(X6) DATE

State of Virginia

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		VA0162	B. WING		08/17/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
EN1/01/ 43	THE MEADOWO	2715 DOG	TOWN ROAD			
ENVOY A	THE MEADOWS	GOOCHL	AND, VA 23063	3		
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F 000	Initial Comments		F 000			
	8/17/21. Corrections	ucted 8/15/21 through are required for compliance h the Virginia Rules and				
The census in this 84 certified bed facility was 62 at the time of the survey. The survey sample consisted of 25 current resident reviews and 3 closed record reviews.						
F 001	Non Compliance		F 001		9/3/21	
	The facility was out o following state license	f compliance with the ure requirements:				
	This RULE: is not met as evidenced by: 12VAC5-371-140. Policies and Procedures. Cross reference to F622, F623, F727, F732			12VAC5-371-140. Policies and Procedures		
	12VAC5-371-150. Re Cross reference to Fe			F 622 SS D Transfer and Discharge Requirements 1. Resident #33 did not suffer harm w	hen	
	12VAC5-371-200. Director of nursing. Cross reference to F727, F732			transferred to the hospital on 6/15/202 with their comprehensive care plan go 2. Current residents that transfer out of	oals.	
	12VAC5-371-210. Nu Cross reference to F6	•		facility are at risk. Current Residents t transferred out to the hospital in the la 30 days will be audited by the	•	
	12VAC5-371-250. Replanning. Cross reference to F6	esident assessment and care		DCS/ADS/Nurse Manager to ensure to care plans were correctly sent by 9/22/2021.	he	
	12VAC5-371-220. Nu			Licensed staff to be educated on providing the correct documentation for hospital transfers with an emphasis or		
	Cross reference to F	550		Comprehensive Care Plans by the DCS/ADCS/Nurse Manager by 9/22/2	2021.	
	12VAC5-371-370 Ma	intenance and	1	4. Resident transfers will be reviewed	the	

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

Electronically Signed

09/03/21

TITLE

STATE FORM 6899 CPG311 If continuation sheet 1 of 12

AND DLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		VA0162	B. WING		08/17/2021
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F 001	Continued From page Housekeeping Cross reference to F5 Resident assessment 12VAC5-371-250 A.6	584	F 001	following business day by DCS/Desig to ensure correct documentation is see Facility will track for 4 weeks. The resign of the quality monitoring will be present to the quality assurance committee monthly for review, analysis and furth recommendations. 5. Date of Compliance 9-22-2021 F 623 SS D Notice Requirements Bef Transfer/Discharge 1. Resident #33 did not suffer harm with transferred to the hospital on 6/15/202 and their RP was not notified in writing 2. Current residents that transfer out of facility are at risk. Current Resident transfers audited for the last 30 days be audited by the DCS/ADCS/Nurse manager and notification will be sent Responsible Party by 9/22/2021. 3. Social Worker educated by ED on 9/1/21 on providing written documentation responsible party for resident transto the hospital. 4. Resident transfers will be reviewed following business day by DCS/Desig to ensure correct documentation is sefacility will track for 4 weeks. The resident transfer Improvement (QAPI) meetings for review, analysis, and fur recommendations. 5. Date of Compliance 9-22-2021 F 727 SS C RN 8 Hrs/7 days/Wk 1. R.N. Staffing corrected upon notificity staffing coordinator on 8/15/2021. Residents did not suffer harm due to 1 of 8 consecutive R.N hours on 7/31/2	ent. uults inted er Fore when 21 gg. of the will to ation fers the nee ent. uults ed at ther eation fack

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 001	Continued From page	ge 2	F 001	and 8/1/2021. 2. Facility is required to have 8 consecutive hours of R.N. Staffing of daily basis. DCS/ADCS/Nurse Manager/Staffing Coordinator to revistaffing RN coverage for the past 30 by 9/22/2021. 3. ED educated Staffing Coordinator ensuring 8 consecutive hours of R.N. coverage on a daily basis on 9/2/2024. Staffing Coordinator/Designee to R.N. staffing with DCS/Designee and 5 days a week for 4 weeks. The results the Quality Monitoring to be reviewed the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and fur ecommendations 5. Date of Compliance 9-22-2021 F 732 SS C Posted Nurse Staffing Information 1. Staffing posting corrected with acceptation staffing numbers and in-house censulupon notification by staffing coordinates 8/15/2021. Residents did not suffer a due to in-accurate staffing information in-house census posting. 2. Facility is required to post accurate staffing numbers and in-house censulare adaily basis. DCS/ADCS/Nurse Manager/Staffing Coordinator to revistaffing RN coverage for the past 30 by 9/22/2021. 3. ED educated Staffing Coordinator to revistaffing RN coverage for the past 30 by 9/22/2021. 3. ED educated Staffing Coordinator to revistaffing RN coverage for the past 30 by 9/22/2021. 3. ED educated Staffing Coordinator to revistaffing RN coverage for the past 30 by 9/22/2021.	iew iew idays con l. 21. review d track ults of d at urther curate us ator on harm on and de us on iew iew d days con l. 21. review d track

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F 001	Continued From page	• 3	F 001	the Quality Monitoring to be reviewed the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and fur recommendations 5. Date of Compliance 9-22-2021 12VAC5-371-150. Resident Rights F 622 SS D Transfer and Discharge Requirements 1. Resident #33 did not suffer harm w transferred to the hospital on 6/15/202 with their comprehensive care plan go 2. Current residents that transfer out of facility are at risk. Current Residents to transferred out to the hospital in the last 30 days will be audited by the DCS/ADS/Nurse Manager to ensure to care plans were correctly sent by 9/22/2021. 3. Licensed staff to be educated on providing the correct documentation for hospital transfers with an emphasis of Comprehensive Care Plans by the DCS/ADCS/Nurse Manager by 9/22/24. Resident transfers will be reviewed following business day by DCS/Desig to ensure correct documentation is see Facility will track for 4 weeks. The resident of the quality monitoring will be present to the quality assurance committee monthly for review, analysis and further recommendations. 5. Date of Compliance 9-22-2021 F 623 SS D Notice Requirements Bef Transfer/Discharge 1. Resident #33 did not suffer harm we transferred to the hospital on 6/15/202	ther then 21 bals. of the hat list he or n 2021. the nee nt. ults nted er ore hen

	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
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F 001	Continued From page	4	F 001	and their RP was not notified in writing 2. Current residents that transfer out of acility are at risk. Current Resident transfers audited for the last 30 days who be audited by the DCS/ADCS/Nurse manager and notification will be sent to Responsible Party by 9/22/2021. 3. Social Worker educated by ED on 9/1/21 on providing written documentate to responsible party for resident transfer to the hospital. 4. Resident transfers will be reviewed following business day by DCS/Design to ensure correct documentation is see Facility will track for 4 weeks. The resident transfers will be reviewed the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and furtive recommendations. 5. Date of Compliance 9-22-2021 12VAC5-371-200. Director of nursing. F 727 SS C RN 8 Hrs/7 days/Wk 1. R.N. Staffing corrected upon notific by staffing coordinator on 8/15/2021. Residents did not suffer harm due to 1 of 8 consecutive R.N hours on 7/31/20 and 8/1/2021. 2. Facility is required to have 8 consecutive hours of R.N. Staffing on daily basis. DCS/ADCS/Nurse Manager/Staffing Coordinator to revie staffing RN coverage for the past 30 co by 9/22/2021. 3. ED educated Staffing Coordinator of ensuring 8 consecutive hours of R.N. coverage on a daily basis on 9/2/2021	of the will do ation fers the nee nt. ults ed at ther ation ack 021 a w days

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F 001 Continued From page	÷ 5	F 001	4. Staffing Coordinator/Designee to re R.N. staffing with DCS/Designee and 5 days a week for 4 weeks. The resul the Quality Monitoring to be reviewed the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and fur recommendations 5. Date of Compliance 9-22-2021 F 732 SS C Posted Nurse Staffing Information 1. Staffing posting corrected with access staffing numbers and in-house censulupon notification by staffing coordinate 8/15/2021. Residents did not suffer head to in-accurate staffing information in-house census posting. 2. Facility is required to post accurate staffing numbers and in-house censular adaily basis. DCS/ADCS/Nurse Manager/Staffing Coordinator to revies staffing RN coverage for the past 30 dby 9/22/2021. 3. ED educated Staffing Coordinator to revies taffing Coordinator of ensuring 8 consecutive hours of R.N. coverage on a daily basis on 9/2/2022 4. Staffing Coordinator/Designee to re R.N. staffing with DCS/Designee and 5 days a week for 4 weeks. The result the Quality Monitoring to be reviewed the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and fur recommendations 5. Date of Compliance 9-22-2021 12VAC5-371-210. Nurse staffing.	track ts of at ther urate s or on arm n and s on ew days on 1. eview track ts of at

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F 001	Continued From page	e 6	F 001	Revision	
				1. Resident #25 was assessed for sid	e rail
				use and care plan was revised upon	1
				notification by MDS Nurse on 8/17/21	
				Residents #45 and #12 that were vict	
				in a resident to resident to resident	
				altercations had psychosocial assess	
				completed by the facility's social work	.er
				and their care plan was updated as	
				needed on 8/16/2021. Residents #45	
				#12 did not recall or exhibit any latent negative feels about the resident to	
				resident altercations.	
				Current residents with side rails	
				attached to their bed are at risk. Curre	ent
				residents to be reviewed by	
				DCS/ADS/Nurse Manager to determine	ne if
				side rails are be utilized appropriately	per
				the assessment and care plan order to 9/22/2021.	у
				Residents involved in a resident to	
				resident altercation in the last 45 days	
				be assessed and care plan updated a	
				needed by the social worker by 9/22/2	l l
				Maintenance Director will utilize an updated list provide by the	
				DCS/ADCS/Nurse Manager to remov	e
				side rails from resident beds for resident	
				that have not been assessed and care	
				planned for their use by 9/22/2021.	
				IDT staff that make care plan revision	s to
				be educated by DCS/ADCS/Nurse	
				manager that residents that are using	
				rails are appropriately assessed and t	
				their care plan has been updated time	ну ру
				9/22/2021.	dyod
				ED to educate IDT that residents invo	ivea
				in a resident to resident altercation to include the victims will have a	
				psychosocial assessment completed	and
				ps, shoodsial accessiment completed	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
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F 001	Continued From page	ge 7	F 001	their care plans reviewed and revised needed by 9/22/2021. 4. Maintenance Director/Designee to conduct weekly side rail audit and tra 4 weeks. Resident that are involved resident to resident altercations will be tracked for 4 weeks. The results of the Quality Monitoring to be reviewed at monthly Quality Assurance Performated Improvement (QAPI) meetings for reanalysis, and further recommendations. Date of Compliance 9-22-2021 F 727 SS C RN 8 Hrs/7 days/Wk 1. R.N. Staffing corrected upon notificity staffing coordinator on 8/15/2021. Residents did not suffer harm due to of 8 consecutive R.N hours on 7/31/2 and 8/1/2021. 2. Facility is required to have 8 consecutive hours of R.N. Staffing of daily basis. DCS/ADCS/Nurse Manager/Staffing Coordinator to revistaffing RN coverage for the past 30 by 9/22/2021. 3. ED educated Staffing Coordinator ensuring 8 consecutive hours of R.N. coverage on a daily basis on 9/2/2024. Staffing Coordinator/Designee to R.N. staffing with DCS/Designee and 5 days a week for 4 weeks. The resulthe Quality Monitoring to be reviewed the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and furecommendations 5. Date of Compliance 9-22-2021 F 732 SS C Posted Nurse Staffing Information	ack for in oe oe the the ince view, ons. cation . lack 2021 n a ew days on

State of Virginia
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F 001 Continued From page 8		F 001	1. Staffing posting corrected with accustaffing numbers and in-house census upon notification by staffing coordinate 8/15/2021. Residents did not suffer he due to in-accurate staffing information in-house census posting. 2. Facility is required to post accurate staffing numbers and in-house census a daily basis. DCS/ADCS/Nurse Manager/Staffing Coordinator to revie staffing RN coverage for the past 30 dby 9/22/2021. 3. ED educated Staffing Coordinator censuring 8 consecutive hours of R.N. coverage on a daily basis on 9/2/2021. 4. Staffing Coordinator/Designee to re R.N. staffing with DCS/Designee and 5 days a week for 4 weeks. The result the Quality Monitoring to be reviewed the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis, and furt recommendations 5. Date of Compliance 9-22-2021 12VAC5-371-250. Resident assessment and care planning. F 657 SS D Care Plan Timing and Revision 1. Resident #25 was assessed for siduse and care plan was revised upon notification by MDS Nurse on 8/17/21. Residents #45 and #12 that were victin a resident to resident to resident altercations had psychosocial assess completed by the facility's social work and their care plan was updated as needed on 8/16/2021. Residents #45	or on arm and son walays on	

AND DI AN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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E 001	Continued From 1001	- 0	E 001	DEFICIENCY)	
F 001	Continued From page	9	F 001	negative feels about the resident to resident altercations. 2. Current residents with side rails attached to their bed are at risk. Curre residents to be reviewed by DCS/ADS/Nurse Manager to determine side rails are be utilized appropriately the assessment and care plan order by 9/22/2021. Residents involved in a resident to resident altercation in the last 45 days be assessed and care plan updated a needed by the social worker by 9/22/23. Maintenance Director will utilize an updated list provide by the DCS/ADCS/Nurse Manager to removiside rails from resident beds for resident that have not been assessed and care planned for their use by 9/22/2021. IDT staff that make care plan revision be educated by DCS/ADCS/Nurse manager that residents that are using rails are appropriately assessed and their care plan has been updated time 9/22/2021. ED to educate IDT that residents invo in a resident to resident altercation to include the victims will have a psychosocial assessment completed their care plans reviewed and revised needed by 9/22/2021. 4. Maintenance Director/Designee to conduct weekly side rail audit and trace a weeks. Resident that are involved in resident to resident altercations will be tracked for 4 weeks. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performar Improvement (QAPI) meetings for reviewed analysis, and further recommendation	ne if per by s will as 2021. e ents e sto side hat ely by lved and as ck for nee e he nce iew,

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F 001	Continued From page	÷ 10	F 001	5. Date of Compliance 9-22-2021 12VAC5-371-220. Nursing Services F550 SS D Resident Rights 1. C.N.A # 2 has resigned from the farage of the service of th	ents e ents e ewhile eals will e g ger d by n e ents e e white e als to gnity ne e d by n e e f h e f f f f f f f f f f f f f f f

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F 001	Continued From page	11	F 001	environment with a focus on resident by 9/22/2021. 3. Current staff to be educated on a c safe, homelike environment to include ensuring that the residents have clear linen, that it is changed on shower da and as need when soiled. 4. Daily rounds to be conducted by ID team 5 days a week and tracked for 4 weeks. The results of the quality monitoring tool data to be reviewed by members of the quality assurance committee team meeting monthly for review, analysis and further recommendations. 5. Date of Compliance 9-22-2021 12VAC5-371-250 Resident assessment and care planning 1. Resident # 46 did not suffer harm a result of being miscoded in the MDS. 2. Current hospice residents for the ladays will be audited by the DCS/ADCS/Nurse manager by 9/22/23.ED educated MDS nurse on correct coding hospice residents in the MDS 8/31/2021. 4. New hospice residents will be reviet the following business day by DCS/Designee to ensure correct codi in MDS. Facility will track for 4 weeks The results of the quality assurance committee monthly for review, analys and further recommendations. 5. Date of Compliance 9-22-2021	elean, en n ys, OT I I y ent as a ast 30 2021. tly on ewed ng is s. vill be