

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

PRINTED: 01/20/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495097	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/26/2020
NAME OF PROVIDER OR SUPPLIER PARHAM HEALTH CARE & REHAB CEN			STREET ADDRESS, CITY, STATE, ZIP CODE 2400 E PARHAM ROAD RICHMOND, VA 23228		
(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 abbreviated standard survey was conducted 02/25/2020 through 02/26/2020. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Three complaints were investigated during the survey.	F 000			
F 657 SS=D	The census in this 180 certified bed facility was 157 at the time of the survey. The survey sample consisted of five resident reviews. 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 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	F 657		3/16/20	

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

TITLE

(X6) DATE

Electronically Signed

03/09/2020

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.

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F 657	<p>Continued From page 1</p> <p>team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview, clinical record review and facility documentation the facility staff failed to review and revise the care plan for 1 Resident (#1) in a survey sample of 5 Residents.</p> <p>The findings include:</p> <p>For Resident #1 the facility staff failed to update the care plan when Resident was no longer on psychotropic medications.</p> <p>Resident # 1 an 88 year old man admitted to the facility on 10/24/17 with diagnoses of but not limited to venous insufficiency, non pressure chronic ulcer left lower leg, dementia, adult failure to thrive, unsteadiness on feet, anxiety disorder, and difficulty in walking not elsewhere classified.</p> <p>The Resident's most recent MDS prior to discharge coded as a quarterly with an ARD (Assessment Reference Date) of 2/13/19 codes the Resident as taking no psychotropic medications.</p> <p>On 2/25/20 during a clinical record review and the course of a complaint investigation, the care plan was reviewed. The care plan read:</p> <p>"FOCUS : Resident uses psychotropic medications r/t insomnia, depression and anxiety. Created 8/28/2017 Revision 10/25/2017"</p>	F 657	<p>The statements included are not an admission and do not constitute agreement with the alleged deficiencies herein. The plan of correction is completed in the compliance of state and federal regulations as outlined. To remain in compliance with all federal and state regulations the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the centers allegation of compliance. All alleged deficiencies cited have been or will be completed by the dates indicated.</p> <p>F657</p> <ol style="list-style-type: none"> 1. Resident #1 care plan was update and revised to reflect that the resident was no longer on psychotropic medications. MD and responsible party have been made aware of deficient practice. 2. A review of the current residents receiving psychotropic medications care plans has been completed for accuracy . All residents may be at risk. 3. DON/Designee will educate the interdisciplinary care team on the development of the comprehensive care plan based on the residents related to psychotropic medications . 4. The DON or designee will review 30% of new admissions weekly x 2 weeks and 		

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F 657	<p>Continued From page 2</p> <p>"Goal: The resident will be / remain free of psychotropic drug related complications including movement disorder discomfort hypotension gait disturbance, constipation/ impaction or cognitive/behavioral impairment through review date. Created 8/28/17 Revision 1/25/19 Target date 5/14/19"</p> <p>"Interventions: Monitor for side effects and effectiveness created on 8/28/17 Revision on 10/25/17"</p> <p>A review of the Physicians orders revealed the Resident was not taking psychotropics.</p> <p>On 2/26/20 at 11:15 AM, an interview was conducted with the Administrator and the DON and it was asked if the Resident was on psychotropic medication. The Administrator stated that the DON was not employed there at the time of the fall however he checked the medication list and stated that Resident #1 was not on psychotropic's he stated that the care plan was not updated when the Resident was taken off of psychotropic medications.</p> <p>On 2/26/20 during the end of day meeting the Administrator was made aware of the concerns and no further information was provided.</p>	F 657	<p>monthly x 2 months. Results will be communicated in the facility QAPI meeting.</p> <p>5. Date of Completion 03/16/2020</p>		