STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	**4142 BONNEY ROAD VIRGINIA BEACH, VA 23452**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS An unannounced Medicare/Medicaid revisit to the abbreviated standard survey conducted 02/26/2020 through 02/28/2020, was conducted 08/25/2020 through 08/28/2020 and 08/31/2020 through 09/01/2020. Significant corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. One complaint was investigated during this survey. The census in this 138 certified bed facility was 78 at the time of survey. The survey sample consisted of 4 current Resident reviews (Residents #1, #2, #3 and #4).	{F 000}		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)	F 580		9/28/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		09/24/2020

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 1 (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff interviews, facility documentation review, and clinical record review, the facility staff failed to notify the physician of a facility acquired pressure for 1 of 4 residents (Resident #2) in the survey sample. The facility staff failed to notify the physician until 08/10/20, of a pressure ulcer initially identified on 08/05/20 and failed to notify the physician of the Registered Dietitian's recommendations for vitamin supplements to promote wound healing.	F 580	1. NP and RD made aware of all orders, recommendations and wound changes on resident #2 on 8/26/2020 new orders obtained. C.N.A. #1 educated on using stop and watch tool to communicate with nurses resident changes, and LPN#2 no longer works at the facility. 2. All residents have the potential to be affected by the deficient practice. The facility will conduct a 100% skin sweep of	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 2 The findings included: Resident #2 was originally admitted to the facility on 09/06/11. Diagnosis for Resident #2 included but not limited to Cardiovascular Disease, Type 2 Diabetes Mellitus and Chronic Obstructive Pulmonary Disease. The current Minimum Data Set (MDS), an annual assessment with an Assessment Reference Date (ARD) of 07/24/20 coded Resident #2 with short and long-term memory problems and cognitive skills severely impaired-never/rarely made decisions. The MDS coded Resident #2 requiring total dependence of two with toilet use and transfer, total dependence of one with personal hygiene, eating, bathing, dressing and extensive assistance of two with bed mobility. Under section G0400 - Functional Limitation in Range of Motion (ROM), coded Resident #2 with impairment on one side to his lower extremity (hip, knee, ankle, foot). Resident #2 was coded as having no mood, rejection of care or behavioral problems. The MDS with an ARD of 07/24/20 under section "M" (Skin Condition - M0100) was coded for the using a formal assessment instrument/tool (e.g., Braden, Norton or other) for the determination of Pressure Ulcer Risk. Under section (M0150) for Risk of Pressure Ulcers coded Resident #2 at risk for developing pressure ulcers and under section (M1200) for skin and treatments was coded for having pressure reducing device bed. Resident #2's person-centered comprehensive care plan revised on 08/13/20 documented Resident #2 with actual alteration in skin integrity	F 580	all active residents of the facility. Any identified issues will be addressed and communicated to physician and Registered Dietitian according to the facility policy and procedures. 3. Education was provided to the nursing leadership and IDT on the Accordius policy and procedures for Notify of changes, Pressure Ulcers-Assessment, Investigation, Treatment, Documentaiton, Care Plan, and notification of RP and MD was conducted by the Regional Vice President of Clinical Services on 9/3/20. Continuing education of facility leadership will be conducted by the Regional Director of Clinical Services. Education being done with all nursing staff by Staff Development Coordinator. 4. Notification of changes will be reviewed by DON 3 times weekly for 8 weeks and results of weekly audits will be submitted to the QAPI committee monthly. The QAPI committee is responsible for the ongoing monitoring for compliance.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING _____ B. WING _____	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	**4142 BONNEY ROAD VIRGINIA BEACH, VA 23452**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 3	F 580		

acquired (Pressure Ulcer) to the left hip related to altered nutritional status, cognitive impairment, decreased mobility and urinary incontinence. The goal: resident's ulcer will be covered with epithelia tissue or resurfaced with new skin even with possible discoloration. Some of the intervention/approaches to manage goal: Monitor/document/report to MD changes in skin status, appearance, color, wound healing, s/s of infection, wound size and stage.

Review of Resident #2's Plan of Care Response History revealed the following information documented on 08/05/20 at approximately 10:31 p.m. by Certified Nursing Assistant (CNA) #1. Documented under skin observation was coded as having an open area.

On 08/31/20 at approximately 4:00 p.m., a phone interview was conducted with Licensed Practical Nurse (LPN) #2. LPN #2 was assigned to Resident #2 on 08/05/20 (3 PM-11 PM shift). The LPN stated, "I was never told or recall Resident #2 having a pressure ulcer/open area to his left hip."

A phone interview was conducted with (CNA) #1 on 09/01/20 at approximately 11:30 a.m. The CNA said while providing care to Resident #2, on 08/05/20 (3 PM-11 PM shift), "I observed an open area to Resident #2's left hip; the area was open but did not have a dressing. The CNA stated, "I documented the open area and reported the open area to his nurse." The CNA said she informed Resident #2's nurse right away because they are able to give a more detailed/specific report about the residents open area."

Review of Resident #2's Weekly Pressure Wound

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 4	F 580		

Observation Tool completed by Registered Nurse (RN) #2 included the following documentation:
-Date acquired - 08/07/20 Pressure Ulcer to the left hip - Suspected Deep Tissue Injury (sDTI).
-Current wound stage III
-Visible tissue -improving - slough tissue present (yellow, tan, white, stringy)
-The extent (%) of necrosis and/or slough in the wound bed - 10%
-Small amount of serous drainage with odor present
-Wound measurements - .05 cm x .05 cm with 0 depth
- Distribution of per-wound tissue - hyper pigments with intact wound edges
-Under treatment - describe any changes to treatment pan in the last week - dry dressing applied to wound upon observation.
-Nurse Practitioner (NP) made aware with a new order for Santyl ointment.
-Evaluation- the site was noted on 08/07/20 at 3 cm x 4 cm and now is a 0.5 cm x 0.5 cm.

A phone interview was conducted with RN #2 on 08/31/20 at approximately 1:20 p.m. She said on 08/10/20 (7 AM-3 PM shift), the CNA who was assigned to Resident #2 reported while providing ADL care, she noticed a patch to his left hip. She said that prompted her to do an assessment because she was not aware that Resident #2 had a wound to his left hip. The RN said upon her observation, there was a dressing to Resident #2 left hip with a date of 08/07/20 but there were no nurses' initials present. The RN said she removed the dressing to discover a stage III pressure ulcer. She said the peri area around the wound was red, non-blanchable and the wound observed with drainage, odor, and a plug of white/yellow green slough. The RN said she was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 5	F 580		

unable to locate an order for the stage III pressure ulcer in Resident #2's clinical record. The nurse said she called the Nurse Practitioner (NP), informed of the newly identified stage III pressure ulcer to Resident #2's left hip with a new order to start Santyl ointment. When asked, "What type of ointment is Santyl" she replied, "A debridement, since the wound has slough, the wound need to be debrided." When asked if she completed the Weekly Pressure Wound Observation Tool dated 08/10/20, she replied "Yes." The RN stated she put the date the pressure ulcer was acquired for 08/07/20 because that was the date on the dressing; so someone know it was there. The RN said she put the original pressure ulcer stage as a STDI because of the outer appearance of the wound being red and non-blanchable but the wound as of 08/10/20 was a stage III, again because the wound bed was with noted with slough.

Review of Resident #2's progress notes under nutrition included the following recommendation made by the Registered Dietitian:
-07/24/20 -Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days.
-08/07/20-Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days.
-08/14/20-Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days.
-08/28/20 - Registered Dietitian (RD) reviewed Resident #2 related to (r/t) skin breakdown. Vitamins and minerals in place that will aid in wound healing. Medications include but not limited to: Vitamin C and Zinc.

Review of Resident #2's Medication Administration Record (MAR) for July 2020 did not include an order for Vitamin C 500 mg once

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 6	F 580		

daily x 14 days and Zinc 220 mg once daily x 14 days.

Review of Resident #2's Medication Administration Record (MAR) for August 2020 did not include an order written on 08/07/20 for Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days. The MAR did have a start date of 08/16/20 for Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days.

A phone interview was conducted with the Registered Dietitian on 8/31/20 at approximately 1:30 p.m. She said
the recommendations made on 07/24/20, 08/07/20 and 08/14/20 for Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days was emailed to the Administrator, (DON) and Unit Manager. The dietitian said the recommendation for Vitamin C and Zinc was to assist with wound healing. The Dietitian said she was not aware of the pressure ulcer to Resident #2's left hip until 08/28/20. She said Resident #2 had other areas prior to the left hip and that is why the Vitamin C and Zinc was first recommend on July 24, 2020.

On 09/01/20 at approximately 1:15 p.m., a pre-exit phone conference was held with the (Administration Team) Administrator, DON, Staff Development Coordinator, MDS Coordinator and LPN #1 (House Supervisor). The Administration team was asked, if a nurse identifies a pressure ulcer, "What is your process." LPN #1 (House Supervisor) said the nurse should have assessed the area, called the MD/NP to make him/her aware, get an order, make sure the treatment is carried out. When asked, "Should the nurse put

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 580	Continued From page 7 a dressing to a wound without a physician order", she replied, "No." When asked, "What is your process for the RD's recommendations?" The DON stated the recommendations are first verified against the resident's current order and changes are made according to the recommendation. The DON said if medications were recommended; the physician must approve it. When asked, if the MD was made aware of the dietitian recommendation for Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days on 07/24/20 and 08/07/20. The DON replied, "I'm not seeing orders saying he was notified", the questions was asked again, if the MD was made aware of the dietitian recommendation, the DON replied, "No."	F 580		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (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	F 657		9/28/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657	Continued From page 8 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 by: Based on observations, staff interviews and clinical record review the facility staff failed to develop a comprehensive care plan within 7 days after the completion of the comprehensive assessment to include pressure ulcer interventions for 1 of 4 residents in the survey sample, Resident #1. The findings included: Resident #1 was admitted to the facility on 07/08/2020 and expired on 08/28/2020. Diagnosis included but were not limited to Heart Failure, Cerebrovascular Disease, Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left Non-Dominant Side and Type 2 Diabetes Mellitus. Resident #1's Admission Minimum Data Set (MDS-an assessment protocol) with an Assessment Reference Date of 07/10/2020 was coded with a BIMS (Brief Interview for Mental Status) score of 03 indicating severe cognitive impairment. In addition, the Minimum Data Set coded Resident #1 as requiring extensive assistance of 1 for bed mobility and eating and total dependence of 1 for toilet use, personal hygiene and bathing. On 08/27/2020 Resident #1's clinical record was reviewed and revealed the following:	F 657	1. Resident #1 no longer at facility. 2. All residents have the potential to be affected by this deficient practice. The facility will conduct at 100% skin sweep of all active residents of the facility and care plans audited and updated. Wound care observation tool updated. 3. Education was provided to the nursing leadership and IDT on the Accordius policy and procedures for Pressure Ulcers-Assessment, Investigation, Treatment, Documentaion, Care Plan, and notification of RP and MD was conducted by the Regional Vice President of Clinical Services 9/3/20. Continuing education of facility leadership will be conducted by the Regional Director of Clincal Services. Education being done with all nursing staff by Staff Development Coordinator. 4. Care plans that include pressure ulcer interventions related to the completion of a comprehensive assessment and wound observation tools will be reviewed by DON 3 times a week for 8 weeks and results of weekly audits will be submitted to QAPI	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	**4142 BONNEY ROAD VIRGINIA BEACH, VA 23452**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657	Continued From page 9	F 657	committee monthly. The QAPI committee is responsible for the ongoing monitoring for compliance.	

Review of "Admitting Daily Skin Assessment" revealed the following: Date: 07/08/2020 16:05 Signed: 07/08/2020 23:39 "Head To Toe Skin Checks" 1. Skin Integrity 1p. Describe new or existing other issues: "Open area to left heel." 3. Site: 50) Left heel Type: open area.

Review of "Braden Scale For Predicting Pressure Sore Risk" revealed the following: Date: 07/08/2020 Score: 11.0 Category: HIGH RISK; Date: 07/15/2020 Score: 10.0 Category: HIGH RISK: Date: 07/22/2020 Score: 12.0 Category: HIGH RISK.

Review of Resident #1's Admission MDS assessment with an Assessment Reference Date of 07/10/2020 revealed the following: "Section M - Skin Conditions M0150. Risk of Pressure Ulcers - Question asks - Is this resident at risk of developing pressure ulcers? 1. Yes. M0210. Unhealed Pressure Ulcer(s) - Question asks - Does this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher? 1. Yes. M0300. Current Number of Unhealed Pressure Ulcers at Each Stage - B. 1. Number of Stage 2 Pressure Ulcers - 3. B. 2. Number of these Stage 2 Pressure Ulcers that were present upon admission/reentry - 3. C. 1. Number of Stage 3 Pressure Ulcers - 0. D. 1. Number of Stage 4 Pressure Ulcers - 0. F. 1. Number of Unstageable Pressure Ulcers due to coverage of wound bed by slough and/or eschar - 0. M1200. Skin and Ulcer Treatments B. Pressure reducing device for bed. C. Turning / repositioning program. E. Pressure Ulcer Care.

Review of "Weekly Pressure Wound Observation Tools" revealed the following:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657	Continued From page 10	F 657		

Effective Date: 07/09/2020 14:37 B. OBSERVATIONS/DATA: 1. Location: Left Heel 4. PRESSURE ULCER STAGE: Original: III Current: III 8. WOUND MEASUREMENTS: Length (mm): 24 Width (mm): 25 Depth (mm): 1
Effective Date: 07/16/2020 17:43 B. OBSERVATIONS/DATA: 1. Location: Left Heel 4. PRESSURE ULCER STAGE: Original: II Current: II. 8. WOUND MEASUREMENTS: Length (mm): 25 Width (mm): 24 Depth (mm): 1
Effective Date: 08/13/2020 09:28 B. OBSERVATIONS/DATA: 1. Location: Left Heel 4. PRESSURE ULCER STAGE: Original: SDTI (suspected deep tissue injury) Current: IV. 8. WOUND MEASUREMENTS: Length (mm): 100 Width (mm): 80 Depth (mm): 0

On 08/28/2020 received copy of "Skin Wound Note" dated 07/23/2020 16:22. Review of note revealed the following: "Late Entry: Note Text: #1 wound left heel PrU (Pressure Ulcer) - 4.5 x 3 x 0- came from hospital with ulcer. Unstageable. Tx - clean, betadine gauze, wrap with kerlix - QD, PRN. Pt. (Patient) is Hospice."

On 08/28/2020 review of Resident #1's comprehensive care plan revealed the following: Focus: Actual alteration in skin integrity (Pressure Ulcer) stage 2 left heel. Date initiated: 08/13/2020 Revision on: 08/20/20. Goal: Wound will be free of infection. Date initiated: 08/13/2020 Target Date: 10/27/2020 Interventions/Tasks: Heels off loaded when in bed. Date initiated: 08/13/2020; Institute Weekly Pressure Ulcer Condition Report (refer to document for size and staging) Date initiated: 08/13/2020; Provide meals per physician order.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657	Continued From page 11	F 657		

Date initiated: 08/13/2020; Provide medical food supplement per physicians order. Date initiated: 08/13/2020; RD (Registered Dietician) will monitor and evaluate nutritional intake and condition of wound and make recommendations as indicated. Date initiated: 08/13/2020. Review of care plan, Stage 2 Pressure Ulcer on the Left Heel, does not reflect Stage 4 Pressure Ulcer on Left Heel as evidenced on the "Weekly Pressure Wound Observation Tool" dated 08/13/2020. Unable to locate pressure ulcer care plan initiated within 7 days after completion of the comprehensive assessment and prior to 08/13/2020.

On 08/31/2020 at 11:55 a.m., a telephone interview was conducted with MDS Coordinator. When asked when Resident #1 was admitted to the facility, the MDS Coordinator stated, "07/08/2020." When asked what was the Assessment Reference Date for the Admission MDS, MDS Coordinator stated, "07/10/2020." When asked when was the comprehensive careplan completed, MDS Coordinator stated, "07/13/2020." When asked if Resident #1 had a Stage 3 Pressure Ulcer on his left heel on admission, MDS Coordinator stated, "I see he had an open area on his left heel on admission." MDS Coordinator stated, "Actual Alteration in Skin Integrity Care Plan" was initiated on 08/13/2020. MDS Coordinator stated, "Another nurse did the MDS, she is retired now." MDS Coordinator stated, "He had Stage 2's on the MDS." Reviewed the "Weekly Pressure Wound Observation Tool " dated 07/09/2020 with the MDS Coordinator. Review of the tool revealed documentation that Resident #1 had a Stage 3 on the Left Heel. When asked, "Is it documented on the Observation Tool that Resident #1 had a

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 657	Continued From page 12 Stage 3 on his left heel?" MDS Coordinator stated, "Yes, I see it." When asked if the careplan for Alteration in Skin Integrity should have been initiated prior to 08/13/2020, MDS Coordinator stated, "Yes." MDS Coordinator stated, "The care plan should be reflective of what is going on with the resident." On 09/01/2020 at approximately 5:25 p.m., the exit meeting was conducted over the telephone and the Administrator and Director of Nursing was informed of the findings. No further information was provided by the facility staff.	F 657		
{F 686} SS=G	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, clinical record review and facility documentation review the facility failed to ensure 2 residents (Resident #2, #1) of 4 residents in the survey sample, were provided treatment and services to prevent the development of, promote the healing of, and	{F 686}	1. On 8/28/2020 resident #1 no longer at facility. Resident #2 wound assessed, new wound orders were obtained, resident supplements continue as ordered by MD. Resident re-seen via telehealth for wound care. LPN#1 no longer works at the	9/28/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

{F 686} Continued From page 13
prevent the decline of, a pressure ulcer, resulting in harm for Resident #2.

The findings included:

1. For Resident #2, the facility staff failed to implement measures to prevent a left hip pressure ulcer and failed to identity the ulcer until it had advanced to a Stage III. The newly identified left hip pressure ulcer was first observed on 08/05/20 with no treatment put in place. On 08/07/20 there was a dressing covering the pressure ulcer to the left hip but no physician notification nor routine wound care treatment was put in place. On 08/10/20, the wound had advanced to a stage III pressure ulcer and presented with slough resulting in harm.

Resident #2 was originally admitted to the facility on 09/06/11. Diagnosis for Resident #2 included but not limited to Cardiovascular Disease, Type 2 Diabetes Mellitus and Chronic Obstructive Pulmonary Disease.

The current Minimum Data Set (MDS), an annual assessment with an Assessment Reference Date (ARD) of 07/24/20 coded Resident #2 with short and long-term memory problems and cognitive skills severely impaired-never/rarely made decisions. The MDS coded Resident #2 requiring total dependence of two with toilet use and transfer, total dependence of one with personal hygiene, eating, bathing, dressing and extensive assistance of two with bed mobility. Under section G0400 - Functional Limitation in Range of Motion (ROM) coded Resident #2 with impairment on one side to his lower extremity (hip, knee, ankle, foot). Resident #2 was coded as having no mood, rejection of care or

{F 686}

facility. LPN#2/House Supervisor/DON re-educated regarding Accordius policy and procedure for Pressure Ulcers-Assessment, Investigation, Treatment, Documentaion, Care Plan, and nofication of RP and MD.

2. All residents have the potential to be affected by this deficient practice. The facility will conduct a 100% skin sweep and Braden scale audit of all active residents of the facility. Any identified issues will be addressed according to the facility policy and procedures.

3. Education was provided to the nursing leadership and IDT on the Accordius policy and procedures for Pressure Ulcers-Assessment, Investigation, Treatment, Documentaion, Care Plan, and notification of RP and MD was conducted by the Regional Vice President of Clinical Services 9/3/20. Continuing education of facility leadership will be conducted by the Regional Director of Clincal Services. Education being done with all nursing staff by Staff Development Coordinator.

4. Pressure Ulcers will be reviewed by DON 3 times a week for 8 weeks and results of weekly audits will be submitted to QAPI committee monthly. The QAPI committee is responsible for the ongoing monitoring for compliance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 14	{F 686}		

behavioral problems.

The MDS with an ARD of 07/24/20 under section "M" (Skin Condition - M0100) was coded for the using a Formal Assessment Instrument/tool (e.g., Braden, Norton or other) for the determination of Pressure Ulcer Risk. Under section (M0150) for Risk of Pressure Ulcers coded Resident #2 at risk for developing pressure ulcers and under section (M1200) for skin and treatments was coded for having pressure reducing device bed.

Resident #2's person-centered comprehensive care plan revised on 08/13/20 documented Resident #2 with actual alteration in skin integrity acquired (Pressure Ulcer) to the left hip related to altered nutritional status, cognitive impairment, decreased mobility and urinary incontinence. The goal: resident's ulcer will be covered with epithelia tissue or resurfaced with new skin even with possible discoloration. Some of the intervention/approaches to manage goal: administer multivitamin with mineral per physician order, institute Weekly Pressure Ulcer Condition Report, monitor for S/S of infection and report to physician for care and treatment or debride, Registered Dietitian (RD) will monitor, evaluate nutritional status and condition of wound and make recommendations as indicated and specialty mattress (air-loss)-applied on 08/25/20.

Prior to the left hip pressure Resident #2's comprehensive care plan initiated on 03/23/19 with a revision date of 07/21/20 documented Resident #2 as high risk for skin breakdown related to generalized weakness, dementia, incontinence and Peripheral Vascular Disease (PVD). The goal: the resident will be free of skin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 15 breakdown through 10/29/20 (target date). Some of the intervention/approaches to manage goals included to assess Resident #2's skin weekly and as needed and to administer dietary supplements as ordered. A Braden Risk Assessment Report was last completed on 05/19/19. A Braden Risk Assessment is used for predicting pressure sore risk. Resident #2 scored a 20 indicating not at risk for the development of pressure ulcers. On 09/01/20 at approximately 2:44 p.m., a phone interview was conducted with the Director of Nursing (DON) and LPN #1 (House Supervisor). The DON and LPN #1 were asked how often should the Braden Scale Assessment be completed and they replied, "On a quarterly basis." The LPN said the Braden Scale Assessment is used to predetermine if the resident is at risk for the development of pressure ulcers along with their nutritional value. Review of Resident #2's Plan of Care Response History revealed the following information documented on 08/05/20 at approximately 10:31 p.m., by Certified Nursing Assistant (CNA) #1. Documented under skin observation was coded as having an open area. A phone interview was conducted with (CNA) #1 on 09/01/20 at approximately 11:30 a.m. The CNA said while providing care to Resident #2, on 08/05/20 (3-11 shift.) I observed an open area to Resident #2's left hip; the area was open but did not have a dressing. The CNA stated, "I documented the open area and reported the open area to his nurse." The CNA said she informed Resident #2's nurse right away because they are	{F 686}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 16	{F 686}		

able to give a more detailed/specific report about the residents open area."

On 08/31/20 at approximately 4:00 p.m., a phone interview was conducted with Licensed Practical Nurse (LPN) #2. LPN #2 was assigned to Resident #2 on 08/05/20 (3-11 shift). The LPN stated, "I was never told or recall Resident #2 having a pressure ulcer/open area to his left hip."

Review of Resident #2's Weekly skin review revealed the following:
07/30/20 - not completed
08/06/20 - not completed
08/13/20 - completed with the following information included but not limited to: (open area to left hip.)

An interview was conducted with LPN #1 (House Supervisor) on 08/31/20, who stated, "We were behind on completing our weekly skin reviews." She said Resident #2's weekly skin review was missed on 07/30/20 and 08/06/20 but completed on 08/13/20.

Review of Resident #2's Weekly Pressure Wound Observation Tool dated 8/10/20 completed by Registered Nurse (RN) #2 included the following documentation:
Date acquired - 08/07/20 Pressure Ulcer to the left hip - Suspected Deep Tissue Injury (sDTI).
Current wound stage III
Visible tissue -improving - slough tissue present (yellow, tan, white, stringy)
The extent (%) of necrosis and/or slough in the wound bed - 10%
Small amount of serous drainage with odor present
Wound measurements - 0.5 cm x 0.5 cm with 0

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 17 depth Distribution of per-wound tissue - hyper pigments with intact wound edges Under treatment - describe any changes to treatment pan in the last week - dry dressing applied to wound upon observation. Nurse Practitioner (NP) made aware with a new order for Santyl ointment. Evaluation- the site was noted on 08/07/20 at 3 cm x 4 cm and now is a 0.5 cm x 0.5 cm. Review of Resident #2's Skin/Wound Notes completed by RN #2 included the following documentation: 08/10/20 - left hip noted with a 3 cm x 4 cm hyperpigmented sited with a 0.5 cm x 0.5 cm with a pale white/green plug of slough in it, site cleaned with normal saline, dried, covered with Xeroform. The (NP) made aware with a new order for Santyl ointment and dressing daily. 08/26/20 - left hip noted with some non-viable tissue present and requested to change treatment from Alginate to Santyl ointment. Review of Resident #2's Treatment Administration Record (TAR) for August 2020 included the following left hip wound care order: 08/10/20- Santyl ointment - apply to left hip - clean wound with wound cleanser, pay dry, apply Santyl to wound bed and cover with a saline moist gauze and cover what composite dressing - starting on 08/11/20. 08/14/20 - D/C Santyl - start Alginate and boarder composite dressing - clean wound with dermal wound cleanser, pat dry, cut and fit Alginate and skin prep to peri wound skin and cover with boarder composite dressing every other day starting on 08/14/20. 08/26/20 -D/C Alginate dressing - start Santyl	{F 686}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 18 ointment - apply to left hip - clean wound with wound cleanser, pay dry, apply Santyl to wound bed and cover with a saline moist gauze and cover what composite dressing starting on 08/27/20. Review of Resident #2's (TAR) for August 2020 also included the following order: 08/25/20 - Low Air Loss Mattress every shift for Preventative Care. A phone interview was conducted with RN #2 on 08/31/20 at approximately 1:20 p.m. She said on 08/10/20 (7 AM-3 PM shift), the CNA who was assigned to Resident #2 reported while providing ADL care, she noticed a patch to his left hip. She said that prompted her to do an assessment because she was not aware that Resident #2 had a wound to his left hip. The RN said upon her observation, there was a dressing to Resident #2 left hip with a date of 08/07/20 but there were no nurses' initials present. The RN said she removed the dressing to discover a stage III pressure ulcer. She said the peri area around the wound was red, non-blanchable and the wound observed with drainage, odor, and a plug of white/yellow green slough. The RN said she was unable to locate an order for the stage III pressure ulcer in Resident #2's clinical record. The nurse said she called the Nurse Practitioner (NP), informed of the newly identified stage III pressure ulcer to Resident #2's left hip with a new order to start Santyl ointment. When asked what type of ointment Santyl was, she replied, "A debridement, since the wound has slough, the wound need to be debrided." When asked if she completed the Weekly Pressure Wound Observation Tool dated 08/10/20, she replied "Yes." The RN stated she put the date the	{F 686}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 19 pressure ulcer was acquired for 08/07/20 because that was the date on the dressing; so someone know it was there. The RN said she put the original pressure ulcer stage as a STDI because of the outer appearance of the wound being red and non-blanchable but the wound as of 08/10/20 was a stage III, again because the wound bed was with noted with slough. Review of Resident #2's Telehealth -Integrated Wound Care Forms included but not limited to the following: On 08/13/20, the wound care specialist documented a stage II pressure ulcer to the left hip. The wound measured 0.5 cm x 0.3 cm x 0.1 cm with small amount of serous drainage. The wound care specialist documented that the wound improving with hyperpigmentation. Wound treatment - clean: wound cleaning spray -apply Santyl daily - might change to skin prep since would improving for protection. On 08/21/20, the wound care specialist documented the left hip with excoriation. Note; initially looked like pressure ulcer but now looks more like excoriation. Left hip wound noted with granulation tissue forming. Wound treatment - clean: wound cleaning spray-apply Venelex-put on today due to pressure ulcer last week, assess and change treatment as needed. On 09/01/20, the wound care specialist documented the left hip measuring 3.4 cm x 3.9 cm x 0 with 100% slough, macerated edged, no odor or drainage per DON. Wound treatment changed-clean: wound-apply Santyl, cover with border gauze daily and as needed.	{F 686}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 20	{F 686}		

A phone interview was conducted with wound care specialist on 09/01/20 at approximately 10:54 a.m. She said at the time Telehealth was done on 08/13/20, the wound had improved and was definitely a stage II on 08/13/20. She stated with my visit on 08/21/20, the wound continued to improve and at that point looked more like excoriation than a stage II pressure ulcer.

On 9/01/20 at approximately 5:10 p.m., a phone interview was conducted with the wound nurse who said she had just finished her wound assessment on Resident #2 and the wound has deteriorated since my last telehealth visit on 8/13/20. She said the wound is now covered with 100% slough, so the current treatment is being is discontinued and the new treatment is going to be Santyl ointment.

Review of Resident #2's progress notes under nutrition included the following recommendation made by the Registered Dietitian:
-07/24/20 -Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days.
-08/07/20-Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days.
-08/14/20-Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days.
-08/28/20 - Registered Dietitian (RD) reviewed Resident #2 related to (r/t) skin breakdown. Vitamins and minerals in place that will aid in wound healing. Medications include but not limited to: Vitamin C and Zinc.

Review of Resident #2's Medication Administration Record (MAR) for July 2020 did not include an order for Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 21	{F 686}		

Review of Resident #2's Medication Administration Record (MAR) for August 2020 did not include an order written on 08/07/20 for Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days. The MAR did have a start date of 08/16/20 for Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days.

A phone interview was conducted with the Registered Dietitian on 8/31/20 at approximately 1:30 p.m. She said
the recommendations made on 07/24/20, 08/07/20 and 08/14/20 for Vitamin C 500 mg once daily x 14 days and Zinc 220 mg once daily x 14 days was emailed to the Administrator, (DON) and Unit Manager. The dietitian said the recommendation for Vitamin C and Zinc was to assist with wound healing. The Dietitian said she was not aware of the pressure ulcer to Resident #2's left hip until 08/28/20. She said Resident #2 had other areas prior to the left hip and that is why the Vitamin C and Zinc was first recommend on July 24, 2020.

On 9/01/20 at approximately 3:45 p.m., during the pre-exit phone conference with the Administration staff. When asked if a Root Cause Analysis (RCA) or an investigation was completed on Resident #2's left hip pressure ulcer, the DON and LPN #1 (House Supervisor) both replied "No."

The facility's policy titled Prevention of Pressure Ulcers/Injuries with a revision date of 07/2017.
-Purpose: The purpose of this procedure is to provide information regarding identification of pressure ulcer/injury risk factors and interventions

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 22	{F 686}		

for specific risk factors.

Risk Assessment:
-Assess the resident on admission for existing pressure ulcer/injury risk. Repeat the risk assessment weekly and upon any changes in condition.

-Monitoring
Evaluate, report and document potential changes in the skin.
Review the interventions and strategies for effectiveness on an ongoing basis.

Definitions:
*A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue (http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/).

Pressure Injury - Stage 3 (Full-thickness skin loss)
Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 23	{F 686}		

Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury (http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages.)

*Santyl is used to help the healing of burns and ulcers. Collagenase is an enzyme. It works by helping to break up and remove dead skin and tissue. This effect may also help to work better and speed up your body's natural healing process (antibiotics <http://www.webmd.com/cold-and-flu/rm-quiz-antibiotics-myths-facts.)

*Alginate Dressings are composed of calcium alginate, a gelatinous and water-insoluble substance. When in contact with a wound, the calcium alginate in the dressing reacts with sodium chloride from the wound. This turns the dressing into a hydrophilic gel that maintains a moist environment for the wound (www.medicaldepartmentstore.com/Alginate-Dressings-s/286.htm.)

2. For Resident #1, the facility staff failed to accurately assess and ensure treatment orders were obtained and implemented timely.

Resident #1 was admitted to the facility on 07/08/2020 and expired on 08/28/2020. Diagnoses included but were not limited to Heart Failure, Cerebrovascular Disease, Hemiplegia and Hemiparesis following Cerebral Infarction affecting Left Non-Dominant Side and Type 2 Diabetes Mellitus. Resident #1's Admission Minimum Data Set (MDS-an assessment protocol) with an Assessment Reference Date of 07/10/2020 was coded with a BIMS (Brief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ___ B. WING ___	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 24 Interview for Mental Status) score of 03 indicating severe cognitive impairment. In addition, the Minimum Data Set coded Resident #1 as requiring extensive assistance of 1 for bed mobility and eating and total dependence of 1 for toilet use, personal hygiene and bathing. On 08/26/2020 at 11:05 a.m., wound care to Resident #1's left heel was observed performed by Registered Nurse (RN) #3. Resident #1 was observed lying in bed on a low air loss mattress. RN #3 performed hand hygiene, donned clean gloves and removed the wound dressing from the residents left heel revealing a dark eschar plate covering the wound. When RN #3 was asked how she would describe the resident's wound on the left heel, RN #3 stated, "It's a necrotic cap, unstageable." RN #3 performed hand hygiene, donned clean gloves and continued to perform wound care, cleaned left heel with Dakins Solution, applied gauze 4x4 dressing with Betadine Solution to eschar plate and covered Betadine dressing with ABD (Abdominal) Pad and wrapped left heel with kerlix. RN #3 removed dirty gloves and performed hand hygiene. On 08/27/2020 Resident #1's clinical record was reviewed and revealed the following: Review of "Admitting Daily Skin Assessment" revealed the following: Date: 07/08/2020 16:05 Signed: 07/08/2020 23:39 "Head To Toe Skin Checks" 1. Skin Integrity 1p. Describe new or existing other issues: "Open area to left heel." 3. Site: 50) Left heel Type: open area. Review of "Weekly Pressure Wound Observation Tools" revealed the following:	{F 686}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	**4142 BONNEY ROAD VIRGINIA BEACH, VA 23452**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 25 Effective Date: 07/09/2020 14:37 B. OBSERVATIONS/DATA: 1. Location: Left Heel 4. PRESSURE ULCER STAGE: Original: III Current: III (stage 3) 5. VISIBLE TISSUE: 5c. Granulation tissue present (beefy red) 5i, Describe the extent (%) of necrosis and/or slough in the wound bed: 0. 8. Wound Measurements Length (mm): 24 Width (mm): 25 Depth (mm): 1 9. PERI-WOUND TISSUE: Normal 9b. Describe wound edges and shape: Well Defined C. TREATMENT: 1. Describe any changes to treatment plan in the last week: Medi-honey 2. Current treatment plan: Medihoney E. COMMENTS: Resident admitted with wound present, hospice services in place, expressed pain with manipulation, wound 100% granulation tissue noted. Effective Date: 07/16/2020 17:43 B. OBSERVATIONS/DATA: 1. Location: Left Heel 4. PRESSURE ULCER STAGE: Original: II Current: II (stage 2). 5. VISIBLE TISSUE: 5c. Granulation tissue present (beefy red). 8. WOUND MEASUREMENTS: Length (mm): 25 Width (mm): 24 Depth (mm): 1 Effective Date: 08/13/2020 09:28 B. OBSERVATIONS/DATA: 1. Location: Left Heel 4. PRESSURE ULCER STAGE: Original: SDTI (suspected deep tissue injury) Current: IV (stage 4). 5. VISIBLE TISSUE: 5a. Overall Impression: d. Worsening. 5i. Describe the extent (%) of necrosis and/or slough in the wound bed: 75. 6. DRAINAGE: 6a. Type: Serosanguinous 6b. Amount: Moderate 8. WOUND MEASUREMENTS: Length (mm): 100 Width (mm): 80 Depth (mm): 0 9. PERI-WOUND TISSUE: 9a. Description of	{F 686}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 26 peri-wound tissue: ethic color. 9b. Describe wound edges and shape: Intact approx (Approximately) 50 (Fifty) % (Percent) and rolled 50%. C. TREATMENT: 1. Describe any changes to treatment plan in the last week: "The site has been noted since admission and resident continues with treatment per hospice." 2. Current treatment plan: Betadine. D. EVALUATION: Wound Progress: "Noted the site has greatly deteriorated and has a faint odor." Review of Resident #1's Admission MDS assessment with an Assessment Reference Date of 07/10/2020 revealed the following: "Section M - Skin Conditions M0150. Risk of Pressure Ulcers-Question asks - Is this resident at risk of developing pressure ulcers? 1. Yes. M0210. Unhealed Pressure Ulcer(s) - Question asks - Does this resident have one or more unhealed pressure ulcer(s) at Stage 1 or higher? 1. Yes. M0300. Current Number of Unhealed Pressure Ulcers at Each Stage - B. 1. Number of Stage 2 Pressure Ulcers - 3. B. 2. Number of these Stage 2 Pressure Ulcers that were present upon admission/reentry - 3. C. 1. Number of Stage 3 Pressure Ulcers - 0. D. 1. Number of Stage 4 Pressure Ulcers - 0. F. 1. Number of Unstageable Pressure Ulcers due to coverage of wound bed by slough and/or eschar - 0. M1200. Skin and Ulcer Treatments B. Pressure reducing device for bed. C. Turning / repositioning program. E. Pressure Ulcer Care. Review of "Braden Scale For Predicting Pressure Sore Risk" revealed the following: Date: 07/08/2020 Score: 11.0 Category: HIGH RISK; Date: 07/15/2020 Score: 10.0 Category: HIGH RISK: Date: 07/22/2020 Score: 12.0 Category: HIGH RISK.	{F 686}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 27 Review of "Weekly Skin Review" revealed the following: Date: 07/14/2020 SKIN CONDITION: 8a. Open Area Site - 53) Sacrum; Other (specify) - skin tears bilateral arms; 49) Right heel. Date: 07/21/2020 SKIN CONDITION: 8a. Open Area 9. Other: Multiple skin tears bilateral upper arm, pressure ulcer left heel, paper thin skin bilateral arms and legs. Date: 07/28/2020 SKIN CONDITION: 8a. Open Area 9. Other: Multiple skin tears bilateral upper arms, pressure ulcer left heel, paper thin skin bilateral arms and legs. Date: 08/04/2020 SKIN CONDITION: 8a. Open Area 9. Other: Multiple skin tears bilateral upper arm, pressure ulcer left heel, paper thin bilateral arms and legs. Date: 08/19/2020 SKIN CONDITION: 8a. Open Area Site - 50) left heel Description: tx (Treatment) in progress. Review of Resident #1's Order Summary Reports, Treatment Administration Records (TAR) and Medication Administration Records (MAR) for Periods 07/01/2020 - 07/31/2020 and 08/01/2020 - 08/31/2020 revealed the following treatment orders for the left heel: "Cleanse left heel with wound cleanser and pat dry and apply dry dressing until healed q (every) day shift for measurements and monitoring as needed for wound care." Order Date: 07/12/2020 Start Date: 07/13/2020 D/C (Discontinued) Date: 07/13/2020." "Medihoney Wound/Burn Dressing Gel (Wound Dressings) Apply to left heel topically every day shift every other day for wound care. Cleanse with wound cleanser, pat dry, skin prep periwound, apply to wound bed, cover with gauze,	{F 686}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

{F 686} Continued From page 28 {F 686}

wrap with kerlix. Order Date: 07/13/2020 Start Date: 07/15/2020 D/C Date: 07/15/2020."
"Medihoney Wound/Burn Dressing Gel (Wound Dressings) Apply to left heel topically every day shift every other day for wound care. Cleanse with wound cleanser, pat dry, skin prep periwound, apply to wound bed, cover with gauze, wrap with kerlix." Order Date: 07/15/2020 Start Date: 07/17/2020 D/C Date: 07/28/2020."
"Tx (Treatment) - clean left heel, betadine gauze, wrap with kerlix every day shift." Order Date: 07/28/2020 Start Date: 07/29/2020 D/C Date: 08/13/2020."
"Tx - clean left heel with Dakins 0.25%, betadine gauze, wrap with kerlix every day shift for wound to heal." Order Date: 08/13/2020 Start Date: 08/14/2020."
Low Air Loss Mattress every shift for PREVENTATIVE CARE. Order Date: 08/26/2020 Start Date: 08/26/2020.

Review of "Order Summary Report" for ORDER DATE RANGE: 07/01/2020 - 07/31/2020 did not evidence any wound treatment order for the left heel prior to July 12, 2020 or treatment to the left heel prior to July 13, 2020.

On 08/28/2020 at 12:45 p.m., a telephone interview was conducted with the Director of Nursing (DON), when asked when Resident #1 was admitted to the facility, the DON stated, "July 08, 2020." When asked if he had an open wound on his left heel on admission, DON stated, "Yes." When asked what stage the wound was on the left heel on admission, DON stated, "Stage 3." When asked what were the wound measurements on admission, DON stated, "24 mm x 24 mm x 1 mm, tissue was normal, edges were defined. It was open." When asked if the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 29 resident had a treatment order for the left heel, DON stated, "No, nothing came from the hospital." When asked when was the first treatment ordered for the left heel, DON stated, "July 12, 2020, the nurses got the order." When asked if Resident #1 should of had a treatment order prior to July 12, DON stated, "Yes, he should of had a treatment order." When asked why he didn't have a treatment order for the left heel prior to July 12, 2020, DON stated, "He was admitted by Hospice. I don't know why they didn't follow up with an order." When asked if the facility staff nurses check and follow up to ensure residents have orders as needed, the DON stated, "Yes, but they didn't follow up." DON stated, "(Resident name) was seen by the wound nurse on July 12, 2020, that is when he got his order." When asked when Resident #1 should of had a treatment order for the left heel, DON stated, "He should of had a treatment order on the date of admission." DON stated, "We do not have a Wound Nurse and the Nurses on the units are doing wound care." When asked when Resident #1 was placed on the low air loss mattress, DON stated, "August 26, 2020." When asked what type mattress Resident #1 was on prior to the low air loss mattress, DON stated, "(Resident name) had been on a beige box egg crate overlay on the bed." The DON stated that staff are to off load Resident #1's heels with pillows and stated that Resident #1 could not have Prevalon Boots because his skin tears easily and he is a high bleeder. Reviewed left heel "Weekly Pressure Wound Observation Tools" with Effective Dates of 07/09/2020 14:37, 07/16/2020 17:43 and 08/13/2020 09:28 with the DON. Left heel pressure ulcer wound stages documented as follows: Stage 3 on 07/09/2020, Stage 2 on 07/16/2020 and a Stage 4 on	{F 686}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 30 08/13/2020. The DON stated that she had wound measurements for the left heel dated 07/23/2020 and the wound was unstageable. The DON stated, "(Resident name) was referred to the Wound Doctor on 07/23/2020." When asked if the Wound Doctor was with (Name) Wound Care, DON stated, "Yes." The DON stated that the last wound measurements available were done on 08/13/2020. A copy of wound measurements for 07/23/2020 was requested from the DON. On 08/28/2020 received and reviewed the "Skin Wound Note" dated 07/23/2020 16:22. Review of note revealed the following: "Late Entry: Note Text: #1 wound left heel PrU (Pressure Ulcer) - 4.5 x 3 x 0- came from hospital with ulcer. Unstageable. Tx - clean, betadine gauze, wrap with kerlix - QD, PRN. Pt. (Patient) is Hospice." On 08/28/2020 "(Name) Wound Care" Progress Notes were reviewed and revealed the following: Date of Service: 07/23/2020 Encounter: Initial, Progress: Improving #1 Left Heel Pressure Ulcer Treatment Recommendations: Clean: Dakin's Solution 0.25% (1/2 S) Freq(Frequency): Daily (QD) & PRN (As Necessary). Instructions: Clean with Dakins, betadine gauze, wrap with kerlix." Pressure Relief/Off Loading: Facility pressure ulcer prevention protocol; Pressure redistribution mattress per facility protocol; Turn and reposition per schedule protocol; Heel offloading per facility protocol; Misc (Miscellaneous) order: Incontinence care prn; Optimize nutrition. Date of Service: 08/13/2020 Encounter: Subsequent, Progress: deteriorating #1 Left	{F 686}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 31	{F 686}		

Heel Pressure Ulcer Unstageable - L 10 cm x W 8 cm x D 0 cm. Tissue Type: 100% Necrotic. Treatment Recommendations: Clean: Dakin's Solution 0.25% (1/2 S) Freq: Daily & PRN. Instructions: Clean with Dakins, betadine gauze, wrap with kerlix. Pressure Relief/Off loading: Facility pressure ulcer prevention protocol; Pressure redistribution mattress per facility protocol; Heel offloading per facility protocol; Misc order: Incontinent care prn; Optimize nutrition.

Date of Service: 08/21/2020 Encounter: Subsequent, Progress: deteriorating #1 Left Heel Pressure Ulcer Unstageable L 10 cm x W 8 cm x D 0 cm Odor: Strong Tissue Type: 80% eschar 20% Necrotic Note: Left heel PrU (Pressure Ulcer) was obtained at hospital. Was found on admission to LTC (Long Term Care). Strong odor per DON (Director of Nursing). Says smalls like "Burnt meat." Treatment Recommendations: Clean: Dakin's Solution 0.25% (1/2 S) Freq: Daily & PRN. Instruction: Clean with Dakins, betadine gauze, wrap with kerlix. Pressure Relief/Off loading: Facility pressure ulcer prevention protocol; Pressure redistribution mattress per facility protocol; Turn and reposition per schedule protocol; Heel offloading per facility protocol. Misc order: Incontinence care prn; Optimize nutrition.

On 08/28/2020 review of Resident #1's comprehensive care plan revealed the following: Focus: Actual alteration in skin integrity (Pressure Ulcer) stage 2 left heel. Date initiated: 08/13/2020 Revision on: 08/20/20. Goal: Wound will be free of infection. Date initiated: 08/13/2020 Target Date: 10/27/2020 Interventions/Tasks: Heels off loaded when in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 32 bed. Date initiated: 08/13/2020; Institute Weekly Pressure Ulcer Condition Report (refer to document for size and staging) Date initiated: 08/13/2020; Provide meals per physician order. Date initiated: 08/13/2020; Provide medical food supplement per physicians order. Date initiated: 08/13/2020; RD (Registered Dietician) will monitor and evaluate nutritional intake and condition of wound and make recommendations as indicated. Date initiated: 08/13/2020. There was no evidence that a pressure ulcer care plan was initiated prior to 08/13/2020. On 08/31/2020 review of Resident #1's Medication Administration Record revealed the following: "Medihoney Wound/Burn Dressing Gel (Wound Dressing) Apply to left heel topically every day shift every other day for wound care. Cleanse with wound cleanser, pat dry, skin prep periwound, apply to wound bed, cover with gauze, wrap with kerlix." Start Date: 07/15/2020 D/C Date: 07/15/2020. Review of the Medication Administration Record revealed a blank space for 07/15/2020. Review of the Treatment Administrative Record revealed that Resident #1 has an order for "Tx - clean left heel, betadine gauze, wrap with kerlix every day shift." Start Date: 07/29/2020 D/C Date: 08/13/2020. Review of the Treatment Administration Record revealed blank spaces on 08/02, 08/06, and 08/13/2020. On 08/31/2020 at approximately 1:00 p.m., an interview was conducted with the DON. Reviewed findings with the DON and when asked what does a blank space on the MAR indicate, DON stated, "Means it was not done or not signed off." Review of Hospice Visit Note Report on 08/31/2020 revealed the following:	{F 686}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 33 Visit Date: 07/08/2020 Heel, LT Unstage Onset Date: 07/01/2020 - Wound Assessed - Yes, Measurements Taken - Yes, Length x Width x Depth (CM) 1.5 x 1.2 x 0.2, Depth Description - Necrotic, Granulation Tissue - None, Shape - Round, Exudate Type - Serous, Exudate Amount - Scant, Odor - None, Epithelization - < (Less Than) 25%, Necrotic Tissue Type - White, Necrotic Tissue Amount - 75 - <100%, Total Necrotic Tissue Slough - 75 - 100%, Total Necrotic Tissue Eschar - 0 - 25%. Wound Care Not Provided: Not Ordered This Visit. On 09/01/2020 at approximately 8:00 a.m., reviewed CNA (Certified Nursing Assistant) Documentation Survey Report for July 2020 and August 2020, Treatment Administration Records for July 2020 and August 2020 and Medication Administration Records for July 2020 and August 2020. There was no documentation evidencing Resident #1's "heels off loaded when in bed." On 09/01/2020 at 10:15 a.m., a telephone interview was conducted with the Director of Nursing and she was made aware of identification of harm due to Resident #1 was admitted to the facility with a Stage 3 pressure ulcer which deteriorated to a Stage 4, and that staff failed to obtain an order to treat the ulcer when admitted to promote healing. The DON was asked her if she had any additional information. The DON stated, "He arrived with the wound and was combative and had paper thin skin." When asked if they had a order for treatment to the left heel, DON stated, "No, he was combative." When asked should Resident #1 have had an order, DON stated, "Absolutely if he would let us assess him." On 09/01/2020 at 11:50 a.m., a telephone	{F 686}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

{F 686} Continued From page 34 {F 686}

interview was conducted with the Administrator and she was made aware of the concern of harm due to Resident #1 being admitted to the facility with a Stage 3 pressure ulcer which deteriorated to a Stage 4, and that staff failed to obtain an order to treat when admitted to promote healing. The Administrator asked, "Do you think it was avoidable?" Surveyor stated, "Yes, I think it was avoidable."

On 09/01/2020 at 1:01 p.m. and 3:42 p.m. received email and hospice notes from the Administrator to review.

On 09/01/2020 at 1:20 p.m., a telephone interview was conducted with the DON and when asked if there was any evidence that Resident #1's heels were off loaded when in bed, DON stated, "It could be in the progress notes, CNA log or treatment kardex." When asked if staff documented when Resident #1's heels are off loaded when in bed, DON stated, "It should be documented." Evidence of documentation was requested. When asked for the name of the nurse who completed the "Weekly Pressure Wound Observation Tool" dated 07/09/2020 14:37, DON stated, "I did it." Reviewed documentation on the "Weekly Pressure Wound Observation Tool" in TREATMENT Section C. 2. "Current treatment plan: Medihoney" with the DON. When asked if Resident #1 had a treatment for Medihoney on 07/09/2020, DON stated, " No. I went to assess the wound on 07/12/2020 and when I removed the dressing it had Medi honey on it. I measured the wound, changed the dressing and applied Medi honey. I put in for an order." DON stated, "The Wound Observation Tool dated 07/09/2020 was not locked until 07/12/2020. I measured the wound

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 35	{F 686}		

and asked for the order on 07/12/2020."

A telephone interview was conducted on 09/01/2020 at 3:20 p.m. with Licensed Practical Nurse (LPN) #2. When asked if she did the "Admission Assessment" for Resident #1 on 07/08/2020, LPN #2 stated, "Yes." When asked if Resident #1 had a pressure ulcer on his left heel, LPN #2 stated, "Yes." When asked if she looked at the pressure ulcer on his left heel, LPN stated, "I looked at his full body." When asked what was the stage of the pressure ulcer on the left heel, LPN #2 stated, "I'm not sure." When asked if she measured his wounds, LPN #2 stated, "No, he was fighting, he was combative." When asked if she requested a treatment order for the left heel, LPN stated, "No, the Hospice Nurse said that she was going to fax orders over to the nursing home. He was immediately admitted to Hospice." LPN #2 stated, "Hospice Nurse was there." LPN #2 stated, "I did the assessment." When asked whose responsibility it is to follow up if a resident needs an order, LPN #2 stated, "The nurse is responsible to follow up if something needs an order."

On 09/01/2020 at approximately 5:25 p.m., the exit meeting was conducted over the telephone and the Administrator and Director of Nursing was informed of the findings. No further information was provided by the facility staff.

The facility's policy titled Prevention of Pressure Ulcers/Injuries with a revision date of 07/2017.
-Purpose: The purpose of this procedure is to provide information regarding identification of pressure ulcer/injury risk factors and interventions for specific risk factors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495241	A. BUILDING ______ B. WING ______	R-C 09/01/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCORDIUS HEALTH AT RIVER POINTE LLC	4142 BONNEY ROAD VIRGINIA BEACH, VA 23452

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 686}	Continued From page 36 Risk Assessment: -Assess the resident on admission for existing pressure ulcer/injury risk. Repeat the risk assessment weekly and upon any changes in condition. -Monitoring Evaluate, report and document potential changes in the skin. Review the interventions and strategies for effectiveness on an ongoing basis.	{F 686}		