STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments An unannounced abbreviated Emergency Preparedness COVID-19 Focused Survey was conducted on 2/23/21-2/25/21. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000		
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 2/23/21 through 2/25/21. One complaint (VA00050373-unsubstantiated with no deficiencies) was investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. The census in this 62 certified bed facility was 42 at the time of the survey. The survey sample consisted of 17 current resident reviews and three closed record reviews.	F 000	F 000 This Plan of Correction constitutes a written allegation of compliance for the deficiencies cited. Submission of this Plan of Correction is not an admission that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by state and federal law. Covenant Woods is committed to sustaining compliance with regulations.	
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.	F 550		

RECEIVED
MAR 12 2021
VDH/OLC

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Carrie Davis | TITLE: Administrator | (X6) DATE: 3-11-2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 1 §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. 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 provide care in a manner to maintain and promote resident dignity for one of 20 residents in the survey sample, Resident #1. The facility staff failed to ensure Resident #1 was covered during the residents bath on 2/24/21, to promote and maintain Resident #1's, dignity. The findings include: Resident #1 was admitted to the facility on	F 550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 2 3/30/17 with diagnoses including, but not limited to Parkinson's disease (1), disorientation, dementia (2), and lack of coordination. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 11/19/20, Resident #1 was coded as moderately cognitively impaired for making daily decisions, having scored 11 out of 15 on the BIMS (brief interview for mental status). She was coded as requiring the extensive assistance of staff for bed mobility, transfers between surfaces, eating, toileting, and personal hygiene. She was coded as totally dependent on staff for bathing. On 2/23/21 at 3:05 p.m., Resident #1 was observed lying on her back in bed. Her bed was in the lowest position, approximately six inches above the floor. Fall mats were visible on both sides of her bed. An attempt was made to interview Resident #1, however Resident #1's voice was very soft and hoarse, and her words were unintelligible. On 2/24/21 10:04 a.m., Resident #1 was observed in her private bathroom. She was seated in a shower chair, and the back of the chair was reclined. The resident was elevated to waist-height of CNA (certified nursing assistant) #2 in the shower chair. CNA #2 was observed bathing the resident. Observation revealed Resident #1 was leaning to the right in the chair, and was completely uncovered. At 10:06 a.m., CNA #2 left Resident #1's room and closed the door behind her. Observation revealed CNA #2 returned to Resident #1's room in approximately 60-90 seconds. As she was entering the room, CNA #2 was asked if anyone was with Resident #1 while the CNA had been gone. CNA #2 stated, "No." CNA #2 stated no one was assisting her to	F 550	F 550 1. Resident #1 was interviewed by Social Worker who verified that the resident was comfortable being uncovered. 2. All residents at Covenant Woods could potentially be affected. Resident preferences during bathing will be reflected on their care plan. 3. Nursing staff will be in-serviced on privacy options during the bathing process; and how to verify residents' preferences. 4. Unit manager or designee will audit care plans for preferences. The Care Plan team will review preferences each CP meeting. DON or designee will do random checks with residents to make sure that preferences are followed. Exceptions will be reported to QAPI. RECEIVED MAR 12 2021 VDH/OLC	24-Feb-21 31-Mar-21 12-Mar-21 31-Mar-21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 3 bathe Resident #1, and that no one was supervising Resident #1 while she was alone in the bathroom in the shower chair. CNA #2 stated, "I'm getting ready to brush her teeth. I needed to get a cup for water." CNA #2 was accompanied back into Resident #1's private bathroom. Resident #1 was still in the elevated shower chair, leaning over to the right, with her back reclined. Resident #1 was totally uncovered. On 2/24/21 at 10:29 a.m., CNA #2 was interviewed. When asked why she had left Resident #1 alone in the shower chair, CNA #2stated, "She was having a bowel movement so she asked me to step out for a minute." When asked if she had considered covering Resident #1 up during her bath or when she left the room, she stated she did not. CNA #2 stated, "She [Resident #1] has a private bathroom." CNA #2 stated she did not see a need for Resident #1 to be covered. When asked if being left completely exposed for any length of time added to Resident #1's experience of being treated with dignity, CNA #2 stated she could not speak for the resident. On 2/24/21 at 2:13 p.m., LPN (licensed practical nurse) #2 was interviewed. She stated she had already been informed of the questions the surveyor had asked CNA #2. LPN #2 stated, "From my understanding, [Resident #1] wanted to have privacy to have a bowel movement." When asked if Resident #1 should have been covered either during the bath, or while CNA #2 left her completely alone in the room, LPN #2 stated she could not say for sure. LPN #2 was asked if Resident #1 had been treated in a dignified manner when CNA #2 left the room and left Resident #1 completely uncovered. LPN #2 stated she could not say for sure because	F 550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 4 different people want different things. On 2/24/21 at 2:46 p.m., RN (registered nurse) #1, the unit manager, was interviewed. When asked if Resident #1 should have been covered either during her bath or when CNA #2 left her completely alone in the bathroom, RN #1 stated, "Yes. She [Resident #1] should have been covered." She stated basic nursing practice is to cover the part of the body not being bathed. RN #1 stated, "That is [nursing] 101. That is a basic thing to do. She should have been covered up. There is nothing else I can say." RN #1 stated Resident #1's dignity was not preserved when she was left totally uncovered by CNA #2. A review of Resident #1's care plan dated 4/11/19 revealed no information related to treating the resident with dignity. On 2/24/21 at 4:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, were informed of these concerns. A review of the facility policy, "Preservation of Resident Dignity," revealed, in part: "[Name of Facility] ensures that each resident is treated with dignity and respect, and that each resident is assisted in maintaining and enhancing his or her well-being and self-esteem." No further information was provided prior to exit. (1) "Parkinson's disease (PD) is a type of movement disorder. It happens when nerve cells in the brain don't produce enough of a brain chemical called dopamine. Sometimes it is genetic, but most cases do not seem to run in	F 550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 550	Continued From page 5 families." This information is taken from the website https://medlineplus.gov/parkinsonsdisease.html. (2) "Dementia is a gradual and permanent loss of brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior." This information is taken from the website https://medlineplus.gov/ency/article/000746.htm.	F 550		
F 689 SS=D	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. 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 failed to provide care in a safe manner for one of 20 residents in the survey sample, Resident #1. The facility staff failed to ensure Resident #1 was provide supervision during bathing on 2/24/21. Resident #1, who was assessed as at risk for falls, was left in the bathroom unattended, while seated and reclined in an elevated shower chair. The findings include: Resident #1 was admitted to the facility on 3/30/17 with diagnoses including, but not limited	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 6 to Parkinson's disease (1), disorientation, dementia (2), and lack of coordination. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 11/19/20, Resident #1 was coded as being moderately cognitively impaired for making daily decisions, having scored 11 out of 15 on the BIMS (brief interview for mental status). She was coded as requiring the extensive assistance of staff for bed mobility, transfers between surfaces, eating, toileting, and personal hygiene. She was coded as being totally dependent on staff for bathing. On 2/23/21 at 3:05 p.m., Resident #1 was observed lying on her back in bed. Her bed was in the lowest position, just approximately six inches above the floor. On either side of her bed, fall mats were visible. An attempt was made to interview Resident #1. However, Resident #1's voice was very soft and hoarse, and her words were unintelligible. On 2/24/21 10:04 a.m., Resident #1 was observed in her private bathroom. She was seated in a shower chair, and the back of the chair was reclined. The resident was elevated to waist-height of CNA (certified nursing assistant) #2 in the shower chair. CNA #2 was observed bathing the resident. The resident was leaning to the right in the chair, and was completely uncovered. The surveyor exited the room. At 10:06 a.m., CNA #2 left Resident #1's room and closed the door behind her. In approximately 60-90 seconds, CNA #2 returned to Resident #1's room. As she was entering the room, CNA #2 was asked if anyone was with Resident #1 while the CNA had been gone. CNA #2 stated: "No." CNA #2 stated no one was assisting her to bathe	F 689	F 689 1. Resident #1 was interviewed by Social Worker who verified that the resident asked to be left alone. 2. All residents at Covenant Woods could potentially be affected. 3. Nursing staff will be in-serviced on resident safety verses resident preference options. Staff will always remain with resident in shower unless resident is Independent in all ADL's. 4. DON or designee will randomly check residents with "needs assistance" with shower on their care plan to verify staff remains with resident twice weekly for two weeks then periodically. Exceptions will be reported to QAPI. RECEIVED MAR 12 2021 VDH/OLC	24-Feb-21 12-Mar-21 08-Apr-21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 7 Resident #1, and that no one was supervising Resident #1 while she was alone in the bathroom in the shower chair. She stated: "I'm getting ready to brush her teeth. I needed to get a cup for water." The surveyor accompanied CNA #2 back into Resident #1's private bathroom. Resident #1 was still in the elevated shower chair, leaning over to the right, with her back reclined. Resident #1 was totally uncovered. A review of Resident #1's clinical record revealed a physician's order dated 12/20/20. The order documented: "Floor mats...check three times daily." A review of Resident #1's care plan dated 4/11/19, and updated 12/16 20, revealed: "At risk for falls R/T (related to) Parkinson's. Fall mats beside bed when in bed." On 2/24/21 at 10:29 a.m., CNA #2 was interviewed. When asked why she had left Resident #1 alone in the shower chair, CNA #2 stated, "She was having a bowel movement so she asked me to step out for a minute." When asked if Resident #1 was able to support herself in the chair, CNA #2 stated, "No. She can't support herself. That's why it's good the chair leans back." When asked if Resident #1 was safe to be left alone in an elevated shower chair without a staff member within sight or sound range, CNA # 2 stated she thought so. On 2/24/21 at 2:13 p.m., LPN (licensed practical nurse) #2 was interviewed. She stated she had already been informed of the questions the surveyor had asked CNA #2. LPN #2 stated, "From my understanding, [Resident #1] wanted to have privacy to have a bowel movement." When	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 8 asked if it was a safe practice to leave Resident #1 completely alone while she was in an elevated shower chair, LPN #2 stated, "I probably would have stayed by the bathroom door. I feel like that chair is safe enough for her. That chair has arms. It is safe enough for her to be left alone." When asked why Resident #1's bed is kept at the lowest position and why the resident's floor has fall mats on both sides of the bed, LPN #2 stated, "In case she [Resident #1] falls." On 2/24/21 at 2:46 p.m., RN (registered nurse) #1, the unit manager, was interviewed. When asked if Resident #1 was safe to be left alone in an elevated shower chair, she stated the resident was not safe. RN #1 stated, "That was a safety issue. She should have been within eyesight. It was not safe." On 2/24/21 at 4:00 p.m., ASM (administrative staff member) #1, the administrator, and ASM #2, the director of nursing, were informed of these concerns. A review of the facility policy, "Safety and Supervision of Residents," revealed, in part: "Our resident-oriented approach to safety addresses safety and accident hazards for individual residents...Resident supervision is a core component of the systems approach to safety. The type and frequency of resident supervision is determined by the individual resident's assessed needs and identified hazards in the environment." No further information was provided prior to exit. (1) "Parkinson's disease (PD) is a type of movement disorder. It happens when nerve cells in the brain don't produce enough of a brain	F 689		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 689	Continued From page 9 chemical called dopamine. Sometimes it is genetic, but most cases do not seem to run in families." This information is taken from the website https://medlineplus.gov/parkinsonsdisease.html. (2) "Dementia is a gradual and permanent loss of brain function. This occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior." This information is taken from the website https://medlineplus.gov/ency/article/000746.htm.	F 689		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, facility document review and clinical record review, it was determined, that the facility staff failed to provide care for respiratory equipment in a sanitary manner for one of 20 residents in the survey sample, Resident #30. The facility staff failed to store Resident #30's BIPAP facemask in a sanitary manner when not in use. Multiple observations revealed Resident #30's BIPAP facemask in a basket uncovered wrapped in the BIPAP tubing and head strap.	F 695		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	Continued From page 10 The findings include: Resident #30 was admitted to the facility with diagnoses that included but were not limited to chronic obstructive pulmonary disease (1), chronic respiratory failure (2) and pneumonia (3). Resident #30's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/27/2021, coded Resident #30 as scoring a 11 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 11- being moderately impaired for making daily decisions. Resident #30 was documented as receiving oxygen while a resident at the facility, in Section O of the assessment. On 2/23/21 at approximately 12:40 p.m. an interview was conducted with Resident #30 in their room. Observation of Resident #30's room revealed a rolling stand with attached basket housing a BIPAP (positive airway pressure) machine (4). Tubing was observed attached to the machine connecting a facemask with head strap in the basket. The facemask was observed uncovered in the basket wrapped in the tubing and head strap. When asked about the machine, Resident #30 stated that they used it at night when sleeping for their COPD. When asked how the mask was cared for, Resident #30 stated that the nursing staff applied the mask at night and took it off in the morning and placed it back in the basket. Resident #30 stated that they did not recall seeing staff clean the mask and or put it in a bag. Resident #30 stated that it was stored in the basket of the machine as observed. Additional observations made on 2/23/21 at 3:10 p.m., 2/24/21 at 8:35 a.m. and 2/25/21 at 9:15	F 695	F 695 1. BIPAP tubing and face mask for resident #30 was cleaned and placed in a bag. 2. All residents with respiratory needs could potentially be affected. An audit of residents did not identify any other issues. 3. Nursing staff was in-serviced on proper infection control, including storage and cleaning of BIPAP machine, including tubing and mask. 4. DON or designee will check on residents with respiratory equipment twice weekly for two weeks to ensure proper storage. Then monitor and report exceptions to QAPI.	25-Feb-21 12-Mar-21 08-Apr-21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	Continued From page 11 a.m. revealed the same findings as above. The physician's orders for Resident #30 documented in part the following: - "Home trilogy (brand of BIPAP machine) settings. Do not touch home trilogy machine. Settings are already in place. Home trilogy used at night only. Order Date: 2/17/2021." - "Clean trilogy water tank. Refill water tank. Order Date: 2/17/2021. Frequency: Two Times Weekly ..." The comprehensive care plan for Resident #30 dated 11/22/2019 documented in part, "[Name of Resident #30] has potential for difficulty in breathing related to: COPD, H/O (history of) pneumonia, COPD exacerbation, Status: Active (Current). Effective Date: 11/22/2019-Present." Under "Interventions", it documented in part, " ...Trilogy machine at HS (hour of sleep) as ordered ..." On 2/25/21 at approximately 9:30 a.m., an interview was conducted with LPN (licensed practical nurse) #6. LPN #6 stated that any respiratory equipment was stored in a plastic bag when not in use, and the bag was dated and changed weekly. When asked about the mask for Resident #30's trilogy machine, LPN #6 stated that the night shift cared for the mask but they thought that it was cleaned once a week and stored in a bag. LPN #6 stated that the night shift nurses normally handled the application and removal of Resident #30's trilogy machine because they only wore it during the night. LPN #6 stated that the purpose of storing the mask in the bag was to prevent dust from getting on it and to keep it clean. LPN #6 made an observation of Resident #30's trilogy machine with the mask	F 695		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	Continued From page 12 uncovered in the basket at 9:35 a.m. and stated that the mask should have been stored in a bag when not in use. LPN #6 stated that they were going to clean the mask or replace it and place it in a bag with the date when not in use and report it to the unit manager. The facility policy "Departmental (Respiratory Therapy) - Prevention of Infection, Level 1 (one)", documented in part, "Purpose, The purpose of this procedure is to guide prevention of infection associated with respiratory therapy tasks and equipment, including ventilators, among residents and staff ..." The policy failed to evidence guidance on the storage of masks used for BIPAP ventilation, however it documented in part, " ...Keep oxygen cannula and tubing used PRN (as needed) in a plastic bag when not in use ..." On 2/25/21 at approximately 9:30 a.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was provided prior to exit. References: 1. Chronic obstructive pulmonary disease (COPD) Disease that makes it difficult to breath that can lead to shortness of breath. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/copd.html. 2. Chronic respiratory failure When not enough oxygen passes from your lungs into your blood. This information was obtained from the website:	F 695		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 695	Continued From page 13 https://www.nlm.nih.gov/medlineplus/respiratoryfailure.html. 3. Pneumonia An infection in one or both of the lungs. Many germs, such as bacteria, viruses, and fungi, can cause pneumonia. You can also get pneumonia by inhaling a liquid or chemical. This information was obtained from the website: https://medlineplus.gov/pneumonia.html. 4. BIPAP Positive airway pressure (PAP) treatment uses a machine to pump air under pressure into the airway of the lungs. This helps keep the windpipe open during sleep. The forced air delivered by CPAP (continuous positive airway pressure) prevents episodes of airway collapse that block the breathing in people with obstructive sleep apnea and other breathing problems. This information was obtained from the website: https://medlineplus.gov/ency/article/001916.htm	F 695		
F 756 SS=D	Drug Regimen Review, Report Irregular, Act On CFR(s): 483.45(c)(1)(2)(4)(5) §483.45(c) Drug Regimen Review. §483.45(c)(1) The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. §483.45(c)(2) This review must include a review of the resident's medical chart. §483.45(c)(4) The pharmacist must report any irregularities to the attending physician and the facility's medical director and director of nursing, and these reports must be acted upon. (i) Irregularities include, but are not limited to, any	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 756	Continued From page 14 drug that meets the criteria set forth in paragraph (d) of this section for an unnecessary drug. (ii) Any irregularities noted by the pharmacist during this review must be documented on a separate, written report that is sent to the attending physician and the facility's medical director and director of nursing and lists, at a minimum, the resident's name, the relevant drug, and the irregularity the pharmacist identified. (iii) The attending physician must document in the resident's medical record that the identified irregularity has been reviewed and what, if any, action has been taken to address it. If there is to be no change in the medication, the attending physician should document his or her rationale in the resident's medical record. §483.45(c)(5) The facility must develop and maintain policies and procedures for the monthly drug regimen review that include, but are not limited to, time frames for the different steps in the process and steps the pharmacist must take when he or she identifies an irregularity that requires urgent action to protect the resident. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review it was determined that the facility staff failed to act in a timely manner on the pharmacy medication regimen review for two of 20 residents in the survey sample, Residents #6 and #30. 1. Resident #6's medication regimen review was completed on 1/17/21 with recommendations for a gradual dose reduction of the antidepressant and hypnotic medications which were not discovered by the facility in their email or presented to the physician for action until 39 days	F 756	F 756 1. Medication Regimen Review for residents #6 and #30 were submitted to the physician for review. 2. All residents could potentially be affected. An audit of all Medication Regimen reviews was completed. 3. The pharmacy consultant will provide a copy of Medication Regimen Reviews before leaving campus and will email a copy to the facility. 4. DON or designee to check all Medication Regimen Reviews monthly for MD review timely for two months, then random checks monthly and exceptions reported to QAPI. RECEIVED MAR 12 2021 VDH/OLC	24-Feb-21 03-Mar-21 08-Apr-21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 756	Continued From page 15 later. 2. The facility staff failed to act in a timely manner on a medication regimen review for Resident #30. Resident #30's medication regimen review was completed on 9/17/2020 with recommendations to evaluate the as needed order for Klonopin (sedative medication) which was not reviewed by the physician until January of 2021. The findings include: 1. Resident #6's medication regimen review was completed on 1/17/21 with recommendations for a gradual dose reduction of the antidepressant and hypnotic medications which were not discovered by the facility in their email or presented to the physician for action until 39 days later. Resident #6 was admitted to the facility with diagnoses that included but were not limited to atrial fibrillation (1), insomnia (2) and major depressive disorder (3). Resident #6's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 11/27/2020, coded Resident #6, as scoring a 15 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 15- being cognitively intact for making daily decisions. Section N documented Resident #6 as receiving antidepressant and hypnotic medications. The physician's orders for Resident #6 documented in part the following: - "Order Date: 11/20/2020, Status: Active	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 756	Continued From page 16 (Current), Description: Duloxetine (antidepressant) 60 mg (milligram) capsule, delayed release 1 (one) time daily. Start Date: 11/21/2020 ..." - "Order Date: 11/22/2020, Status Active (Current), Description: Ambien (hypnotic) 10 mg tablet 1 time daily. Start Date: 11/22/2020 ..." - "Order Date: 2/25/2021, Status: Active (Current), Description: Duloxetine 30 mg capsule, delayed release 1 time daily. Start Date: 2/25/2021 ..." - "Order Date: 2/25/2021, Status Active (Current), Description: Ambien 5 mg tablet 1 time daily. Start Date: 2/25/2021 ..." The eMAR (electronic medication administration record) for Resident #6 dated "January 2021 Medications" documented Resident #6 received the Duloxetine 60mg daily and Ambien 10mg daily each day as ordered above. The eMAR (electronic medication administration record) for Resident #6 dated "February 2021 Medications" documented Resident #6 received the Duloxetine 60mg each day in February from 2/1/21 through 2/25/21 and the Ambien 10mg each day in February from 2/1/21 through 2/24/21. The eMAR further documented the new orders dated 2/25/2021 for the reduced dosages of the Duloxetine and Ambien. The progress notes for Resident #6 documented in part, "1/17/2021 15:51 (3:51 p.m.) Pharmacy. This patient's medical record/medication regimen has been reviewed. MD (medical doctor) notes- GDR (gradual dose reduction) requests ..." The comprehensive care plan for Resident #6 dated 11/20/20 documented, "[Name of Resident	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 756	Continued From page 17 #6] is at risk for side effects related to use of psychoactive medication: -sedatives/hypnotics -antidepressants. Psychoactive medications are being used to treat/manage following behaviors/symptoms: insomnia, depressed mood. Status: Active (Current) ..." Under "Interventions", it documented in part, "Conduct medication regiment review no less than monthly. Status: Active (Current) ..." On 2/24/21 at approximately 4:00 p.m., a request was made to ASM (administrative staff member) #2, the director of nursing for evidence of pharmacy medication regimen reviews and any recommendations for gradual dose reductions for Resident #6. On 2/25/21 at approximately 8:00 a.m., ASM #2 provided lists of residents having pharmacy medication regimen reviews completed in January and February containing Resident #6. ASM #2 also provided two documents titled "Note to Attending Physician/Prescriber" with a MRR (medication regimen review) date of 1/17/2021 for Resident #6. The documents requested the physician evaluate the duloxetine and Ambien for a potential gradual dose reduction. The documents were not signed and dated by the physician until 2/24/21, 39 days after the MRR date of 1/17/2021. The "Physician/Prescriber Response" for the document referencing the medication Duloxetine 60mg once daily documented a physician response of "Agree" and further documented, " ...1) Reduce dose to the following Duloxetine 30mg PO (by mouth) QD (every day) ..." The "Physician/Prescriber Response" for the document referencing the medication Ambien 10mg once daily documented a physician response of "Agree" and further	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 756	Continued From page 18 documented, " ...1) Reduce dose to the following Ambien 5mg PO QD ..." On 2/25/21 at 9:40 a.m., an interview was conducted with ASM #2, the director of nursing. ASM #2 stated that the pharmacist comes in monthly and sends the medication reviews to them by email. ASM #2 stated that they print out the reviews and place them in the doctor's book for them to review and sign. ASM #2 stated that after the physician reviews them the nurses fax the physician's response to the pharmacy and make any changes to medication orders as needed. When asked about the length of time between the date of the MRR and the date of the physician review, ASM #2 stated that the medication reviews sent from the pharmacy were normally reviewed the next day. When asked about the facility policy for review within thirty days, ASM #2 stated that they were having problems getting the emails and that their IT department was working to resolve the issue of the pharmacy emails going to their junk mail folder. ASM #2 stated that they had found these documents for Resident #6 in their junk folder yesterday after this surveyor had requested them and printed them out for review. ASM #2 stated that the pharmacist had observed that their reviews were not on the residents charts back in January and had resent them a bulk of pharmacy reviews in January of 2021. ASM #2 stated that was when they initially discovered the email problem, and they had received the reviews for September through December 2020 in January of 2021. The facility policy "Drug Regimen Review/Medication Regime Review, Developed: 6/19" documented in part, " ...Specific	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 756	Continued From page 19 Procedures/Requirement: ...a) The consulting pharmacist will provide copy of recommendations to the attending physician, medical director, and director of nursing within five (5) working days of completion of the review ...b) The director of nursing or designee will review the recommendations and the attending physicians will be contacted for review and response. c) If the attending physician does not respond within thirty (30) days, the medical director will be asked to review the recommendations and/or contact the attending physician ..." On 2/25/21 at approximately 11:10 a.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was provided prior to exit. References: 1. Atrial fibrillation A problem with the speed or rhythm of the heartbeat. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/atrialfibrillation.html. 2. Insomnia A common sleep disorder. If you have it, you may have trouble falling asleep, staying asleep, or both. As a result, you may get too little sleep or have poor-quality sleep. You may not feel refreshed when you wake up. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/insomnia.html.	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	496419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 756	Continued From page 20 3. Major depressive disorder Major depression is a mood disorder. It occurs when feelings of sadness, loss, anger, or frustration get in the way of your life over a long period of time. It also changes how your body works. This information was obtained from the website: https://medlineplus.gov/ency/article/000945.htm. 2. The facility staff failed to act in a timely manner on a medication regimen review for Resident #30. Resident #30's medication regimen review was completed on 9/17/2020 with recommendations to evaluate the as needed order for Klonopin (sedative medication) which was not reviewed by the physician until January of 2021. Resident #30 was admitted to the facility with diagnoses that included but were not limited to chronic obstructive pulmonary disease (1), dementia (2) and major depressive disorder (3). Resident #30's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/27/2021, coded Resident #30 as scoring a 11 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 11- being moderately impaired for making daily decisions. Section N documented Resident #30 receiving antipsychotic, antidepressant and antianxiety medications while a resident at the facility. The physician's orders for Resident #30 documented the following in part, - "...Oder Date: 8/10/202. Discontinued 11/27/2020. Klonopin 0.5 mg (milligram) tablet	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 756	Continued From page 21 PRN (as needed) ...Give 0.25mg 1 (one) time daily as needed in addition to scheduled dose ..." - " ...Order Date: 11/27/2020. Discontinued 2/7/2021. Klonopin 0.5mg tablet PRN (Max (maximum) 1(one) doses), ... Give 0.25 mg 1 time daily at (bedtime) as needed in addition to scheduled dose ..." - "Clonazepam (generic name for Klonopin) 0.5 mg (milligram) tablet (0.25 mg) Tablet Oral. Give 0.25 mg nightly as needed for anxiety ...Order Date: 2/7/2021 ..." The eMAR (electronic medication administration record) for Resident #30 dated "January 2021 Medications and February 2021 Medications" failed to evidence any as needed Clonazepam administrations 1/1/21 through 1/31/21. The progress notes for Resident #30 documented in part, - "8/20/2020 14:25 (2:25 p.m.) Pharmacy. Clarify duration for prn (as needed) clonazepam- rec (recommendation) to provider. Medications and chart reviewed. This DRR (drug regimen review) was conducted within the limitations imposed by the COVID-19 outbreak ..." - "9/17/2020 18:26 (6:26 p.m.) Pharmacy. Medication regimen has been reviewed. MD (medical doctor) note- PRN (as needed) order ..." - "10/21/2020 11:28 (11:28 a.m.) Pharmacy. This patient's medical record/medication regimen has been reviewed. NN (nursing notes) - clinical monitoring ..." - "11/17/2020 12:12 (12:12 p.m.) Pharmacy. This patient's medical record/medication regimen has been reviewed. NN- order clarification ..." The comprehensive care plan for Resident #30 dated 11/22/2019 documented in part, "[Name of	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 756	Continued From page 22 Resident #30] is at risk for side effects related to use of psychoactive mediation [sic]: -antipsychotics -antidepressants -antianxiety, Psychoactive medications are being used to treat/manage following behaviors/symptoms: Status: Active (Current), Effective: 11/22/2019 ..." Under "Interventions" it documented in part, " ...Conduct medication regimen review no less than monthly. Effective: 1/22/2019 ..." On 2/24/21 at approximately 4:00 p.m., a request was made to ASM (administrative staff member) #2, the director of nursing for evidence of pharmacy medication regimen reviews and any recommendations for gradual dose reductions for Resident #30. On 2/25/21 at approximately 8:00 a.m., ASM #2 provided lists of residents having pharmacy medication regimen reviews completed in January and February containing Resident #30. ASM #2 also provided a document titled "Note to Attending Physician/Prescriber" with a MRR (medication regimen review) date of 9/17/2020 for Resident #30. The "Note to Attending Physician/Prescriber" for Resident #30 dated 9/17/2020 documented in part, " ...Please evaluate the order for PRN: Klonopin and select one of the following: 1) Continue for 14 days, 2) Continue for 60 days due to the following:, 3) Continue for __ days due to the following: ..." The note further documented in the "Physician/Prescriber response" section, " ...Continue standing order, [Signature of Physician/Prescriber], 1/21 (January 2021) ..." On 2/25/21 at 9:40 a.m., an interview was conducted with ASM #2, the director of nursing. ASM #2 stated that the pharmacist comes in	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 756	Continued From page 23 monthly and sends the medication reviews to them by email. ASM #2 stated that they print out the reviews and place them in the doctor's book for them to review and sign. ASM #2 stated that after the physician reviews them the nurses fax the physician's response to the pharmacy and make any changes to medication orders as needed. When asked about the length of time between the date of the MRR and the date of the physician review, ASM #2 stated that the medication reviews sent from the pharmacy were normally reviewed the next day. When asked about the facility policy for review within thirty days, ASM #2 stated that they were having problems getting the emails and that their IT department was working to resolve the issue of the pharmacy emails going to their junk mail folder. ASM #2 stated that they had received the "Note to Attending Physician/Prescriber" dated 9/17/2020 from the pharmacy in January after the pharmacist had resent it to them. ASM #2 stated that the pharmacist had observed that their reviews were not on the residents charts back in January and had resent them a bulk of pharmacy reviews in January of 2021. ASM #2 stated that was when they initially discovered the email problem, and they had received the reviews for September through December 2020 in January of 2021. On 2/25/21 at approximately 11:10 a.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was provided prior to exit. References:	F 756		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 756	Continued From page 24 1. Chronic obstructive pulmonary disease (COPD) Disease that makes it difficult to breath that can lead to shortness of breath. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/copd.html. 2. Dementia A loss of brain function that occurs with certain diseases. It affects memory, thinking, language, judgment, and behavior. This information was obtained from the website: https://medlineplus.gov/ency/article/000739.htm. 3. Major depressive disorder Major depression is a mood disorder. It occurs when feelings of sadness, loss, anger, or frustration get in the way of your life over a long period of time. It also changes how your body works. This information was obtained from the website: https://medlineplus.gov/ency/article/000945.htm.	F 756		
F 758 SS=D	Free from Unnec Psychotropic Meds/PRN Use CFR(s): 483.45(c)(3)(e)(1)-(5) §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a comprehensive assessment of a resident, the facility must ensure that—	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 25 §483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; §483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; §483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and §483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order. §483.45(e)(5) PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review and clinical record review it was determined that the facility staff failed to ensure one of 20 sampled residents, (Resident #6), was free from	F 758	F 758 1. Medication Regimen Review for resident #30 was submitted to physician for review. Recommended reduction was authorized. 2. All residents could potentially be affected. An audit of all Medication Regimen Reviews was completed. 3. The pharmacy consultant will provide a copy of Medication Regimen Reviews before leaving campus and will email a copy to the facility. 4. DON or designee to check all Medication Regimen Reviews monthly for MD review timely for two months, then random checks monthly and exceptions reported to QAPI.	24-Feb-21 03-Mar-21 08-Apr-21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 26 unnecessary medications. The facility failed to act in a timely manner on the on 1/17/21 pharmacy medication regimen review, with recommendations for a gradual dose reduction of the antidepressant and hypnotic medications prescribed and administered to Resident #6. The 1/17/21, pharmacy gradual dose reduction recommendation was not discovered by the facility in their email or presented to the physician for action until 2/24/21, a period of 39 days. The findings include: Resident #6 was admitted to the facility with diagnoses that included but were not limited to atrial fibrillation (1), insomnia (2) and major depressive disorder (3). Resident #6's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 11/27/2020, coded Resident #6, as scoring a 15 on the staff assessment for mental status (BIMS) of a score of 0 - 15, 15- being cognitively intact for making daily decisions. Section N documented Resident #6 receiving antidepressant and hypnotic medications. The comprehensive care plan for Resident #6 dated 11/20/20 documented, "[Name of Resident #6] is at risk for side effects related to use of psychoactive medication: -sedatives/hypnotics -antidepressants. Psychoactive medications are being used to treat/manage following behaviors/symptoms: insomnia, depressed mood. Status: Active (Current) ..." Under "Interventions", it documented in part, "Conduct medication regiment review no less than monthly. Status: Active (Current) ..."	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 27 The physician's orders for Resident #6 documented the following in part, - "Order Date: 11/20/2020, Status: Active (Current), Description: Duloxetine (antidepressant) 60 mg (milligram) capsule, delayed release 1 (one) time daily. Start Date: 11/21/2020 ..." - "Order Date: 11/22/2020, Status Active (Current), Description: Ambien (hypnotic) 10 mg tablet 1 time daily. Start Date: 11/22/2020 ..." - "Order Date: 2/25/2021, Status: Active (Current), Description: Duloxetine 30 mg capsule, delayed release 1 time daily. Start Date: 2/25/2021 ..." - "Order Date: 2/25/2021, Status Active (Current), Description: Ambien 5 mg tablet 1 time daily. Start Date: 2/25/2021 ..." The eMAR (electronic medication administration record) for Resident #6 dated "January 2021 Medications" documented Resident #6 receiving the Duloxetine 60mg daily and Ambien 10mg daily each day as documented above. The eMAR (electronic medication administration record) for Resident #6 dated "February 2021 Medications" documented Resident #6 received the Duloxetine 60mg each day in February from 2/1/21 through 2/25/21 and the Ambien 10mg each day in February from 2/1/21 through 2/24/21. The eMAR further documented the new orders dated 2/25/2021 for the reduced dosages of the Duloxetine and Ambien. The progress notes for Resident #6 documented in part, "1/17/2021 15:51 (3:51 p.m.) Pharmacy. This patient's medical record/medication regimen has been reviewed. MD (medical doctor) notes-	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 28 GDR (gradual dose reduction) requests ..." On 2/24/21 at approximately 4:00 p.m., a request was made to ASM (administrative staff member) #2, the director of nursing for evidence of pharmacy medication regimen reviews and any recommendations for gradual dose reductions for Resident #6. On 2/25/21 at approximately 8:00 a.m., ASM #2 provided lists of residents having pharmacy medication regimen reviews completed in January and February containing Resident #6. ASM #2 also provided two documents titled "Note to Attending Physician/Prescriber" with a MRR (medication regimen review) date of 1/17/2021 for Resident #6. The documents requested the physician evaluate the duloxetine and Ambien for a potential gradual dose reduction. The documents were observed to be signed and dated by the physician 2/24/21, 39 days after the MRR date of 1/17/2021. The "Physician/Prescriber Response" for the document referencing the medication Duloxetine 60mg once daily documented a physician response of "Agree" and further documented, " ...1) Reduce dose to the following Duloxetine 30mg PO (by mouth) QD (every day) ..." The "Physician/Prescriber Response" for the document referencing the medication Ambien 10mg once daily documented a physician response of "Agree" and further documented, " ...1) Reduce dose to the following Ambien 5mg PO QD ..." On 2/25/21 at 9:40 a.m., an interview was conducted with ASM #2. ASM #2 stated that the pharmacist came in monthly and sent the medication reviews to them by email. ASM #2	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/26/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 29 stated that they print out the reviews and place them in the doctor's book for them to review and sign. ASM #2 stated that after the physician reviewed them the nurses would fax their response to the pharmacy and make any changes to medication orders as needed. When asked about the length of time between the date of the MRR and the date of the physician review, ASM #2 stated that the medication reviews sent from the pharmacy were normally reviewed the next day. When asked about the facility policy for review within thirty days, ASM #2 stated that they were having problems getting the emails and that their IT department was working to resolve the issue of the pharmacy emails going to their junk mail folder. ASM #2 stated that they had found these documents in their junk folder yesterday after this surveyor had requested them and printed them out for review. ASM #2 stated that the pharmacist had observed that their reviews were not on the residents charts back in January and had resent them a bulk of pharmacy reviews in January of 2021. ASM #2 stated that was when they initially discovered the email problem, and they had received the reviews for September through December 2020 in January of 2021. The facility policy "Drug Regimen Review/Medication Regime Review, Developed: 6/19" documented in part, " ...Specific Procedures/Requirement: ...a) The consulting pharmacist will provide copy of recommendations to the attending physician, medical director, and director of nursing within five (5) working days of completion of the review ...b) The director of nursing or designee will review the recommendations and the attending physicians will be contacted for review and response. c) If the attending physician does not respond within	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 758	Continued From page 30 thirty (30) days, the medical director will be asked to review the recommendations and/or contact the attending physician ..." On 2/25/21 at approximately 11:10 a.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was provided prior to exit. Reference: 1. Atrial fibrillation A problem with the speed or rhythm of the heartbeat. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/atrialfibrillation.html. 2. Insomnia A common sleep disorder. If you have it, you may have trouble falling asleep, staying asleep, or both. As a result, you may get too little sleep or have poor-quality sleep. You may not feel refreshed when you wake up. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/insomnia.html. 3. Major depressive disorder Major depression is a mood disorder. It occurs when feelings of sadness, loss, anger, or frustration get in the way of your life over a long period of time. It also changes how your body works. This information was obtained from the website: https://medlineplus.gov/ency/article/000945.htm.	F 758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 761	Continued From page 31	F 761		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, it was determined that the facility staff failed to label medications in one of three medication carts and dispose of biologicals upon expiration date in one of two medication rooms. The facility staff failed to label medications; two white pills were observed in a medication cup in second medication drawer on the Unit C Wing 1.	F 761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 761	Continued From page 32 The facility staff failed to dispose of biologicals upon expiration date. Eight bottles of expired tube feeding formula and three medication wound dressings were observed in the Unit C Wing 1medication storage room. The findings include: On 2/24/21 at 8:30 AM, an inspection of Unit C Wing 2 medication cart was conducted. The medication cart was unlocked and in the second medication drawer, two white round pills were observed in a 30-milliliter clear medication cup. There was no labeling of medication, dose, resident name or date on the cup. An interview was conducted on 2/24/21 at 8:30 AM, with LPN (licensed practical nurse) #1. When asked if the medications were stored properly, LPN #1 stated, "No, they are not. I am not sure why they would be in the cup like that. They look like Tylenol (pain reliever) (1) pills". When asked what labeling the cup should have, LPN #1 stated, "It should have the resident name, drug, dose at a minimum." On 2/24/21 at 10:07 AM, an inspection of Unit C Wing 2 medication cart and medication storage room was conducted. The medication storage room was unlocked and observation of the first cabinet revealed eight 1.1 quart bottles of Osmolite (tube feeding nutrition) (2) that expired on 2/1/21. Observation of the wound care cart, revealed in the second and fourth drawers, three expired dressings. One Dermaginate calcium alginate (3) dressing 4.25 x 4.25 inches that had expired on 9/2020 and two Mepitel One (4) 3x4 inch dressings that had expired on 1/28/21.	F 761	F 761 1. Nurses re-educated on labeling and disposing of medications. 25-Feb-21 2. All residents could potentially be affected. 3. Nurses will check medication cart for any loose, unlabeled medications before obtaining keys. 01-Mar-21 4. DON or designee will observe each shift twice weekly for two weeks, then weekly for two weeks. Periodic observations will continue, and exceptions reported to QAPI. 08-Apr-21 RECEIVED MAR 12 2021 VDH/OLC	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 761	Continued From page 33 An interview was conducted on 2/24/21 at 10:07 AM with LPN #2. When shown the expired Osmolite bottles, LPN #2 stated, "We hardly ever use them. I don't know why we have so many". When asked who was responsible for checking the tube feeding dates, LPN #2 stated, "It is nursing's responsibility to check the dates". When shown the expiration dates for the three dressings in the wound care cart, LPN #2 stated, "Those should have been disposed of". When asked who was responsible for checking the expiration dates of the wound care dressings, LPN #2 stated, "Nursing is responsible to check the dates and dispose of any expired dressings". An interview was conducted on 2/24/21 at 2:52 PM with RN (registered nurse) #1, the unit manager. When asked about the process staff follows for labeling medications and removing expired medications, RN #1 stated, "It is the nursing responsibility to label medications with the drug name, dose, resident name and time to be administered. Pharmacy delivers the tube feedings and central supply delivers the dressings. Central supply checks their stock to make sure there is no expired supplies prior to delivery. Nursing is responsible for checking the wound care cart and the tube feedings to make sure they aren't expired." ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were informed of the unlabeled medications, expired wound dressings and expired tube feedings on 2/24/21 at 3:50 PM. According to the facility's policy, "Storage of Medications" revised 4/2007, which documents in part, "The facility shall store all drugs and	F 761	F 761 1. Nurses re-educated on disposing of expired supplies and medications. 2. All residents could potentially be affected. 3. Night shift nurses will complete a weekly log documenting removal of all expired supplies and medication. 4. DON or designee will audit log and supplies weekly for three weeks. Periodic checks will continue, and exceptions reported to QAPI RECEIVED MAR 12 2021 VDH/OLC	25-Feb-21 14-Mar-21 08-Apr-21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495419	A. BUILDING _____ B. WING _____	C 02/25/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COVENANT WOODS NURSING HOME	7090 COVENANT WOODS DRIVE MECHANICSVILLE, VA 23111

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 761	Continued From page 34 biologicals in a safe, secure and orderly manner. The nursing staff shall be responsible for maintaining medication storage in a clean, safe and sanitary manner. The facility shall not use discontinued, outdated or deteriorated drugs or biologicals. All such drugs shall be returned to the dispensing pharmacy or destroyed." No further information was provided prior to exit. References: (1) 2019 Lippincott Pocket Drug Guide for Nurses, Wolters, Kluwer, page 4. (2) American College of Gastroenterologists GI.org: enteral and parental nutrition (3) 2019 Lippincott Pocket Drug Guide for Nurses, Wolters, Kluwer, page 438. (4) 2019 Lippincott Pocket Drug Guide for Nurses, Wolters, Kluwer, page 438.	F 761		