PRINTED: 02/25/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		495283	B. WING		12	C 2 <b>/05/2019</b>		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE		
F 000	standard survey w 12/5/19. A complation of the consult of the consultation of the consisted of several standard survey with the consisted of several consisted cons	Medicare/Medicaid abbreviated as conducted 12/3/19 through and the survey. Significant quired for compliance with 42 eral Long Term Care  128 certified bed facility was the survey. The survey sample in current resident reviews ugh #8) and one closed record	F 000					
F 656 SS=D	Develop/Implemer CFR(s): 483.21(b) \$483.21(b) Compr §483.21(b)(1) The implement a comp care plan for each resident rights set §483.10(c)(3), that objectives and time medical, nursing, a needs that are ider assessment. The c describe the follow (i) The services that or maintain the resphysical, mental, a required under §48(ii) Any services that under §483.24, §44 provided due to the under §483.10, inc treatment under §483.10	ehensive Care Plans facility must develop and rehensive person-centered resident, consistent with the forth at §483.10(c)(2) and includes measurable eframes to meet a resident's and mental and psychosocial ntified in the comprehensive comprehensive care plan must ing - at are to be furnished to attain ident's highest practicable nd psychosocial well-being as 3.24, §483.25 or §483.40; and at would otherwise be required 33.25 or §483.40 but are not e resident's exercise of rights luding the right to refuse	F 656					
ABORATORY	DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE		(X6) DATE		

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.

01/03/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
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F 656	rehabilitative service provide as a result recommendations. findings of the PAS rationale in the resi (iv) In consultation vesident's represen (A) The resident's edesired outcomes. (B) The resident's put future discharge. Fix whether the resident community was associal contact agency entities, for this pur (C) Discharge plans plan, as appropriate requirements set for section.  This REQUIREMENT by:  Based on observation document review, a was determined the implement the community was determined the implement the community per the confor Resident #2 and # staff failed to provice routinely per the confor Resident #4, the administer prevents	es the nursing facility will of PASARR If a facility disagrees with the ARR, it must indicate its dent's medical record. with the resident and the tative(s)-goals for admission and preference and potential for acilities must document in the desire to return to the desire and/or other appropriate pose. In the comprehensive care in accordance with the orth in paragraph (c) of this and clinical record review, it at the facility staff failed to prehensive plan of care for ints in the survey sample, if and clinical record review, it is in the survey sample, if and clini	F 6	56		
	11/20/14, and most	admitted to the facility on recently readmitted on noses including, but not limited				

AND BLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	E CONSTRUCTION	C C		
		495283	B. WING			/05/2019
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F 656	to history of a bro The resident was was admitted to a 11/13/19 for surgi On the most rece significant change assessment refer #2 was coded as impaired for maki scored eight out o interview for men coded as being or assistance of two and transferring b was coded as bei of two staff memb The resident was incontinent of blac was coded as bei pressure ulcers.	ken hip and diabetes type 2 (1). discharged from the facility and a local hospital from 11/3/19 until cal repair of a broken hip.  Int MDS (minimum data set), a seassessment with an ence date of 11/18/19, Resident being moderately cognitively ing daily decisions, having of 15 on the BIMS (brief tal status). The resident was completely dependent on the staff members for bed mobility between surfaces. The resident ing dependent on the assistance pers for toileting and bathing. Coded as always being dider and bowel. Resident #2 ing at risk of developing 2), and as having no current	F 656	control telegrapes and		
	#1, a unit manage wound care to Re wound care observassistant) #1 was incontinence care completion of the wound care, neith any preventative, #2.  A review of Residua Braden Scale for (3) dated 11/25/19	o p.m., RN (registered nurse) er, was observed providing sident #2. As a part of the evation, CNA (certified nursing also observed providing to Resident #2. At the incontinence care and the er CNA #1 nor RN #1 applied skin care product to Resident ent #2's clinical record revealed or Predicting Pressure Sore Risk of the resident's score was 15, dent was at risk for developing				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
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F 656	A review of Resid plan dated 3/11/10 in part, the followi integrity related to mobilitydecreas risksAdminister ordersEncourage assistive devices condition with ADI daily; report abnoskin care routinely.  A review of Resid MARs (medication TARs (treatment and Deany evidence of ocream, or other part treatment.  On 12/3/10 at 5:2 assistant) #1 was Resident #2 is alvowel, and "has to stated since the rehospital after her more difficult to min bed. When ask protectant or barriher incontinence of didn't know I was  On 12/4/19 at 5:3 staff member) #1, director of nursing nursing at a sister	ent #2's comprehensive care and updated 7/28/19 revealed, ng: "At risk for alteration in skin impaired e/minimize skin breakdown treatment per physician te to reposition as needed; use as neededObserve skin (activities of daily living) care rmalitiesProvide preventative and prn (as needed)."  ent #2's physicians' orders, administration records) and administration record) for ecember 2019 failed to reveal rders for skin protectant, barrier ressure ulcer preventative  5 p.m., CNA (certified nursing interviewed. She stated ays incontinent of bladder and be changed pretty often." She esident returned from the broken hip, it has been much ove and reposition the resident ed if she applied any skin er cream to Resident #2 after care, CNA #2 stated, "No. I	F 6	556		

#### PRINTED: 02/25/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING C B. WING 495283 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) F 656 | Continued From page 4 F 656 On 12/5/19 at 10:38 a.m., RN #1 was interviewed. When asked if Resident #2 had been receiving preventative skin care since she had returned from the hospital following the survey for her broken hip, RN #1 stated, "I have looked. I don't see anything in November once she got back from the hospital. It looks like we have been putting Zinc Oxide cream on her once a shift since December 1." When asked about implementation of interventions to prevent skin break down, RN #1 stated, "Some kind of barrier cream, at least. She is always incontinent." When asked if he was aware that Resident #2's care plan called for routine preventative skin care, he stated that he was not. RN #1 stated the care plan is the guide for everything the staff does for a resident. He stated barrier cream should have been applied after each and every incontinent episode. RN #1 stated he would get an order for the barrier cream immediately. A review of the facility policy "Interdisciplinary Care Planning" revealed, in part, the following: "The patient's care plan is a communication tool that guides members of the interdisciplinary healthcare team in how to meet each individual patient's needs. It also identifies the types and methods of care that the patient should receive...Implementation. Once the care plan is developed, the staff must implement the interventions identified in the care plan. These

may include, but is not limited to administering

No further information was provided prior to exit.

(1) "Diabetes (mellitus) is a disease in which your blood glucose, or blood sugar, levels are too high." This information is taken from the website

treatments and medications."

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F 656	https://medlineplus.  (2) "A pressure ulce and/or underlying tiprominence, as a rein combination with taken from the Nati Panel website https://cdn.ymaws.ogr/2014_guideline.p  (3) "The Braden Sc Sore Risk is a clinic nurses and other hascore a patient/clier pressure ulcers. It reapabilities of the phigher intensity and tissue tolerance for functioning indicate pressure ulcer deveis a summated ratir subscales scored frunctioning and 4 for impairment). Total is subscale is scored subscales measure patient that contributed and duration of pressure indicates low therefore, higher levidevelopment." This website	gov/diabetes.html.  er is localized injury to the skin ssue usually over a bony esult of pressure, or pressure shear." This information is onal Pressure Ulcer Advisory com/npiap.com/resource/resmodf  ale for Predicting Pressure cally validated tool that allows ealth care providers to reliably not's level of risk for developing measures functional atient that contribute to either duration of pressure or lower pressure. Lower levels of higher levels of risk for elopmentThe Braden Scale not scale made up of six for 1-4 (1 for low level of or the highest level or no scores range from 6-23 (one with values of 1-3, only). The functional capabilities of the ate to either higher intensity source, or lower tissue are. A lower Braden Scale for levels of functioning and, wels of risk for pressure ulcer information is taken from the agov/research/umls/sourcerele	F 6	56		
	2. Resident #4 was	admitted to the facility on				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CO AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	12	(X3) DATE SURVEY COMPLETED		
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F 656  Continued From page 6  4/25/11, and was most recently readmitted on 11/15/19, with diagnoses including, but not limited to dementia (1), high blood pressure, and history of a stroke.  On the most recent MDS (minimum data set), a significant change assessment with an assessment reference date of 11/22/19, she was coded as having both short-term and long-term memory problems, and as being severely cognitively impaired for making daily decisions. The resident was coded as being completely dependent on the assistance of staff for bed mobility, toileting, personal hygiene and bathing. The resident was coded as transferring out of bed only one or two times during the look back period. The resident was coded as having an indwelling urinary catheter, and as being always incontinent of bowel. The resident was coded as being at risk for developing pressure ulcers, and as having one unstageable pressure ulcers, and as having one unstageable pressure ulcer.  A review of Resident #4's progress notes revealed a note dated 10/23/19. The note documented, in part, the following: "Apply Hydrogel Gel to buttocks topically every evening shift for wound care. Cleanse affected area of buttocks with normal saline, apply hydrogel and cover with foam dressing daily."  Further review of the progress notes revealed the following note dated 11/5/19 (13 days since the previous wound note): "Open area to right buttocks that measures 1.5 cm (centimeters) X 1.0 cm X 0.2 cm, 100% beefy red wound bed, no drainage, no odor. Periwound (area around wound) is normal. Continue with hydrogel and				

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F 656	Further review of th Resident #4 was di 11/10/19, and was 11/16/19.  Further review of th progress note date was part of the rea documented, in pa hospiceDSG (dreunstageable, dsg [of the full readmission failed to reveal any regarding Resident Further review of th note dated 11/28/1 note related to Res This note, written bunit manager, docu "Late entry for 11/2 wound measuring 95% yellow slough purulent (contains godor. Hospice nurs change. Current tree A review of Reside (treatment administ buttocks topically ecare. Cleanse affect normal saline, applifoam dressing daily A review of Reside revealed blanks on	ne clinical record revealed ischarged to the hospital on readmitted to the facility on the progress notes revealed a d 11/16/19. The note, which dmission assessment, rt: "Resident readmitted under essing) to coccyx is dressing] replaced." Review of a assessment dated 11/16/19 additional information at #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.  The progress notes revealed a second of the previous sident #4's pressure ulcer.	F 65	56			

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of these concerns.

On 12/5/19 at 10:32 a.m., LPN (licensed practical

documentation of treatments administered to residents. She stated she was an agency nurse. LPN #3 stated, "We document everything on [name of electronic health record software]." She stated each nurse has his or her own login identification. When asked what it means if a resident's TAR has blanks where there should be a nurse signature, LPN #3 stated, "If it's not documented, it was not given. Everybody knows that. If you do it, you document it." When asked if

failing to provide treatments as ordered is implementing/following Resident #4's

comprehensive care plan, LPN #3 stated, "I doubt it." When asked why the care plan is important, she stated that the care plan tells everyone exactly what should be done for the resident.

nurse) #3 was interviewed regarding

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING			COMPLETED	
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	On 12/5/19 at 10:3 regarding the blank stated nurse's door they administer a to the blank spaces in that the treatments the facility staff followhen they failed to #1stated, "No, I do plan is the guide for a resident.  No further information. This It affects memory, and behavior." This website https://medlineplus. Care Plan Timing a CFR(s): 483.21(b) (2) A cobe- (i) Developed within the comprehensive (ii) Prepared by an includes but is not (A) The attending (B) A registered nursident.	8 a.m., RN #1 was interviewed a spaces on the TARs. He ument on the computer when reatment. When asked what nean, RN #1 stated, "It means a weren't given." When asked if owed the resident's care plan administer a treatment, RN n't think so." He stated the care or everything the staff does for thinking, language, judgment, as information is taken from the segov/ency/article/000746.htm. and Revision (2)(i)-(iii)  ehensive Care Plans mprehensive care plan must n 7 days after completion of a assessment. Interdisciplinary team, that limited to	F 6				
		ood and nutrition services staff. racticable, the participation of					

	D PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED .		
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F 657	the resident and to An explanation modical record if and their resident not practicable for resident's care plate (F) Other approprious disciplines as deteor as requested by (iii) Reviewed and team after each a comprehensive at assessments. This REQUIREMI by:  Based on staff in review, and clinical determined that the and revise the call in the survey same #2, the facility state when the resident on 11/25/19.  The findings inclusively and modition of the survey of a brown the resident was and the resident wa	he resident's representative(s).  ust be included in a resident's the participation of the resident representative is determined r the development of the an.  iate staff or professionals in ermined by the resident's needs y the resident.  revised by the interdisciplinary ssessment, including both the nd quarterly review  ENT is not met as evidenced  terview, facility document al record review, it was ne facility staff failed to review re plan for one of eight residents ple, Residents #2. For Resident ff failed to revise the care plan it developed a pressure ulcer (1)  de:  admitted to the facility on st recently readmitted on gnoses including, but not limited ken hip and diabetes type 2 (2). discharged from the facility and	F 65	57		
	On the most receive significant change assessment references was coded as	I hospital from 11/3/19 until cal repair of a broken hip.  Int MDS (minimum data set), a sassessment with an ence date of 11/18/19, Resident being moderately cognitivelying daily decisions, having				

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F 657	scored eight out of interview for menta coded as being cor assistance of two s and transferring be was coded as being of two staff membe The resident was c incontinent of bladd was coded as being pressure ulcers, an pressure ulcers, an pressure ulcers.  A review of Resider revealed the followi "Santyl (3) Ointmer gram) (Collagenase every day shift for v saline and apply sa A review of Resider administration reconducted as order this order, indicating completed as order A review of Resider revealed the followith LPN (licensed praconted to sacrum. 1. of ASM (administration building informed of santyl to slough are (responsible party) via phone conversa area with normal sa area. Cover with dr	15 on the BIMS (brief I status). The resident was impletely dependent on the taff members for bed mobility tween surfaces. The resident g dependent on the assistance is for toileting and bathing. I oded as always being der and bowel. Resident #2 g at risk of developing d as having no current with #2's physician's orders ing order, written 11/25/19: Int 250 Unit/GM (units per left) Apply to sacrum topically wound. Clean with normal intyl to slough area of wound. I was a treatment in the wealed initials in all boxes for g the wound care had been red.  Int #2's nursing progress notes ing note, written 11/25/19 by tical nurse) #1: "Open area in the wealed in the wealed in the same tive staff member) #4] in a farea order (sic) received for the every day. Resident RP [name of RR] was informed altion. Order received to clean altine and apply santyl to slough	F 6	57		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
in printer molification in printer molification in printer molification in presentation in pre	art, the follow grity related to collitydecreasesAdminister ersEncouragistive devices dition with AD y; report abnor care routineled of surveyor en was not updessure ulcer idea (12/4/19 at 11: se) #4 was into nurse who dister on 11/25/19 updating a resistant of the MDS nurse is updated. Volume be updated. Volume be updated to rousing at a sister of nursing sing at a sister of nursin	ng: "At risk for alteration in skin or impaired be/minimize skin breakdown treatment per physician ge to reposition as needed; use as needed Observe skin L (activities of daily living) care rmalities Provide preventative y and prn (as needed)." At the entrance for this survey, the care ated to address Resident #2's entified on 11/25/19.  10 a.m., LPN (licensed practical erviewed. She stated she was acovered Resident #2's pressure. When asked about the process ident's care plan when a discovered, LPN #4 stated nurses update the care plans. Is can initiate a care plan update, es follow up and make sure the law of the administrator, ASM #2, the graph of the director of	F 6	57		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDI	TIPLE CONSTRUCTION  NG		C (X3) DATE SURVEY	
		495283	B. WING		12	/05/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		700/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE ( (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 657	stated it should ted whomever discover asked if floor nurse care plans, LPN #7 asked about the lacare plan when the discovered on 11/2 should have been the surveyor with a for Resident #2; the presence of t	chnically be updated by rs the acute change. When as have the ability to update shave the ability to update stated, "Oh absolutely." When ck of updates to Resident #2's pressure ulcer was 15/19, LPN #7 stated, "Yes, it updated then." She provided a copy of an updated care plane updated plan included the essure ulcer.  Ility policy "Interdisciplinary realed, in part, the following: implemented, members of the team need to evaluate entions are effective or whether is to be revised."  Ition was provided prior to exit.  Ition was provided prior to exit.	F 6	57		
		ey can start to heal." This n from the manufacturer's				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

PRINTED: 02/25/2021 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G		COI	MPLETED
		495283	B. WING _			12	C 2 <b>/05/2019</b>
	PROVIDER OR SUPPLIER	CES-IMPERIAL		1719 BELLE	RESS, CITY, STATE, ZIP C EVUE AVENUE D, VA 23227		30012010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EA	PROVIDER'S PLAN OF COP ICH CORRECTIVE ACTION SS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 657	Continued From pa website https://www	-	F 65	7			6
F 658 SS=D	CFR(s): 483.21(b)(3) S483.21(b)(3) Com The services provide	Meet Professional Standards (3)(i)  prehensive Care Plans led or arranged by the facility, omprehensive care plan,	F 65	8			
	must- (i) Meet professiona This REQUIREMEN by:	al standards of quality.  NT is not met as evidenced  rview, facility document					
	review, and clinical determined that the care and services in professional standa in the survey sampl #7, the facility staff simultaneous order and a staff member	record review, it was facility staff failed to provide a manner to meet ards for one of eight residents e, Resident #7. For Resident failed to clarify two s to treat a pressure ulcer;					
	and most recently r 1/17 19, with diagno	Imitted to the facility on 9/1/11, eadmitted to the facility on oses including, but not limited and diabetes type 2.					
	significant change a assessment referer #7 was coded as be making daily decision of 15 on the BIMS ( status). The resider	MDS (minimum data set), a assessment with an accedate of 11/18/19, Resident bing severely impaired for ons, having scored three out brief interview for mental at was coded as being ent on the assistance of two					

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI	RIPLE CONSTRUCTION  NG		COMPLETED	
		495283	B. WING		12	C 2 <b>/05/2019</b>
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 658	staff members for personal hygiene, dependent on the members for trans resident was code of bladder and bobeing at risk for deas having one unsured to me the buttocks. Residen measuring 2 X 2 yunder right gluteal bloody drainage. A dressing applied."  A review of the ph #7's and October administration recorder dated 10/23 with NS (normal scover with dry dre wound." The TAR opportunities for thindicating the treatordered.  Further review of revealed the follow "Chart check done affected area of right Apply Hydrogel are every other day ar Further review of the phere of the control of th	bed mobility, toileting, and and as being completely assistance of two staff sferring between surfaces. The das always being incontinent wels. Resident #7 was coded as eveloping pressure ulcers, and stageable pressure ulcer.  ent #7's progress notes ving note dated 10/23/19: "CNA at resident had bloody area to tassessed and open area (0.1 cm (centimeters) noted fold, wound base red with Area cleaned and protective vysician's orders for Resident 2019 TAR (treatment ord) revealed the following /19: "Clean right gluteal fold aline). Apply wound gel and ssing every evening shift for contained nurses' initials at all his order to be followed, tments were completed as  Resident #7's progress notes ving note dated 10/30/19: enew order noted. Cleansed ght ischium with normal saline. Indicate the resident #7's progress notes are decompleted as resident #7's progress notes ving note dated 10/30/19: enew order noted. Cleansed ght ischium with normal saline. Indicate the resident #7's progress notes are decompleted as resident #7's progress notes are decompleted at 11/11/19 (11 days since the resident #7's progress notes are decompleted as resident #7's progress notes are dec	F 6	58		

	OF CORRECTION ,	IDENTIFICATION NUMBER:		IG		MPLETED		
		495283	B. WING _		12	C 2 <b>/05/2019</b>		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
F 658	was last measured "Resident present sacral fold that's 4 with full thickness depth is completel eschar in the wour made aware and v (responsible party has treatment in paware. Resident pto touch. Resident medication. Resident medication. Resident medication. Resident medication. Resident revealed a note dadocumented: "Resishim (sic). Area mislough, 50% grant Moderate amount drainage. Treatmetolerated well. MD (discontinue) currenormal saline, appaffected area and LPN (licensed practices revealed a mitten by ASM (active NP, document in diameter open as surrounding erythe with normal saline foam dressing q 44 Further review of the sacratices of the sacra	d. The note documented: s with an area under the right cm long and 4 1/2 cm wide tissue loss in which actual y obscured by slough and nd bed. MD (medical doctor) writer left a voicemail with RP). Awaiting call back. Resident lace. Facility director also made resents with some discomfort medicated with prn pain ent in bed and will be turned g2hrs (every two hours). Will	F 65	8				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDI	TIPLE CONSTRUCTION  NG	CON	(X3) DATE SURVEY COMPLETED	
		495283	B. WING		1	/05/2019
	PROVIDER OR SUPPLIER  CARE HEALTH SER			STREET ADDRESS, CITY, STATE, ZIP CO 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 658	the following: "Unsischium. [Approxin mild surrounding esloughPressure unstageableNurs right ischium daily Santyl and gauze adaily and prn soilin monitor closely an in condition."  Further review of t dated 11/20/19. The following: "Unsischium measuring bed with 50% slou mild surrounding econtinue local wou of right ischium da Santyl and gauze adaily and prn soilin A review of Reside revealed staff had (initiated 10/23/19) daily. The facility sapply wound gel adaily, wound dress through 11/13/19, dressing change fowith foam dressing 10/30/19), from 11 once the 11/20/19 both previous ordefacility staff signed 11/19/19 through 11/19/19/19/19/19/19/19/19/19/19/19/19/1	stageable wound to right nately] 6 cm in diameter with erythema. Wound bed with 60% injury of right buttock, sing to cleanse affected area of with normal saline, apply and cover with foam dressing igNursing to continue to d notify MD/NP of any change the NP notes revealed a note in enote documented, in part, stageable wound to right g 4.5 cm X 4 cm X 2 cm, wound gh, 50% granulation tissue, erythema (redness)Nursing to and care: cleanse affected area illy with normal saline, apply and cover with foam dressing ig."  The stage of the first order of the first order of the same of the first order of the same o	F 6	58		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B. WING		12	C 2/05/2019
	PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 658	revealed, in part, right gluteal fold disease process medications) per lateratment/therapy physician orders needed to turn and devices as needed. On 12/4/19 at 10:: nurse) #4 was intended to be done resident's pressur the old order show order placed on the order would disapped discontinued, LPN When asked what encountered multipressure ulcer tredefinitely call the conditional of the conditional order would disapped in the conditional order would be cond	the following: "Open area under .Will heal within the limits of theAdminister analgesia (pain ohysician orders (offer prior to )Administer treatment perEncourage and assist as d reposition; use assistive d."  35 a.m., LPN (licensed practical erviewed. When asked what if a new order is written for a re ulcer treatment, she stated ald be discontinued and the new ne TAR. When asked if the old pear from the TAR if it were I #4 stated, "Yes it would." I she would do if she iple active orders for one atment, LPN #4 stated, "I would doctor and clarify that order."  30 p.m., ASM (Administrative the administrator, ASM #2, the II, ASM #3, the director of facility, and ASM #5, an MDS informed of the concerns orepancies for wound treatment, esident #7's pressure ulcer	F 6	58		

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION  NG		TE SURVEY MPLETED  C	
		495283	B. WING		12	2/05/2019
	PROVIDER OR SUPPLIER	ICES-IMPERIAL		STREET ADDRESS, CITY, STATE, ZIP C 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 658	floor nurse should TAR to determine vishould have discorted. On 12/5/19 at 11:33 identified the agency signing off on multi wound for Residen stated she had spocy confirmed she admission saline/foam treatmordered. Once the administered the Signot given, and that discontinued the old the NP or physiciar writing the overlapp (medication) errors uses as a standard "Our policies." She on Lippincott's nurse facility uses the constandard.  The agency nurse of treatments was not exit.  On 12/5/19 at 11:43 interviewed regarding for Resident #7. Shourse, and she known signed off on the stated, "You can at a time. You can at a time. You can at a time.	have clarified the orders on the which one was active, and	F 6	58		
	On 12/5/19 at 11:4	5 a.m., RN #2, a unit manager,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1		(X3) DATE SURVEY COMPLETED		
		495283	B. WING			C / <b>05/2019</b>
	PROVIDER OR SUPPLIER		A. BUILDING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE RICHMOND, VA 23227  PREFIX TAG  F 658  F 658  R 1  R 1  R 1  R 2  R 3  R 3  R 3  R 4  R 5  R 5  R 5  R 6  R 7  R 7  R 7  R 7  R 7  R 7  R 8  R 8			
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	D BE	(X5) COMPLETION DATE
F 658	was interviewed. S 2019 TARs. RN # called the doctor to the called the calle	She was shown the November 22 then stated, "I would have o clarify and discontinue re not correct." She stated a sign off on one order at a time clitity policy "Requirements and nical Record Content" revealed, ng: "If a medication or treatment the physician, the licensed is the item from the MAR or TAR is. The nurse removes the ication or treatment supplies and returns the items to the lit or follows the pharmacy position."  Cility policy "Medication edication Pass" revealed, in a "Administer medication iffic procedureDocument	F 658	8		
F 686 SS=G	routesthis include and explanation	des accurate documentation " Prevent/Heal Pressure Ulcer (1)(i)(ii)	F 686	6		
	3400.20(n) OKIN II	regitty				

	A. BUILDING		COMPLETED
495283	B. WING		C 12/05/2019
MANORCARE HEALTH SERVICES-IMPERIAL	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	12/03/2013
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLICIENCY)	BE COMPLETION
§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 observation, staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to assess, stage, and provide services in a manner to prevent new pressure ulcers from forming, and to prevent current pressure ulcers from worsening, for two of eight residents in the survey sample, Residents #2 and #4. The facility staff failed to prevent, identify, and treat Resident #2's pressure injuries to the sacrum/right buttock prior to being found at an advanced stage  (*unstageable), resulting in harm. For Resident #2, the staff failed to measure and include descriptions of Resident #4's, right buttock, pressure ulcer when it was initially discovered on 10/23/19 and failed to provide treatments to treat the wound and protect the resident's skin from breakdown on multiple dates in October and November 2019.  The findings include:	F 686		
Resident #2 was admitted to the facility on 11/20/14, and most recently readmitted on			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495283	B. WING _		12	C 2 <b>/05/2019</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 686	11/13/19, with diag to history of a brol On 11/3/19, the re facility and was ac surgical repair of a	page 22 gnoses including, but not limited ken hip and diabetes type 2 (3). sident was discharged from the dimitted to a local hospital for a broken hip. The resident was facility on 11/13/19.	F 68	36		
	significant change assessment refere #2 was coded as impaired for making scored eight out of interview for ment coded as being contact assistance of two and transferring be was coded as being of two staff member The resident was incontinent of black was coded as being	at MDS (minimum data set), a cassessment with an ence date of 11/18/19, Resident being moderately cognitivelying daily decisions, having f 15 on the BIMS (brief al status). The resident was empletely dependent on the staff members for bed mobility etween surfaces. The residenting dependent on the assistance ers for toileting and bathing. Coded as always being lider and bowel. Resident #2 and at risk of developing and as having no current				
	a Braden Scale fo (6) dated 11/25/19	ent #2's clinical record revealed r Predicting Pressure Sore Risk . The resident's score was 15, dent was at risk for developing				
	revealed the follow LPN (licensed pra noted to sacrum. of ASM (administr practitioner] in buil	ent #2's nursing progress notes ving note, written 11/25/19 by ctical nurse) #1: "Open area 1.5 X 1.3 depth .25. NP [name ative staff member) #4, nurse ding informed of area order santyl to slough area every day.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 1 1	IPLE CONSTRUCTION	C (X3) DATE SURVEY		
		495283	B. WING _		12/05/2019	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 686	Resident RP (resp was informed via p received to clean a apply santyl to slow dressing."  Review of the phys revealed the follow "Santyl Ointment 2 (Collagenase) App	view of the physician orders for Resident #2, realed the following order, written 11/25/19: antyl Ointment 250 Unit/GM (units per gram) bllagenase) Apply to sacrum topically every day ft for wound. Clean with normal saline and bly santyl to slough area of wound."				
	apply santyl to slow Review of Resider administration reco December 2019 re this order, indicatir completed as orde [licensed practical resident's pressure Further review of F revealed no addition Resident #2's press 11/25/19.	augh area of wound."  It #2's TARs (treatment ords) for November and evealed initials in all boxes for any the wound care was ered and that on 12/2/19, LPN nurse] #1 had changed the eulcer dressing.  Resident #2's clinical record onal documentation regarding esure ulcer identified on				
	3/11/16, and update part, the following: integrity related to mobilitydecrease risks Administer ordersEncourage assistive devices a condition with ADL daily; report abnoraskin care routinely	prehensive care plan dated ted on 7/28/19 documented, in "At risk for alteration in skin impaired e/minimize skin breakdown treatment per physician e to reposition as needed; use as neededObserve skin (activities of daily living) care malitiesProvide preventative and prn (as needed)." The updated with specific				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		G	COMPLETED			
		495283	B. WING _		1:	C 2/05/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		100,20.0
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 686	information about identified on 11/25  A physician's order discontinued on 11 "Body audits every (Monday), Thu (The Resident #2 was in through 11//13/19, orders for body au Resident #2's reach 11/13/19, through Further review of Forders, MARs (me and TARs for Novefailed to reveal any protectant, barrier preventative treatment of the second property of the second property on Resident #2's riwas smaller than the not visible, as it cocleansed both would applied Santyl (5) is sterile swab. He dimedication to the second property of the second propert	Resident #2's pressure ulcer i/19.  It dated 11/1/19 and i/1/3/19, documented in part: y night shift every Monnursday) for skin assessment." In the hospital from 11/3/19 and there were no additional idits documented upon dmission to the facility on the beginning of the survey.  Resident #2's physicians' edication administration records) ember and December 2019 y evidence of orders for skin cream, or other pressure ulcer	F 686			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED			
		495283	B. WING _			/05/2019	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 686	gloves, washed his An interview was of nurse] #1 on 12/3/following the wound asked to describe #1 stated the upper had a dark tissue of wound was dark, wedge. When asked expected to find wound identified distated, "I had not stated, "When asked wound measurement and document it. If for it." When asked wound measurement for the wound issize of the wound issize of the wound determining the property when asked if he Resident #2, RN # should have. I will wound rounds." He (nurse practitioner treatment for the nurse practitioner treatment for the nurse grace. If the floor nurses grace about it. The	conducted with RN [registered 19 at 5:05 p.m., immediately at care observation. When the wounds he observed, RN er wound contained slough, and center. He stated the lower with a slight opening on the left d how many pressure ulcers he hen he provided wound care to 1 stated, "Just one." He wer pressure ulcer was a new uring the wound care. RN #1 seen that one last week when I a about asked the process staff rese discovers a new pressure t, RN #1stated, "We measure it hen we call and get an order d about the importance of the ents and descriptions, RN #1 to have a way to know whether is getting better." He stated the is an important factor in ogress toward wound healing. measured the new wound on 1 stated, "No, I did not. I know I do that tomorrow when I make the stated he would call the NP and get an order for a	F 68	36			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	IPLE CONSTRUCTION  IG		MPLETED  C
		495283	B. WING _		12	2/05/2019
			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		e -	
PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 686	(medical doctor)/N treatment orders. managers make we who have wounds wounds in a progrestages the wound not done by the number of the progress of the progres	NP for the resident to obtain RN #1 stated that the unit weekly rounds on all residents is, measuring and describing the ress note. When asked who als, RN #1 stated, "The staging is urses. Beyond that, I'm not are wound base is not visible esence of eschar or slough, RN is not." When asked if both of unds are *unstageable, RN #1 en asked if the upper wound when initially identified, on stated he did not know, but he essure Injury: Obscured and tissue loss Full-thickness is in which the extent of tissue en ulcer cannot be confirmed and tissue loss Full-thickness is in which the extent of tissue en ulcer cannot be confirmed and tissue loss Full-thickness in which the extent of tissue en ulcer cannot be confirmed and tissue loss Full-thickness in which the extent of tissue en ulcer cannot be confirmed and tissue loss Full-thickness in which the extent of tissue en ulcer cannot be confirmed and tissue loss Full-thickness in which the extent of tissue en ulcer cannot be confirmed and tissue loss Full-thickness in which the extent of tissue en ulcer cannot be confirmed and tissue loss Full-thickness in which the extent of tissue en ulcer cannot be confirmed and tissue loss Full-thickness in which the extent of tissue en ulcer cannot be confirmed and tissue loss Full-thickness in which the extent of tissue en ulcer cannot be confirmed and tissue loss Full-thickness in which the extent of tissue en ulcer cannot be confirmed and tissue loss Full-thickness in which the extent of tissue en ulcer cannot be confirmed and tissue loss Full-thickness in which the extent of tissue en ulcer cannot be confirmed and tissue loss Full-thickness in which the upper wound when initially in the extent of tissue en under the extent of tissue en under the ulcer the extent of the under the unde	F 68	6		
	noticed a new wou	und on Resident #2, she would				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 2 2	LE CONSTRUCTION	COM	E SURVEY IPLETED
		495283	B. WING			05/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 686	On 12/4/19 at 8:3' Coordinator, was often residents are LPN #2 stated, "Coaudits, and on wo residents are also given, and if wound CNAs perform the incontinence care provide the wound stated unit manage weekly wound roube done when an discovered, LPN # assessed, and the notified. When as should include, LF should be describ determined where asked who stages "Our nurses on the sure who stages the finds a new wound with the measurer of notifying the MI the MD or NP gives the unit manager of describing the worm measurements.  On 12/4/19 at 9:05 staff member) #2, for this facility) was stated she has on for a few months. staff follows for re #2 stated resident	rage 27  7 a.m., LPN #2, an MDS interviewed. When asked how e assessed for skin breakdown, n admission, weekly body und rounds." She stated observed whenever baths are id care is done. LPN #2 stated e skin observations during and bathing, and floor nurses d care and the body audits. She ers are responsible for doing nds. When asked what should ew pressure ulcer is f2 stated the wound should be de doctor and RP should be f3 the wound assessment f4 the wound, f6 and it should be f6 the wound came from. When f6 the wounds, LPN #2 stated, f6 floor do not stage. I'm not f6 the wound write a progress note f7 the wound. LPN #2 stated writes a weekly progress note f8 for the wound. LPN #2 stated writes a weekly progress note f8 for the wound. LPN #2 stated writes a weekly progress note f8 for the wound. LPN #2 stated writes a weekly progress note f8 for the wound. LPN #2 stated writes a weekly progress note f8 for the wound. LPN #2 stated writes a weekly progress note f8 for the wound. LPN #2 stated writes a weekly progress note f8 for the wound. LPN #2 stated writes a weekly progress note f8 for the wound. LPN #2 stated writes a weekly progress note f8 for the wound. LPN #2 stated writes a weekly progress note f8 for the wound. LPN #2 stated writes a weekly progress note f8 for the wound. LPN #2 stated writes a weekly progress note f8 for the wound. LPN #2 stated writes a weekly progress note f8 for the wound should be f8 for the wound should be f8 for the wound sasessments, ASM s f8	F 686			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION  3	CON	MPLETED	
		495283	B. WING			C <b>/05/2019</b>	
MANORCARE HEALTH SERVICES-IMPERIAL  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227				
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE	(X5) COMPLETION DATE	
F 686	and floor nurses p (body audit) at lea resident has a wo a weekly assessm should be writing a measurements ar She stated the flo- wound care. ASM are done on admi- asked what should discovered, ASM measured and de be notified, and a written.  On 12/4/19 at 10:3 interviewed. When documented when identified on a res (medical doctor) a should be notified discovers the woul include the measured	perform a skin assessment st weekly. She stated if a und, the unit managers performment on wound rounds, and a progress note with ad a description of the wound. For nurses are providing routine #2 stated Braden assessments assion and readmission. When ad be done when a new wound is #2 stated the wound should be scribed, the RP and MD should progress note should be a a new pressure area is ident, She stated the MD and RR (resident representative). She stated the nurse who and should measure it, and a urements and a wound ogress note. LPN #4 stated the	F 686				
	(nurse practitioner electronic medical a wound should be should be assessed that she significantly completed a residute unit managers that sometimes, the unit managers on 12/4/19 at 10:5 #2, a unit managers she is an agency of the should be assessed to the unit managers of the unit	an order from the MD or NP r), and put the order into the l record. When asked how often e assessed, LPN #1 stated it ed at least every day. She gns off on the TAR once she has ent's wound care. She stated do weekly wound rounds, and ne NPs do wound rounds with h, but not always.  55 a.m., RN (registered nurse) r, was interviewed. She stated employee, and has only been at w weeks. She stated she would					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPFLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	COM	E SURVEY IPLETED	
		495283	B. WING _			C ( <mark>05/2019</mark>	
NAME OF PROVIDER OR SUPPLIER  MANORCARE HEALTH SERVICES-IMPERIAL  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 686  Continued From page 29 only be staying for one more week at the facility. When asked about the process staff follows for completing resident skin assessments, RN #2 stated, "Skin is assessed by the nurses on admission and readmission." She stated every			STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227				
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 686	only be staying for When asked about completing resider stated, "Skin is as admission and rearesident should hat RN #2 stated that should be measured description should note. RN #2 stated and the family known urse stages the vallowed to stage it. We are describe it." She swound rounds for ulcers. RN #2 stated on't know if anybody else is do haven't found anyt I started a wound to started a wound to anybody else is do haven't found anyt I started a wound to tarted a wound to tarted the lower (nowere 2 cm X 1.5 cm ad staged the new #1 stated, "We are describe." When a staging the wound not sure." When a documentation oth RN #1 stated, "Nowether the stay of the wound not sure." When as documentation oth RN #1 stated, "Nowether the stay of the wound not sure."	one more week at the facility. It the process staff follows for a the skin assessments, RN #2 sessed by the nurses on admission." She stated every we an order for a body audit. If a pressure ulcer is found, it ed, and the measurement and be included in the progress of the nurse should let the MD www. When asked if the floor wound, RN #2 stated, "I am not a The floor nurse is not allowed only allowed to measure it and tated unit managers do weekly residents who have pressure ed, "I keep a wound book. I ody else did before I came, or if sing one here, because I hing like that. But when I came, book."  16 a.m., RN # 1 was ated he had gone back in to flower buttock wound on and gotten a new order for both a lower wound, and a new sesing for the upper wound. He new) wound measurements m X 0.1 cm. When asked if he we (lower) buttock wound, RN a not allowed to stage. Only to sked who is responsible for s, RN #1 stated, "I really am sked if he had done additional her than writing a progress note,	F 68	66			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	CON	TE SURVEY MPLETED	
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MANORCARE HEALTH SERVICES-IMPERIAL  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227			12/05/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 686	interviewed. She is Resident #2's would before the new wo and the surveyor], more than one wo asked what she will discovered a new have tried to meas have called the dowould have writter if there is any other ulcers, LPN #1 staremembered performs body audits on Rereturned from the LPN #1 stated, "I would have to look When shown the NTAR for Resident in not."  On 12/4/19 at 5:16 the DON from a si When asked the pordered for resident the skin, to identify When asked if any the body audits, As new areas, these a progress notes. Shody audits are to areas. She stated be measured and measurement, local progress note. What is a resident should resident	age 30 stated she had provided and care on 12/2/19 [the day bund, was observed by RN #1 LPN #1 stated, "If there was und there, I didn't see it." When ould have done if she had wound, LPN #1 stated, "I would sure it and describe it. I would ctor or the NP." She stated she in a progress note. When asked it documentation for pressure sted, "No." When asked if she orming weekly or bi-weekly sident #2 since the resident hospital following hip surgery, don't really remember. You at the orders and the TAR." November and December 2019 #2, LPN #1 stated, "I guess of the body audits ints, ASM #3 stated, "To assess of any areas that are there." It documentation accompanies SM #3 stated if there are any areas are documented in the ine stated the purpose of the identify new skin impairment if a new area is found, it should assessed, then described by ation, and appearance in a line in asked if there is any reason not be receiving body audits, o." Everyone receives them." Its responsible for staging the facility, ASM #2 stated,	F 686				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT	FIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		/05/2019
	CARE HEALTH SERV			1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRIES OF THE	JLD BE	(X5) COMPLETION DATE
F 686	"The RN on the urit is important to st stated staging is on to a wound is important to st stated that with eaby the RN/unit maprogress note and asked if all pressu documented using "Yes, they should."  When asked about identification of a resident, ASM #3 When asked what resident having two unstageable level "Obviously, that is Resident #2 was rand body audits prunstageable press 12/3/19, ASM #3 aneed to check. Wheen initiated for the discovered on 11/2 stated they would "The Pressure Ulcar Tool) was develop Ulcer Advisory Parreliable tool to more ulcer status over tituse of the PUSH Tool 12/4/19 at 5:30 administrator, ASM and they would stated they wo	age a pressure ulcer, ASM #2 ne way to determine whether or proving or not. She further ch wound assessment made ager, there should be a a PUSH tool (7) update. When re ulcers should be a PUSH tool, ASM #2 stated, a PUSH tool, ASM #2 stated, a PUSH tool, ASM #2 stated, a push tool, as a push tool, and as a push tool as a push tool, as a push tool, as a push tool, as a push tool, and as a push tool, as a push to	F 6	86		
	pressure wounds	he concern Resident #2's, two were discovered as 10 days of each other and of				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		TE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 686	the lack of prevent audits and the conductive and t	ative measures, including body cern for harm.  8 a.m., RN #1 was ated ASM #4 had seen (4/19 in the afternoon. He do the order for the upper an order for the lower wound at sked if Resident #2 had been tive skin care since she had nospital following the surgery RN #1 stated, "I have looked. I in November once she got bital. It looks like we have been cream on her once a shift "When asked what sort of do have been implemented to eakdown, RN #1 stated, ier cream, at least. She is "He stated that barrier cream applied after each and every e. He stated he would get an or cream immediately. When the stated he would get an or cream immediately. When the stated he would get an or cream immediately. When the stated he would get an or cream immediately. When the stated he would get an or cream immediately. When the stated he would get an or cream immediately. When the stated he would get an or cream immediately. When the stated he would get an or cream immediately. When the stated, "Yes." asked if Resident #2's wound the stated, "We are getting one the stated of t	F 68	36		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The same and the	PLE CONSTRUCTION  IG		TE SURVEY MPLETED
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MANORCARE HEALTH SERVICES-IMPERIAL  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 686	comprehensive ev documented in the may include, but is appearance of sur location of tunnelin undermining, evide skin evaluations ar nurse for any patie Weekly skin evaluaticensed nurse for evaluations are do recordAny new uneed to reevaluate further development the development team reevaluates produced to the stablishes management team team reevaluates produced to the stablishes are stablished are stabli	aluation is completed and patient's clinical record and not limited to: location, depth, rounding skin, presence and g, presence and location of ence of infection, pain. Daily the completed by the licensed nt with a pressure ulcer. Ations are completed by the any other patient. Skin cumented in the medical licer development suggests a the plan of care of preventing and of pressure ulcersEach a designated wound aThe wound management pressure ulcers and complex dother types of wounds as Documentation of findings is	F 68	6		
	the facility, ASM #2 nurses, the unit ma rounds." When ask care, ASM #2 state and they look at th see the resident. T look at it."  "Importance of sta classification syste description of the e damage presenting Numerous classific developed and use evolving understar ulcers; anatomical	comprises the wound team in 2 stated, "Right now, it's the anager who makes the weekly sed the NP/MD's role in wound ed, "They provide the orders e wound when they come in to hey will stage it then if they ging. A pressure ulcer m is used to aid in the extent of skin and tissue g as a pressure ulcer. Eation systems have been ed over the years, informed by ading of the etiology of pressure knowledge of skin, tissue and adiagnostic and assessment.				

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG		MPLETED
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F 686	technology. The us system: improves of professionals, contan appropriate presincluding allocation support surfaces; in pressure ulcer treataken from the web https://cdn.ymaws.gr/2014_guideline.  No further informate Complaint deficient References:  * This information in Pressure Ulcer Add https://cdn.ymaws.ce/resmgr/npuap_receives and/or underlying to prominence, as a rin combination with taken from the Nate Panel website at https://cdn.ymaws.ce/resmgr/npuap_receives architecture is covered green or brown) and black) in the wound taken from the Nati Panel website at https://cdn.ymaws.ce/resmgr/npuap_receives green or brown) and black) in the wound taken from the Nati Panel website at htt.  (3) "Diabetes (melliblood glucose, or belowed to the professionals of the system."	the of a reliable classification communication between health ributes to the development of source ulcer prevention plan, of pressure redistribution informs the selection of timents." This information is osite com/npiap.com/resource/resmodf.  ion was provided prior to exit.  cy  staken from the National visory Panel website at com/npuap.site-ym.com/resource/ressure_injury_stages.pdf for is localized injury to the skin issue usually over a bony esult of pressure, or pressure is shear." This information is ional Pressure Ulcer Advisory com/npuap.site-ym.com/resourcessure_injury_stages.pdf clissue loss in which the base of the by slough (yellow, tan, gray, d/or eschar (tan, brown or bed." This information is onal Pressure Ulcer Advisory the://www.npuap.org/pr2.htm.  tus) is a disease in which your lood sugar, levels are too tion is taken from the website	F 68	36		

	F CORRECTION	IDENTIFICATION NUMBER:				MPLETED
		495283	B. WING		12	C / <b>05/2019</b>
	PROVIDER OR SUPPLIER		1	TREET ADDRESS, CITY, STATE, ZIP CODE 719 BELLEVUE AVENUE RICHMOND, VA 23227	, , , ,	700/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 686	(4) The wound be tissue (non-viable supply), slough (dyellow in color), or necrotic tissue). S This information is https://www.ncbi.nc60405/  (5) "SANTYL Ointiprescription medic from wounds so the information is taken website https://www.f6) "The Braden S Sore Risk is a clin nurses and other I score a patient/clie pressure ulcers. It capabilities of the higher intensity and tissue tolerance for functioning indicated pressure ulcer devis a summated rat subscales scored functioning and 4 impairment). Total subscale is scored subscales measure patient that contributed and duration of protolerance for pressure indicates lotherefore, higher lies.	and may be covered with necrotic tissue due to reduced blood ead tissue, usually cream or reschar (dry, black, hard uch tissue impedes healing. It taken from the website of the immediate that removes dead tissue they can start to heal." This ear from the manufacturer's rewsantyl.com/.  I cale for Predicting Pressure ically validated tool that allows the east to a providers to reliably ent's level of risk for developing measures functional patient that contribute to either and duration of pressure or lower for pressure. Lower levels of the higher levels of risk for velopment The Braden Scale ing scale made up of six from 1-4 (1 for low level of for the highest level or no scores range from 6-23 (one of with values of 1-3, only). The refunctional capabilities of the pute to either higher intensity the essure. A lower Braden Scale wer levels of functioning and, evels of risk for pressure ulcer	F 686			
	website	is information is taken from the ih.gov/research/umls/sourcerele				

#### PRINTED: 02/25/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING \_ C 495283 B. WING 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE MANORCARE HEALTH SERVICES-IMPERIAL RICHMOND, VA 23227 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 36 F 686 asedocs/current/LNC\_BRADEN/. (7) "The Pressure Ulcer Scale for Healing (PUSH Tool) was developed by the National Pressure Ulcer Advisory Panel (NPUAP) as a guick. reliable tool to monitor the change in pressure ulcer status over time...The NPUAP recommends use of the PUSH Tool at "regular intervals". The AHCPR Treatment Guideline recommends assessments be performed "at least weekly" and "if the condition of the patient or of the wound deteriorates". The PRESSURE ULCER HEALING CHART (which is attached to the PUSH Tool) will allow you to graph PUSH Tool scores over time for each ulcer. You should be able to "tell at a glance" whether the ulcer is healing, remains unchanged, or is deteriorating. The PUSH Tool is designed to monitor the three critical parameters that are the most indicative of healing. In developing specific treatment plans, you will need to assess additional parameters

of a stroke.

taken from the website

(e.g., foul odor, color of exudate, undermining, and tunneling). Any increase in the PUSH Tool score (indicating wound deterioration) requires a more complete assessment of the ulcer and the patient's overall condition." This information is

https://cdn.ymaws.com/npiap.com/resource/resm gr/online\_store/push\_tool\_information\_form.pdf.

2. Resident #4 was admitted to the facility on 4/25/11, and was most recently readmitted on 11/15/19, with diagnoses including, but not limited to dementia (1), high blood pressure, and history

On the most recent MDS (minimum data set), a

assessment reference date of 11/22/19, she was

significant change assessment with an

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION  NG		TE SURVEY MPLETED  C
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
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F 686	coded as having to memory problems cognitively impairs. The resident was dependent on the mobility, toileting, The resident was only one or two tin. The resident was urinary catheter, as of bowel. The resident revealed a note dadocumented, in particular to the shift for wound catheter wound catheter wound catheter wound of following note date previous wound no buttocks that mea 1.0 cm X 0.2 cm, drainage, no odor wound) is normal. foam dressing."	ooth short-term and long-term and as being severely ed for making daily decisions. coded as being completely assistance of staff for bed personal hygiene and bathing. coded as transferring out of bed nes during the look back period. coded as having an indwelling and as being always incontinent dent was coded as being at risk assure ulcers, and as having pressure ulcer.  Lent #4's progress notes ated 10/23/19. The note art, the following: "Apply attocks topically every evening are. Cleanse affected area of anal saline, apply hydrogel and ressing daily."  Line progress notes revealed the ed 11/5/19 (13 days since the bote): "Open area to right sures 1.5 cm (centimeters) X 100% beefy red wound bed, no and Periwound (area around Continue with hydrogel and the clinical record revealed at Resident #4 was discharged 11/10/19, and was readmitted to	F6	86		
	of the readmission	ated 11/16/19, which was part assessment, documented, in admitted under hospiceDSG				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COMPLE	
		495283	B. WING		C 12/05/	2019
	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
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F 686	Continued From p	page 38	F 686			
	replaced." Review assessment dated additional informator pressure ulcer.  A progress note of the previous note pressure ulcer), of following: "Late er Sacral wound met bed is 95% yellow with purulent (confoul odor. Hospice change. Current to	cyx is unstageable, dsg w of the full readmission d 11/16/19 failed to reveal any ation regarding Resident #4's dated 11/28/19 (12 days since related to Resident #4's documented, in part, the ntry for 11/27/19. Wound note: easuring 6.5 X 3.0 X 0.2. Wound w slough and black exchar (sic) ntaining pus) mild drainage and e nurse in at time of dressing treatment in place." This note, gistered nurse) #2, a unit				
	(treatment admini on 10/25/19, 10/2 treatment adminis buttocks topically care. Cleanse affer normal saline, approximate foam dressing dail A review of Resider revealed the treati (perineal) area, but (twice a day) and incontinent episod shift." There were evidenced by no streatment was addited and shifts:  -Day shift: on 10/7 10/25/19, and 10/2	lent #4's October 2019 TAR tment, "Barrier cream to peri uttocks and scar tissue, BID prn (as needed) after des every day and evening e blanks for the treatment as staff initials evidencing the ministered on the following 7/19, 10/10/19, 10/15/19,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG	CON	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER  CARE HEALTH SERV	ICES-IMPERIAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 686	10/19/19, 10/20/19, 10/31/19.  A review of Resider plan dated 4/13/11 in part, the following areaAdminister trordersPressure rewheelchair."  On 12/4/19 at 9:05 staff member) #2, tfor this facility) was #2 stated she has a facility for a few mo process for skin as ASM #2 stated resi assessments with and floor nurses per (body audit) at leas resident has a would a weekly assessments and on 12/4/19 at 10:35 interviewed. She will documented when identified on a resident for a resident has a would be notified. She will discover the woun include the measur description in a pronurse should get ar (nurse practitioner) electronic medical a wound should be	nt #4's comprehensive care and updated 11/7/19 revealed, g: "Right buttocks eatment per physician educing surface on bed and a.m., ASM (administrative he DON (director of nursing interviewed by phone. ASM only been working at this nths. When asked the sessment for all residents, dents receive head to toe skin baths/showers twice weekly, rform a skin assessment to weekly. ASM #2 stated if a nd, the unit managers performent on wound rounds, and progress note with a description of the wound.	F 68	36			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495283	B. WING _		12	C <b>/05/2019</b>	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP CO 1719 BELLEVUE AVENUE RICHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 686	stated that she si completed a resid stated the unit may rounds, and that a rounds with the unit may rounds with the unit manages he is an agency the facility for a few only be staying for when asked the RN #2 stated, "She admission and reresident should he stated if a proper be measured, and description should note. She stated the family know. It is stated if a proper state it. "She stated the family know. It is stated it is stage it. We are describe it." She stated it is stage it. We are describe it. "She stated it wound rounds for ulcers. RN #2 stated it is any anybody else is dhaven't found any I started a wound document from a "Pressure Ulcer Foolumns for the dand progress tow wounds. RN #2 stated in the describe it." She started a wound document from a "Pressure Ulcer Foolumns for the dand progress tow wounds. RN #2 stated it is any location. RN #2 stated it is any location in the dand progress tow wounds. RN #2 stated it is any location in the state	gns off on the TAR once she has dent's wound care. LPN #4 anagers do weekly wound sometimes, the NPs do wound nit managers, but not always.  55 a.m., RN (registered nurse) er, was interviewed. She stated employee, and has only been at ew weeks. She stated she would or one more week at the facility. process for skin assessment, kin is assessed by the nurses on admission." She stated every ave an order for a body audit. essure ulcer is found, it should do the measurement and do be included in the progress the nurse should let the MD and When asked if the floor nurse II, RN #2 stated, "I am not to the transport of	F 68				

STATEMENT OF DEFICIENCIES (X1) PROV DER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	FIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
		495283	B. WING _			C /05/2019
	PROVIDER OR SUPPLIER	CES-IMPERIAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		,00,2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 686	weekly wound roun wound documentat with 10/23/19, RN # stated, "I can't really happen before I go! On 12/4/19 at 11:10 interviewed. She stated initially discoverulcer. She stated the discovers a new preand includes the me in a progress note. provider, gets, an ofamily. She stated the rounds on the wound wound as often as tasked why she did	ds. When asked to review the ion for Resident #4, beginning #2 reviewed the notes. RN #2 y speak to what did or didn't there."  Dia.m., LPN #5 was ated she was the nurse who ared Resident #4's pressure at usually, when she essure ulcer, she measures it, easurements and description LPN #5 stated she calls the arder, and then notifies the he unit manager does weekly hads, and floor nurses see the the wound care is due. When not measure or describe ads on 10/23/19, LPN #5	F 68	36		
	were informed of the On 12/5/19 at 10:32 interviewed regarding treatments administ she was an agency document everything health record softwar has his or her own asked what it mean blanks where there LPN #3 stated, "If it given. Everybody known asked what it."	#2, ASM #3, and LPN #2 ese concerns.				

	OF CORRECTION	IDENTIFICATION NUMBER:		G		MPLETED
		495283	B. WING _		12	C 2 <b>/05/2019</b>
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		MG
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	regarding the blar stated nurse's door they administer a the blank spaces that the treatment A review of the fac Administration: M part, the following according to specinitials on MAR for administered."  No further informate References: (1) "Dementia is a brain function. The It affects memory and behavior." The website https://medlineplute. Resident Records CFR(s): 483.20(f) §483.20(f)(5) Res (i) A facility may necesident-identifiab accordance with a agrees not to use	nk spaces on the TARs. He cument on the computer when treatment. When asked what mean, RN #1 stated, "It means is weren't given."  cility policy "Medication edication Pass" revealed, in : "Administer medication ific procedureDocument reach medication  ation was provided prior to exit.  a gradual and permanent loss of is occurs with certain diseases. Ithinking, language, judgment, is information is taken from the s.gov/ency/article/000746.htm.  5 - Identifiable Information (5), 483.70(i)(1)-(5)  ident-identifiable information that is	F 68			
	professional stand	Il records. ccordance with accepted dards and practices, the facility dical records on each resident				

MANORCARE HEALTH SERVICES-IMPERIAL   STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE   PREFIX TAG   PROVIDER OR SUPPLIED   PROFICE AVENUE   PREFIX TAG   PROVIDER PLAN OF CORRECTION AND 23227	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
MANORCARE HEALTH SERVICES-IMPERIAL    T19 BELLEVUE AVENUE   1719 BELLEVUE AVENUE A			495283	B. WING		1	
FREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 842  Continued From page 43 that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.  §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.  §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches					1719 BELLEVUE AVENUE	, , , ,	33/2310
that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.  §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.  §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	( (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	DBE	COMPLETION
§483.70(i)(5) The medical record must contain-	F 842	that are- (i) Complete; (ii) Accurately docu- (iii) Readily access (iv) Systematically §483.70(i)(2) The fall information contregardless of the forecords, except who (i) To the individual representative where (ii) Required by Law (iii) For treatment, operations, as perrowith 45 CFR 164.5 (iv) For public healmeglect, or domest activities, judicial a law enforcement propurposes, research medical examiners a serious threat to by and in complian §483.70(i)(3) The forecord information unauthorized use. §483.70(i)(4) Medicional for- (ii) The period of time there is no requirer (iii) For a minor, 3 yield age under States.	acility must keep confidential rained in the resident's records, orm or storage method of the rener release is, or their resident repermitted by applicable law; w; payment, or health care mitted by and in compliance 06; th activities, reporting of abuse, ic violence, health oversight administrative proceedings, urposes, organ donation a purposes, or to coroners, funeral directors, and to avert health or safety as permitted ce with 45 CFR 164.512.  acility must safeguard medical against loss, destruction, or the date of discharge when ment in State law; or years after a resident reaches ate law.	F8	42		

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION		MPLETED
		495283	B. WING		12	C 2/05/2019
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 842	(i) Sufficient inform (ii) A record of the (iii) The comprehe provided; (iv) The results of and resident revie determinations co (v) Physician's, nu professional's prod (vi) Laboratory, rad services reports at This REQUIREME by: Based on staff interview, and clinical determined that the an accurate clinical residents in the su Resident #7, the fadocument treatme for the resident's per 2019.  The findings include Resident #7 was a and most recently 1/17 19, with diagre to history of a strol most recent MDS significant change assessment reference #7 was coded as to making daily decis of 15 on the BIMS status). The reside completely dependence	nation to identify the resident; resident's assessments; resident's assessments; resident's assessments; resive plan of care and services any preadmission screening we evaluations and inducted by the State; rse's, and other licensed gress notes; and diology and other diagnostic is required under §483.50. ENT is not met as evidenced erview, facility document all record review, it was re facility staff failed to maintain all record for one of eight rivey sample, Resident #7. For acility staff failed to accurately ints that were being provided pressure ulcers in November	F 842			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B. WING		12	C 2/05/2019	
	PROVIDER OR SUPPLIER	ICES-IMPERIAL		STREET ADDRESS, CITY, STATE, ZIP COE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		300/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 842	personal hygiene, a dependent on the a members for transfersident was coded of bladder and bow being at risk for deas having one unstant A review of Resider revealed the follow reported to me that buttocks. Resident measuring 2 X 2 X under right gluteal bloody drainage. A dressing applied."  A review of Reside October 2019 TAR record) revealed the 10/23/19: "Clean right gluteal the company of the contained number of this order to be treatments were contained to the contained number of the contained number	and as being completely assistance of two staff ferring between surfaces. The das always being incontinent rels. Resident #7 was coded as veloping pressure ulcers, and ageable pressure ulcer.  In #7's progress notes ing note dated 10/23/19: "CNA resident had bloody area to assessed and open area 0.1 cm (centimeters) noted fold, wound base red with rea cleaned and protective  In #7's physician's orders and (treatment administration e following order dated ght gluteal fold with NS ply wound gel and cover with evening shift for wound." The ses' initials at all opportunities followed, indicating the ompleted as ordered.	F8	42			
	revealed the follow "Chart check done affected area of rig Apply Hydrogel and	desident #7's progress notes ing note dated 10/30/19: new order noted. Cleansed ht ischium with normal saline. d cover with foam dressing d PRN (as needed) for soiling."					
	revealed a note da "Resident presents sacral fold that's 4	desident #7's progress notes ted 11/11/19, that documented: with an area under the right cm long and 4 1/2 cm wide					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION  NG		MPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1719 BELLEVUE AVENUE RICHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 842	depth is complete eschar in the wou writer left a voicen Resident has treat also made aware. discomfort to touc pain medication. Further review of turned and reposit Will continue to must be with the following. The following: "Unsischium. [Approximal surrounding erythe with normal saline foam dressure of the following: "Unsischium. [Approximal surrounding erythe with normal saline foam dressure of the following: "Unsischium. [Approximal surrounding erythe with normal saline foam dressure of the following: "Unsischium. [Approximal surrounding erythe surrounding erythe with normal saline foam dressure of the following: "Unsischium. [Approximal surrounding erythe surrounding erythe with normal saline foam dressure of the following: "Unsischium. [Approximal surrounding erythe surrounding erythe surrounding erythe following: "Unsischium. [Approximal surrounding erythe eryther erview of the erview of th	ly obscured by slough and nd bed. MD made aware and nail with RP. Awaiting call back. tment in place. Facility director Resident presents with some h. Resident medicated with prn Resident in bed and will be tioned q2hrs (every two hours).	F 84	12			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The same of the sa	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495283	B. WING		12	/05/2019	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CO 1719 BELLEVUE AVENUE RICHMOND, VA 23227				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 842	Santyl and gauze daily and prn soilir monitor closely an in condition."  Further review of t dated 11/20/19. The following: "Un ischium measuring bed with 50% slow mild surrounding a continue local woo of right ischium da Santyl and gauze daily and prn soilir.  A review of Reside revealed that the f wound dressing ch discontinued. The off on the daily wo 11/1/19 through 11 on the dressing ch 10/30/19) from 11/0nce the 11/20/19 both previous ordefacility staff signed 11/19/19 through 11/19/19/19/19/19/19/19/19/19/19/19/19/1	with normal saline, apply and cover with foam dressing agNursing to continue to d notify MD/NP of any change the NP notes revealed a note ne note documented, in part, stageable wound to right 4.5 cm X 4 cm X 2 cm, wound 191, 50% granulation tissue, erythema (redness)Nursing to 191 and care: cleanse affected area 191 with normal saline, apply and cover with foam dressing 191."  The stage of the saline is a signing of 191 and cover with foam dressing 191 and dressing change from 191 and dressing change from 191 and cover with saline is given the saline of 191 and	F 842				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495283	B. WING		1	C / <b>05/2019</b>	
	PROVIDER OR SUPPLIE		STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 842	devices as needed On 12/4/19 at 10: nurse) #4 was interested to be done resident's pressure the old order shood order placed on toorder would disapplied discontinued, LPI When asked what encountered multipressure ulcer tradefinitely call the On 12/4/19 at 5:3 staff member) #1 director of nursing nursing at a sisted coordinator, were regarding the discontinued to the November 2019.  On 12/5/19 at 10: unit manager, was discrepancies in the November 20 looks like there a same wound at the hard to believe all administered at the floor nurse should TAR to determine should have discontinued.  On 12/5/19 at 11:	ed."  35 a.m., LPN (licensed practical erviewed. When asked what if a new order is written for a re ulcer treatment, she stated uld be discontinued and the new he TAR. When asked if the old opear from the TAR if it was N #4 stated, "Yes it would." It she would do if she tiple active orders for one eatment, LPN #4 stated, "I would doctor and clarify that order."  30 p.m., ASM (Administrative, the administrator, ASM #2, the g, ASM #3, the director of refacility, and ASM #5, an MDS informed of the concerns crepancies in the TAR for essure ulcer treatment in 138, RN (registered nurse) #1, a s interviewed regarding the Resident #7's TAR. He reviewed 19 TAR. RN #1 then stated, "It re multiple treatments for the ne same time." He stated it was I those treatments were the same time. He stated the dhave clarified the orders on the which one was active, and ontinued the rest.  38 a.m., ASM #2 stated she had	F 842				
		ncy nurse responsible for Itiple treatments for the same					

	OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	GC	MPLETED  C	
	PROVIDER OR SUPPLIER	3		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		12/05/2019	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 842	wound for Resider stated she had sp confirmed she adr saline/foam treatm ordered. Once the administered the Should not have sinot given, and that discontinued the NP or physicial writing the overlap (medication) error.  The agency nurse treatments was not exit.  On 12/5/19 at 11:4 interviewed regard for Resident #7. L who documented an agency nurse, agency nurse who treatments. LPN # more than one ordered on both of the table did that."  On 12/5/19 at 11:4 was interviewed. Second 1	oken with the nurse, who ministered the normal ment until the Santyl was ordered, she only Santyl. ASM #2 stated the nurse igned off on treatments she had the nurse should have old orders after clarifying with the nurse should have old orders after clarifying with the nurse should have old orders after clarifying with the nurse should be oping TAR sign-offs as med is.  Who signed off on the obtavailable for interview prior to the available for interview prior to the stated she (the nurse providing multiple treatments) is and she knows the other of signed off on the multiple of stated, "You cannot have the at a time. You cannot sign treatments. I don't know why the same, and have called the old discontinue whichever ones in #2 stated a nurse should be order at a time for pressure of the stated of the order at a time for pressure of the sility policy "Medication".	F 8	42			
	A review of the fact Administration: Me	sility policy "Medication edication Pass" revealed, in "Administer medication					

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING _	CONSTRUCTION	COMPLETED
		495283	B. WING		C <b>12/05/2019</b>
	PROVIDER OR SUPPLIER		17	REET ADDRESS, CITY, STATE, ZIP CODE 19 BELLEVUE AVENUE CHMOND, VA 23227	,
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 842	Continued From pa according to specifinitials on MAR for administered."	fic procedureDocument	F 842		
F 849 SS=D	No further information and the following quote Fundamentals of N 237): "The client redocument of the client receivedBecauteam members cal assessments or in years after the fact documentation at the care may have documentation multiples (FR): 483.70(o) \$483.70(o) Hospice	(1)-(4)	F 849		
	do either of the foll (i) Arrange for the part through an agreem Medicare-certified (ii) Not arrange for services at the faci a Medicare-certifier resident in transfer arrange for the prowhen a resident residen	lowing: provision of hospice services nent with one or more hospices. the provision of hospice ility through an agreement with d hospice and assist the rring to a facility that will ovision of hospice services			

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG	COMPLET	
	495283	B. WING		C 12/05/2	2019
NAME OF PROVIDER OR SUPPLIER  MANORCARE HEALTH SERVIO	CES-IMPERIAL		STREET ADDRESS, CITY, STATE, ZIP C 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COM	(X5) MPLETION DATE
professional standar to individuals provided to the timeliness of	ospice services meet rds and principles that apply ing services in the facility, and the services.  greement with the hospice authorized representative of authorized representative of re hospice care is furnished to written agreement must set out g:  e hospice will provide.  esponsibilities for determining pice plan of care as specified his chapter.  e LTC facility will continue to ach resident's plan of care.  In process, including how the bedocumented between the hospice provider, to ensure the resident are addressed and any.  the LTC facility immediately about the following:  nge in the resident's physical, motional status.  ations that suggest a need to be the resident from the facility eath.  In that the hospice assumes the the hospice assumes the the propriate		49		

NAME OF PROVIDER OR SUPPLIER  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE	C <b>12/05/2019</b>
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MANORCARE HEALTH SERVICES-IMPERIAL  RICHMOND, VA 23227	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	
resident's resident's terminal illness and related conditions; and all other hospice straight of the care horoided is appropriately based on the individual resident's needs.  (H) A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.  (I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.  (J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice	
administrator immediately when the LTC facility becomes aware of the alleged violation.  (K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.  §483.70(o)(3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the	

	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G	COM	PLETED
		495283	B. WING _			C <b>05/2019</b>
	PROVIDER OR SUPPLIER	ICES-IMPERIAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETION DATE
F 849	for working with ho coordinate care to LTC facility staff an interdisciplinary teaclinical background scope of practice a assess the resident that has the skills a resident.  The designated intresponsible for the (i) Collaborating wand coordinating L the hospice care presidents receiving (ii) Communicating and other healthca provision of care for conditions, and oth of care for the patie (iii) Ensuring that the with the hospice mattending physiciar participating in the as needed to coordinating the following the fo	linary team who is responsible spice representatives to the resident provided by the id hospice staff. The im member must have a large function within their State and have the ability to to the resident of the access to someone and capabilities to assess the erdisciplinary team member is following:  It hospice representatives TC facility staff participation in anning process for those these services.  With hospice representatives reproviders participating in the or the terminal illness, related er conditions, to ensure quality ent and family.  The LTC facility communicates edical director, the patient's in, and other practitioners provision of care to the patient dinate the hospice care with the ded by other physicians. Collowing information from the last the hospice plan of care specific	F 84	9		

		IDENTIFICATION NUMBER:	A. BUILDIN	G		MPLETED
		495283	B. WING _		15	C 2 <b>/05/2019</b>
		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227				
PREFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 849	24-hour on-call sy (F) Hospice med each patient. (G) Hospice physicany) orders speci (v) Ensuring that orientation in the facility, including and record keeping furnishing care to §483.70(o)(4) Eacare under a writteach resident's with the most recent has description of the facility to attain or practicable physically well-being, as record that the facility to attain or practicable physically well-being, as record well-being, as record well-being, as record well-being, as record when she facility staff far provider for two of sample, Resident the facility staff far provider's plan of record when she 10/15/18. For Resident the hospic staff in the facility staff far provider's plan of record when she 10/15/18. For Resident the hospic staff in the hospic staff	sician and attending physician (if fic to each patient. the LTC facility staff provides policies and procedures of the patient rights, appropriate forms, and requirements, to hospice staff LTC residents.  The LTC facility providing hospice and greement must ensure that ritten plan of care includes both pospice plan of care and a services furnished by the LTC maintain the resident's highest cal, mental, and psychosocial puired at §483.24.  ENT is not met as evidenced terview, facility document al record review, it was ne facility staff failed to maintain care from the providing hospice of eight residents in the survey as #1 and #4. For Resident #1, iled to obtain the hospice care and place it on the clinical elected a hospice provider on sident #4, the facility staff failed bice provider's plan of care and nical record when she elected a on 11/16/19.	F 84	9		
	1. Resident #1 wa	as admitted to the facility on				
		oses including, but not limited to				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I was a second and	IPLE CONSTRUCTION  NG		TE SURVEY MPLETED		
		495283	B. WING _		12	/05/2019		
	PROVIDER OR SUPPLIEF		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE		
F 849	heart failure (1), hi (chronic obstructive the most recent Misignificant change assessment refere #1 was coded as himpaired for making scored nine out of for mental status). The care of a common Resident #1 was continued in the care of a common R	age 55 igh blood pressure, and COPD re pulmonary disease) (2). On DS (minimum data set), a assessment with an ence date of 10/22/18, Resident being moderately cognitive ag daily decisions, having 15 on the BIMS (brief interview She was coded as being under munity hospice provider.  Ilischarged from the facility on ent #1's clinical record revealed ritten 10/15/18. The note art: "Alert and verbal. Admitted unity hospice provider]."  the clinical record revealed ag the resident's contractual and community hospice provider, ent's election of the hospice  the clinical record failed to	F 84					
	community hospic On 12/4/19 at 10:2 assistant) #2 was coordinating care provider. CNA #2: myself." When ask regarding coordinate care, CNA #2 state to the hospice nur- week, a new hosp	an or visit notes from the e provider's nurses or aides.  25 a.m., CNA (certified nursing interviewed regarding with a community hospice stated, "I just do the residents ked if she is given information ation with the hospice plan of ed, "Yes. Sometimes I will talk se." She stated that just this ice aide had come into the ad discussed division of tasks						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION		TE SURVEY MPLETED C
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	PROVIDER OR SUPPLIE		17	TREET ADDRESS, CITY, STATE, ZIP CODE 719 BELLEVUE AVENUE ICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APPLICATION OF THE APPLICA	OULD BE	(X5) COMPLETION DATE
F 849	for the resident was ervices. She stated hospice care plan on 12/4/19 at 10 nurse) #4 was introduced in the patients are nurses ask about deliver needed stated and the facility nurses on 12/4/19 at 10 #2, a unit manage the facility nurses change in conditional make regular visity plans should be a stated, "Yes." Whand aides who visits the stated in the state of the plans should be a stated, "Yes." Whand aides who visits the plans should be a stated, "Yes."	page 56 tho was receiving hospice ted she was not aware of this from the hospice providers.  28 a.m., LPN (licensed practical terviewed. She stated hospice and talk to the floor nurses about doing. She stated hospice to supply availability, and will tupplies to residents who are She stated hospice nurses the orders. When asked if this should be available to facility ted, "Yes. And progress notes should also be in the chart."  249 a.m., RN (registered nurse) ter, was interviewed. She stated to call hospice nurses with any ton. She stated hospice nurses ts. When asked if hospice care tavailable to facility staff, RN #2 teen asked if notes from nurses this residents should also be fif, RN #2 stated, "Yes."	F 849			
	staff member), the director of nursing nursing at a siste coordinator, were	go p.m., ASM #1 (administrative e administrator, ASM #2, the g, ASM #3, the director of r facility, and ASM #5, an MDS e informed of these concerns. A nospice care plans was				
	policies to the sur "Clinical Record I information regar	5 a.m., ASM #3 brought several reyor. ASM #3 stated the policy Resource Manual" contained ding the hospice care plans. A cy failed to reveal any				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	ICES-IMPERIAL	8	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	, , , ,	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 849	part of the facility results of the facility results of the source of the surveyor with copies nurse visit notes, at Resident #1.  No further information of the rest of the body symptoms to occur heart's pumping be may back up in other may build up in the tract, and the arms congestive heart fataken from the web https://medlineplus.  (2) COPD is "a gen nonreversible lung combination of employment of the Non-Medica Rothenberg and Characterist of the Non-Medica Rothenberg and Cha	to hospice care plans being a scord.  5 a.m., ASM #2 provided the s of the hospice care plan, and CNA visit notes for  5 on was provided prior to exit.  6 a condition in which the heart pump oxygen-rich blood to efficiently. This causes throughout the bodyAs the comes less effective, blood er areas of the body. Fluid lungs, liver, gastrointestinal and legs. This is called illure." This information is site gov/ency/article/000158.htm  1 eral term for chronic, disease that is usually a ohysema and chronic is Dictionary of Medical Terms I Reader, 5th edition,	F 849			
	an assessment refe was coded as havir	erence date of 11/22/19, sheing both short-term and problems, and as being				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION  IG		TE SURVEY MPLETED
		495283	B. WING _		12	C /05/2019
	AME OF PROVIDER OR SUPPLIER  IANORCARE HEALTH SERVICES-IMPERIAL  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 849  Continued From page 58 severely cognitively impaired for making daily decisions. The resident was coded as receiving hospice services from a community provider.  A review of Resident #4's physician's orders revealed the following order, written 11/15/19: "Admit to hospice [name of community hospice provider]."  Further review of the clinical record failed to review any care plan or visit notes from the community hospice provider's nurses or aides.  On 12/4/19 at 10:25 a.m., CNA (certified nursing assistant) #2 was interviewed regarding coordinating care with a community hospice provider. CNA #2 stated, "I just do the residents myself." When asked if she is given information regarding coordination with the hospice plan of care, CNA #2 stated, "Yes. Sometimes I will talk to the hospice nurse." She stated that just this week, a new hospice aide had come in to the facility, and they had discussed division of tasks for the resident who was receiving hospice services. She stated she was not aware of hospice care plans from the hospice providers.  On 12/4/19 at 10:28 a.m., LPN (licensed practica nurse) #4 was interviewed. She stated hospice nurses come in and talk to the floor nurses about how patients are doing. She stated hospice nurses ask about supply availability, and will deliver needed supplies to residents who are under their care. She stated hospice nurses inform them of new orders. When asked if		STREET ADDRESS, CITY, STATE, ZIP COD 1719 BELLEVUE AVENUE RICHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 849	severely cognitive decisions. The re hospice services  A review of Resid revealed the follo "Admit to hospice provider]."  Further review of review any care provider any care provider. CNA #2 myself." When as regarding coordinating care provider. CNA #2 state to the hospice nu week, a new hospicality, and they for the resident w services. She state hospice care plant on 12/4/19 at 10: nurse) #4 was introduced in a how patients are on urses ask about deliver needed su under their care. Sinform them of ne hospice care plant staff, LPN #4 state	sly impaired for making daily sident was coded as receiving from a community provider.  ent #4's physician's orders wing order, written 11/15/19: [name of community hospice the clinical record failed to lan or visit notes from the ce provider's nurses or aides.  25 a.m., CNA (certified nursing interviewed regarding with a community hospice stated, "I just do the residents ked if she is given information ation with the hospice plan of red, "Yes. Sometimes I will talk ree." She stated that just this pice aide had come in to the lad discussed division of tasks ho was receiving hospice ted she was not aware of the from the hospice providers.  28 a.m., LPN (licensed practical erviewed. She stated hospice and talk to the floor nurses about doing. She stated hospice supply availability, and will ipplies to residents who are she stated hospice nurses	F 84	9		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER.		IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		495283	B. WING _			C /05/2019
	PROVIDER OR SUPPLIER	CES-IMPERIAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	1 12	00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 849	#2, a unit manager, the facility nurses or change in condition make regular visits plans should be avastated, "Yes." Wher and aides who visit accessible to staff, asked if Resident # hospice care plan, sthen stated, "I don't On 12/4/19 at 5:30 staff member), the director of nursing, nursing at a sister froordinator, were in ASM #2 stated, "The hospice for a few who community hospice be a part of the resist the facility staff, she on 12/5/19 at 11:45 surveyor with copie nurse visit notes, and Resident #4.	P a.m., RN (registered nurse) was interviewed. She stated all hospice nurses with any . She stated hospice nurses . When asked if hospice care allable to facility staff, RN #2 n asked if notes from nurses residents should also be RN #2 stated, "Yes." When 4's clinical record included a she reviewed the record and see one. I will look."  p.m., ASM #1 (administrative administrator, ASM #2, the ASM #3, the director of acility, and ASM #5, an MDS aformed of these concerns. is resident has only been on eeks." When asked if the provider's plan of care should dent's clinical record to guide	F 84	19		
F 880 SS=D	COMPLAINT DEFIGURE Infection Prevention CFR(s): 483.80(a)(  §483.80 Infection Countries The facility must es	n & Control 1)(2)(4)(e)(f)	F 88	30		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	COM	PLETED	
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F 880	infection prevention designed to provide comfortable environdevelopment and to diseases and infection program.  The facility must est and control program a minimum, the followed to providing services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff, volunteers, viproviding services arrangement based conducted accordinaccepted national staff,	and control program e a safe, sanitary and nment and to help prevent the ransmission of communicable tions.  In prevention and control  Stablish an infection prevention on (IPCP) that must include, at lowing elements:  Istem for preventing, identifying, ting, and controlling infections of diseases for all residents, sitors, and other individuals under a contractual diupon the facility assessment ong to §483.70(e) and following estandards;  Item standards, policies, and program, which must include, to: reillance designed to identify table diseases or they can spread to other tity; thom possible incidents of the sase or infections should be ransmission-based precautions the event spread of infections; tisolation should be used for a	F 880				

		IDENTIFICATION NUMBER:	A. BUILDING	G	CX3) DATE SURVEY COMPLETED		
		495283	B. WING		12/05/2019		
MANORCARE HEALTH SERVICES-IMPERIAL  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 880  Continued From page 61  (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.  (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.  §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.  §483.80(e) Linens.				STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227			
PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION		
F 880	(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.  (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.  §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.		F 880				
	The facility will cor IPCP and update to This REQUIREMED by: Based on observation and clinical record the facility staff fail in a manner to pretransmission of in residents in the su (certified nursing a gloves, after remorproducts, and performance as observed approximate Resident #2 wearing remove a sheet obtaining the control of the	aduct an annual review of its heir program, as necessary. ENT is not met as evidenced ation, facility document review, review, it was determined that ed to provide incontinence care vent the development and fections for one of eight revey sample, Resident #2. CNA assistant) #1 failed to change ving soiled incontinence corming incontinence care and lying a clean brief and touching a soiled gloves, and failed to eserved with fecal smears. In ailed to use soap when					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B. WING		12	C <b>/05/2019</b>	
	PROVIDER OR SUPPLIE	ER		STREET ADDRESS, CITY, STATE, ZIP C 1719 BELLEVUE AVENUE RICHMOND, VA 23227		703/2019	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
PREFIX	her hands for les seconds on 2 occ.  The findings included the seconds on 2 occ.  The findings included the second the second to a local to a local the second the se	s than five, seconds and 15 casions.	F 880				
	(certified nursing #2's room to assi changing the resi CNA #1 put on gl resident to one si dressing. When t that Resident #1 bladder and bowe hands and get ac provided incontin	proximately 4:50 p.m., CNA assistant) #1 entered Resident st RN (registered nurse) #1 with dent's pressure ulcer dressing. oves assisted with turning the de to expose her pressure ulcer he CNA did this, she realized had been incontinent of both el. While RN #1 went to wash his Iditional supplies, CNA #1 ence care to Resident #2. She at #2's soiled adult incontinence					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	CES-IMPERIAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	1 12	700/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 880	wipes to clean Res completely remove in the trashcan. Wit picked up a clean be Resident #2. She to buttocks multiple tir worked to position for to the bathroom and her hands under was (without using soap a fresh pair of glove beside the resident wound care. Once treatment and dres. #2 onto the resident sections of bowel m #2's blanket. When position on the resident was in direct contacts in direct contacts and in the contact of the position on the resident wound care. CNA #1 pull up to chin level and your dinner tray." So removed her gloves soap for less than them. She exited R to answer another in A review of Resider plan dated 3/11/16.	dent #2's perineal area. She dent #2's perineal area it without changing her gloves, she will be brief and placed it under buched the resident's legs and mes with the gloves as she will be brief. Once the new brief he wound care, CNA #1 went deremoved the gloves. She ran after for less than five seconds attention, and put on the second while RN #1 completed RN #1 had finished with the sing, CNA #1 rolled Resident the resident rolled to a dent's back. There were two novement smear on Resident the resident #2's blanket back said, "I will be back later with the went in the bathroom, and washed her hands with 5 seconds before drying esident #2's room, and went	F 88			
	infection and chang skin moisturizers/ba neededProvide in neededReport ch color or odor of urin	MOUS CONVERTING THE COMMENT OF THE CONTRACT OF				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495283	B. WING		1:	C <b>2/05/2019</b>	
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F 880	(signs and symptor infection) such as burning/pain, fever change in mental On 12/3/19 at appropriate of anything she may resident #2's roo incontinence care asked if she remediate of she remediate of she remediate. When as had not changed soiled brief and to stated, "Oh, I gue changed them." When she washed glove removal and CNA #1 stated, "I informed that she that time, and that water for less that how long she sho and water, CNA #1 them really clean, On 12/4/19 at 10:3 nurse) #4 was integloves should be incontinence care "Between dirty and okay to touch a clean a resident, I asked the proper washing hands, Li warm or hot water	proximately 5:20 p.m., CNA #1 When asked if she could think hight have done differently in my while providing the extated, "No." When embered when she changed her stated, "When I put on the clean sked if she remembered that she her gloves between handling the buching the new brief, CNA #1 ess I didn't. I should have when asked if she used soap d her hands between the first d putting on the second pair, thought I did." CNA #1 was a was not observed using soap at at she held her hands with soap if 1 stated, "Long enough to get	F 880				

	OF DEFICIENCIES F CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	IPLE CONSTRUCTION  NG		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER	ICES-IMPERIAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 880	providing incontine pressure ulcer, LPI become, infected enot come into contastool.  On 12/4/19 at 5:30 staff member) #1, the director of nursing, nursing at a sister of coordinator, were in the coordinator of the coordinat	se good hand hygiene when nce care for a resident with a N #4 stated wounds could easily. Skin or wounds should act, with bacteria from urine or p.m., ASM (Administrative the administrator, ASM #2, the ASM #3, the director of facility, and ASM #5, an MDS informed of the concerns.  It policy "Incontinence Care" he following: "Apply latex fee and the sable wipe by wiping from the boward rectum. Discard soiled hes. Perform hand hygiene. Instructions. Remove and from hand hygiene. Apply of other incontinent products, and the same graded as nonadherence to the partiest care on the same graded as nonadherence to mmendations" This is from the website hymmwr/preview/mmwrhtml/rr51	F 88	30		
	No further informat	ion was provided prior to exit.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495283	B. WING		C <b>12/05/2019</b>		
	PROVIDER OR SUPPLIE	VICES-IMPERIAL	17	TREET ADDRESS, CITY, STATE, ZIP COD 719 BELLEVUE AVENUE ICHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 880	blood glucose, or high." This inform	llitus) is a disease in which your blood sugar, levels are too ation is taken from the website s.gov/diabetes.html.	F 880				