that GDR is being followed.

5. Include dates when corrective action will be completed:

Label/ Store Drugs and Biologicals

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Unlabeled medication removed and replaced to ensure efficacy for resident #109. Medications with illegible labels removed and reordered. Medications labeled in accordance with currently accepted professional principles and stored according to manufacture guidelines on all medication carts.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

DON (or designee) to ensure that medications are properly labeled.

SDC to educate nurses on labeling medications correctly and following manufacture recommendations. (to include labeling insulin, eyedrops and other meds that require date upon opening).

Pharmacy to provide cart audits to DON, including legible labels and properly dated medication indications. Pharmacy to report inappropriate storage of medication on carts, including those that must be refrigerated. Discrepancies to be addressed with nurse, with noncompliance including education and potential disciplinary action. Pharmacy audits to be shared with interdisciplinary team during risk meeting. Results to be documented.

Random med pass observations to be performed to verify medications being administered are labeled, dated and stored appropriately.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

DON (or designee) to audit medication carts to ensure that medications are properly labeled, weekly for 6 weeks, then monthly for 4 months.

5. Include dates when corrective action will be completed:

Nutritive Value/ Appearance, Palatable/ Prefer Temp

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An audit of resident diets conducted. Food methods that conserve nutritive value and provision and presentation of food that is palatable and attractive (i.e., pureed soup) provided to resident #89.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents who require a puree diet have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Through food preferences and mechanically altered diets listed on tray cards, puree soup will be available to any resident who needs or requests it, for every meal. All with puree requirements will be offered daily pureed soup.

Dietary Manager to educate dietary team regarding the implementation of puree soup availability for each meal.

Dietary Manager to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Dietary Manager (or assigned person) will conduct daily for three weeks, to ensure puree soup is available for all meals. Weekly inspections will be conducted for three months.

Through resident interviews, quarterly reviews and care plan meetings, Dietary Manager will monitor to ensure resident's requests and needs for food items are being met.

5. Include dates when corrective action will be completed:

Corrective actions will be complete by March 28, 2020.

Food Procurement, Store/ Prepare/ Serve- Sanitary

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Kitchen cleaned, scoop washed, food sealed and properly dated, personal items removed from refrigerator.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Dietary Manager to in-service staff of proper storage of food items, proper label and dating items, and proper use of utensils while using food items.

Daily cleaning by Dietary Manager (or assigned person) of the three inspected drains in the kitchen, for gnats and/or fruit flies. Maintenance Director or designee will clean drains monthly. Dietary Manager to discuss change with interdisciplinary team at March QAPI meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Dietary Manager (or assigned person) will audit dry goods storage, refrigerator storage, personal items storage and proper cleaning of kitchen daily for three weeks, and weekly for three months.

5. Include dates when corrective action will be completed:

Resident Records-Identifiable Information

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Education provided to nurses and CNA's on accurate and thorough documentation of patient bowel and bladder movements, and any changes or lack of evacuation of bowel or bladder, to include Resident #77. Resident #53 incident report documenting 12/24 resident had a fall causing a hematoma resulting in an order to send to the ER.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss with interdisciplinary team at QAPI.

Daily review at clinical meeting, all residents transferred to hospital, to ensure supporting documentation and reason for transfer.

Compliance rate to be addressed at weekly Risk Management meetings.

Residents transferred to hospital will be reviewed during weekly Risk Management meetings.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

ADON (or designee) to conduct audits of documentation of bowel and bladder for each patient, weekly for 6 weeks and monthly for 4 months.

5. Include dates when corrective action will be completed:

Influenza and Pneumococcal Immunizations

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

Licensed nursing staff educated on consent policy, as well as PCC education on where to locate immunization consents for residents.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Administrator to discuss at QAPI meeting.

Staff Development Coordinator will audit new admissions influenza and pneumococcal consents.

Daily review of influenza and pneumococcal percentages to be reviewed every weekday morning with interdisciplinary team.

Influenza and Pneumococcal log will be maintained by Staff development Coordinator. Unit Managers to review consents in 72-hour care plan meeting.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

Staff Development Coordinator to conduct audits of PCC consent weekly for 8 weeks, then monthly for four months.

5. Include dates when corrective action will be completed:

Maintains Effective Pest Control Program

1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice:

An audit of facility was conducted 3.6.2020, and all dead pests were removed. Contracted pest control company was contacted and visit was scheduled.

2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice:

Any residents have the potential to be affected.

3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:

Pest control company serviced the facility on 3.10.2020, and will continue at least monthly, but more frequently if necessitated.

Missing baseboards will be replaced on Unit 1.

Pest control log will be maintained by Maintenance Director.

Maintenance Director to discuss at March QAPI meeting with interdisciplinary committee.

4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained:

The Dietary Manager will conduct the three inspected drains in the kitchen, and the steam table and trash can for gnats and/or fruit flies, for 3 weeks. Weekly inspections will be conducted for three months.

Daily cleaning by Dietary Manager (or assigned person) of the three inspected drains in the kitchen, for gnats and/or fruit flies, for 3 weeks. Maintenance Director will conduct weekly inspections for three months and will clean drains monthly for three months.

Maintenance Director (or assigned person) will conduct daily audits of Unit 1, Unit 4, and Unit 5. Weekly audits of baseboards on Unit 1 will be conducted for 8 weeks, then once a month for two months.

5. Include dates when corrective action will be completed: