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

PRINTED: 09/28/2020 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CHA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 495109 09/16/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD THE LAURELS OF UNIVERSITY PARK RICHMOND, VA 23233 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES iĐ PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) The Laurels of University INITIAL COMMENTS F000 F000 Park wishes to have this submitted plan of correction An unannounced Medicare/Medicaid stand as its allegation of abbreviated standard survey was conducted compliance. Our date of 09/15/2020 through 09/16/2020. Three alleged compliance is October complaints (VA00048116- unsubstantiated with 2, 2020. no deficiencies, VA00049668- unsubstantiated with no deficiencies, and VA00048249unsubstantiated with no deficiencies) were Preparation and/or execution investigated during the survey. of this plan of correction does not constitute admission to, The census in this 145 certified bed facility was nor agreement with, either the 141 at the time of the survey. The survey existence of or the scope and sample consisted of six current resident reviews and two closed record reviews. severity of any of the cited deficiencies, or conclusions F557 Respect, Dignity/Right to have Prsnl Property F557 set forth in the statement of SS=D CFR(s): 483.10(e)(2) deficiencies. This plan is prepared and/or executed to 483.10(e) Respect and Dignity. The resident has a right to be treated with ensure continuing compliance respect and dignity, including: with regulatory requirements. 483.10(e)(2) The right to retain and use: H Hag **557:** personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents. Nurse #3 (who administered the insulin to Resident #4) This REQUIREMENT is not met as evidenced was educated on privacy of administration with Based on observation, staff interview, and medication pass. facility document review it was determined facility staff failed to provide privacy during Current residents who receive medication administration for one of seven medications in routes that may residents in the survey sample, Resident #4. potentially expose residents LPN (licensed practical nurse) #3 was observed administering an insulin injection to Resident #4 without pulling the privacy curtain (curtain hung LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

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 the 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.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

Electronically Signed

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		495109	B.V	NING	C 09/16/2020		
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK			STREEY ADDRESS, CITY, STATE, ZIP C 2420 PEMBERTON RD RICHMOND, VA 23233	DDE			
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F557	Continued From between two bed room. The findings inclu	s) in a semi-private (shared)	F557	from the hall or room; have the potential to affected.			
	diagnoses that in Alzheimer's disea Resident #4's mo set), a quarterly a (assessment refe Resident #4 as seassessment for mof 0 - 15, 2- being daily decisions. So documented Residented Re	admitted to the facility with cluded but were not limited to ase (2) and diabetes (3). Set recent MDS (minimum data assessment with an ARD strence date) of 07/03/20, coded coring a 2 (two) on the staff mental status (BIMS) of a score of severely impaired for making Section I of the assessment ident #4 diagnosed with a Section N of the assessment ident #4 having received insuling the seven day od. Droximately 11:20 a.m., an amade of LPN (licensed a performing a bedside ar stick test to check blood administering sliding scale adjusted according to blood #4 was observed sitting in a en the two beds in a semi-coom and was closest to the indow. The privacy curtain was alween the two beds. Another erved lying in the bed closest to N #3 was observed performing I gathering supplies to perform st. LPN #3 entered Resident plained the procedure prior to accometer check. LPN #3 failed by curtain during the		All licensed nursing staff receive inservice education the DON/designee providing privacy medication administration where indicated. Medication Administration observations will be twice a week for 4 weeks then biweekly for 1 monomories for privacy medication Variances will corrected as identified concerns will be reported the quality assured committee during the momeeting. Completion date: October 2020	n by on with ation ade and h to with l be and d to ance athly		

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F557	Resident #4. LP results of 162 with the medication or prepared the approaccording to the Resident #4's rooprocedure to Resident #4's rooprocedure to Resident exposing the injected the insul LPN #3 failed to the administration on 9/15/20 at appattempt was mad regarding the obsproviding privacy insulin administration cognitive status, to completed. The comprehens for Resident #4 dis augar levels R/T mellitus). Date In on: 08/26/2020." Review of the PC for Resident #4 dis "Humalog KwikPe Unit/ML (milliliter) sliding scale: If 14/299=5; 300-349= fatty tissue under bedtime for DM (comedical doctor) in (greater than 350 Start Date 11/14/2). Review of the MA Review	ng to provide privacy for N #3 reviewed the glucometer th Resident #4 and returned to art to obtain insulin. LPN #3 propriate dosage of insulin physician's orders and entered om. LPN #3 explained the sident #4, lifted Resident #4's eresidents abdomen and in into the lower abdomen. close the privacy curtain during in of the insulin to Resident #4. proximately 11:45 a.m., an le to interview Resident #4 servation of LPN #3 not during the glucometer and ation. Due to Resident #4's the interview was not live care plan dated 04/30/2020 occumented in part, "[Name of trisk for fluctuation in blood (related to): DM (diabetes nitiated 08/26/2020. Revision OS (physician order summary) ated 09/15/2020 revealed en Solution Pen-Injector (4) 100 (Insulin Lispro) Inject as per 40-199=2; 200-249=3; 250-7, subcutaneously (into the the skin) before meals and at diabetes mellitus) call MD f <60 (less than 60) or >350 (less	F557			
LABOKATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGNAT	URE			

FORM CMS-2567(02-99) Previous Versions Obsolete

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRÉCEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG			OULD BE	(X5) COMPLETE DATE	
F557	9/30/2020" docur 162 at 11:30 a.m having received 2 according to the privacy was corasked if privacy was during medication that it was. LPN were administere the privacy curtain were closed for p was their usual procurtain when giving had forgotten and pulled. On 9/15/20 at appinterview was connurse) #1, the uniresidents were given to promote privace resident was in a curtain would be promoted by the door would be were not seen from 9/15/20 at appinterview was administrative stand administration and curtain would be promoted by the door would be were not seen from 9/15/20 at appinterview was administration and curtain would be promoted by the door would be were not seen from 9/15/20 at appinterview was many collection of the privacy of administration and curtain would be promoted by the door would be were not seen from 9/15/20 at appinterview was many curtain would be promoted by the door woul	ent #4 dated "9/1/2020- mented a glucose reading of . on 9/15/20 and Resident #4 2 (two) units of Humalog insulin physician's order above. proximately 11:40 a.m., an inducted with LPN #3. When was provided for residents in administration, LPN #3 stated #3 stated that medications d in resident rooms and that ins were pulled or the doors rivacy. LPN #3 stated that it ractice to pull the privacy ing Resident #4 their insulin but if that it should have been proximately 11:50 a.m., an inducted with RN (registered it manager. RN #1 stated that iven medications in their rooms y. RN #1 stated that if a semi-private room the privacy pulled to promote privacy and a closed to ensure that they im the hallway. proximately 12:00 p.m., ASM aff member) #1, the imade aware of the findings. add to ASM #1 for the facility	F557			

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	OVIDER OR SUPPLIER	TY PARK		STREET ADDRESS, CITY, STATE, ZIP C 2420 PEMBERTON RD RICHMOND, VA 23233	ÓDÉ	
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F557	Implementation Confirm the patie patient identifiers "Subcutaneous if documented in passibility as subcutaneous is standard of care hand hygiene. Cousing at least two privacy" No further inform References: 1. Insulin A protein hormon pancreas from protein hormon pancreas from protein levels of the in essential for the relipids, and protein levels by facilitatifies ues, by promon glycogen, fatty ac reducing the relevant that when pro- results in diabete was obtained from https://www.merri webster.com/dictify 2. Alzheimer's die A brain disorder to ability to carry out information was of https://www.nlm.ri disease.html. 3. Diabetes mellii	thighs, and buttocks inPerform hand hygiene, int's identity using at least two is. Provide privacy" injection skills checklist" art, " Objective: To administer injection according to theChecklist stepPerform onfirm the patient's identity in patient identifiers. Provide ation was provided prior to exit. The that is synthesized in the cinsulin and secreted by the slets of Langerhans, that is metabolism of carbohydrates, ins, that regulates blood sugar ing the uptake of glucose into obting its conversion into cids, and triglycerides, and by ase of glucose from the liver, oduced in insufficient quantities is mellitus. This information in the website: iam- conary/insulin#medicalDictionar seease that seriously affects a person's it daily activities) this obtained from the website: inh.gov/medlineplus/alzheimers tus	F557			
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F557	information was of https://www.nlm.r/001214.htm. 4. Insulin pen Insulin pens are opens with a fine spens have enough injections. Some insulin that you of pens are thrown a Put a new needle you give yourself that you use the toyour kind of pen. or cartridge with cobtained from the https://www.fda.gpublications-wom	unt of sugar in the blood. This obtained from the website: nih.gov/medlineplus/ency/article devices that look like regular short needle on the tip. The sh insulin in them for a few pens have a case filled with hange when it is empty. Other away when the case is empty. The an injection (shot). Make sure type of insulin and needle for Do not share your insulin pen others. This information was	F557			