PRINTED: 01/19/2021 FORM APPROVED

State of Virginia STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ NP B. WING 01/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HERMITAGE RICHMOND 1600 WESTWOOD AVENUE RICHMOND, VA 23227 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) F 000 **Initial Comments** F 000 An unannounced biennial State Licensure Inspection was conducted 1/14/21 through 1/15/21. A complaint was investigated during the inspection. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 104 bed facility was 50 at the time of the survey. The survey sample consisted of 4 current resident reviews (Residents #2 through #5) and 1 closed record review (Resident #1).

STATE FORM

021199

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

PDM711

TITLE

If continuation sheet 1 of 1

(X6) DATE

State of Virginia (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING 01/15/2021 NP STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1600 WESTWOOD AVENUE HERMITAGE RICHMOND RICHMOND, VA 23227 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 000 F 000 **Initial Comments** An unannounced biennial State Licensure Inspection was conducted 1/14/21 through 1/15/21. A complaint was investigated during the inspection. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 104 bed facility was 50 at the time of the survey. The survey sample consisted of 4 current resident reviews (Residents #2 through #5) and 1 closed record review (Resident #1). F 001 Non Compliance F 001 The facility was out of compliance with the following state licensure requirements: 12/VAC5-371-220 1: Actions to Correct Deficiency: This RULE: is not met as evidenced by: Resident #2's Oxygen flow meter was 12VAC5-371-220. Nursing services adjusted to deliver accurate oxygen flow Based on staff interview, facility document review 1/15/21 rate. and clinical record review, it was determined the facility staff failed to administer medications as Affected Population: prescribed in the medical plan of care. All residents of Hermitage Richmond are affected when mediations/treatments are The findings include: not administered per physicians' orders: All residents on oxygen therapy orders were The facility staff failed to administer oxygen at the checked for accurate oxygen flow rate and corrected as needed. 1/15/21 rate ordered by the physician for Resident #2. 3: Prevention of Deficiency Recurrences Resident #2 was admitted to the facility on 2/28/18 a. The policies on Oxygen Concentrators with diagnoses that included but were not limited and Medication Management Plan were to: cerebrovascular accident (hemorrhage or reviewed and corrected as needed. 1/18/21 blockage of the blood vessels leads to lack of b. The Nursing staff were re-in-serviced on oxygen to the brain) (1), dementia (progressive the importance of following physicians' state of mental decline) (2) and pleural effusions orders and administering Oxygen at the (accumulation of fluid in the space between the accurate flow rate. Staff were educated on chest wall and the lungs) (3). placing the order on the residents TAR and checking flow meter rate q shift and as needed 1/21/21 TITLE (X6) DATE

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

(Administrator)

ontinuation sheet 1 of 3

STATE FORM

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/O		(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED		
		NP		B. WING _		01/18	5/2021	
NAME OF PROVIDER OR SUPPLIER HERMITAGE RICHMOND			STREET ADDRESS, CITY, STATE, ZIP CODE 1600 WESTWOOD AVENUE RICHMOND, VA 23227					
(X4) ID PREFIX TAG	(EACH DEFICIENC	JLL	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE		
F 001	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		of 8 out all Gas dility, ence ing. 1/14/21 ons at the yor. 1/1:44 When eygen an or trup, and owrate, and over	STWOOD AVENUE ND, VA 23227 ID PROVIDER'S PLAN OF COMPRESTIX (EACH CORRECTIVE ACTION		Maintain eview Oxygen heck the correct will check off shift ring log of all created to ensure initialed and dated pervisor and turned	SHOULD BE APPROPRIATE COMPLETE DATE aintain ew Oxygen eck the correct ll check off shift g log of all reated to ensure itialed and dated rvisor and turned 1/22/21	
STATE FORM			021199		PDM711	If continu	uation sheet 2 of 3	

RECEIVED FEB 0 2 2021 VDHVOLC

State of Virginia

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		A. BUILDING		COMPLETED			
		NP		B. WING		01	/15/2021		
NAME OF PROVIDER OR SUPPLIER HERMITAGE RICHMOND			STREET ADDRESS, CITY, STATE, ZIP CODE 1600 WESTWOOD AVENUE RICHMOND, VA 23227						
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIEN REGULATORY O	ULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE			
F 001	Concentrators", dor flow meter to the privite viewing the number amount." The facility's policy Management Plan, "Medication will be Right resident, right right route." On 1/14/21 at 3:30 member) #2, the active above concern. No further informative References: 1. Barron Dictional edition, Rothenberg 2. Barron Dictional edition, Rothenberg 3. Barron Dictional edition, Rothenberg 4. Barron Dictional edition, Rothenberg 5. Barron Dictional edition, Rothenberg 6. Barron Dictional edition, Rothenberg 7. Barron Dictional edition, Rothenberg 8. Barron Dictional edition, Rothenberg	concentrator." dated 2020 on "Oxygen cumented in part, "Adjustescribed liters per minuters at eye level to the conducted 2018 on Medication documented in part, verified using the "7 right medication, right dosage PM ASM (administrative diministrator, was informed."	et the te and rect on onts": ge and e staff ed of o exit.	F 001					
STATE FORM			021199		PDM711	If con	inuation sheet 3 of 3		