

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0404	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
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NAME OF PROVIDER OR SUPPLIER FALLS RUN NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 140 BRIMLEY DRIVE FREDERICKSBURG, VA 22406
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(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) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 8/24/2021 through 8/25/2021. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 90 bed certified facility was 82 at the time of the survey. The survey sample consisted of 28 resident reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12 VAC 5 - 371 - 220 A - cross references to F 695 12 VAC 5 - 371 - 220 B - cross references to F 757 12VAC5-371-180. Infection control cross reference to F880. 12VAC5-371-360. Clinical Records Cross reference F623</p> <p>F-641 cross referenced to state tag: 12 VAC 5-371-250 (A) & (D) & (E)</p>	F 001	<p>12 VAC 5 - 371 - 220 A - cross references to F 695</p> <p>F695</p> <p>1. Oxygen tubing for Resident #72 was replaced and stored in bag on 08/25/21. Nebulizer setup for Resident #130 was removed from room due to non-use and oxygen tubing for Resident #130 was replaced and stored in bag on 08/25/21.</p> <p>2. All residents who require respiratory services at Falls Run Nursing and Rehabilitation have the potential to be affected.</p> <p>3. Licensed nurses will be educated on respiratory equipment storage by DON/Designee. The DON or designee conducted a quality review of all current residents who utilize respiratory services.</p>	9/10/21

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

TITLE

(X6) DATE

Electronically Signed

09/10/21

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F 001	Continued From page 1	F 001	<p>4. DON/Designee will audit respiratory equipment storage 5x/ week for 4 weeks, then 3x/ week for 8 weeks. Audit results will be presented monthly for three months to the Quality Assurance Performance Improvement committee for review and recommendation.</p> <p>5. Date of Compliance: September 22, 2021</p> <p>12 VAC 5 - 371 - 220 B - cross references to F 757</p> <p>F757</p> <p>1. Physician's orders for resident #72 were reviewed and clarified with facility MD on 09/01/21. Licensed nurses x 2 were educated on following parameters in physician's orders. Medication error report was completed for administration on 08/15/21.</p> <p>2. All residents who reside at Falls Run Nursing and Rehabilitation and receive pain medication have the potential to be affected. The DON or designee conducted a quality review of all current residents who are receiving PRN pain medication for administration of medication per physician order.</p> <p>3. Licensed nurses will be educated on administering medications per physicians order by DON/Designee.</p> <p>4. DON/Designee will audit five residents</p>	

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F 001	Continued From page 2	F 001	<p>a week for proper administration of PRN pain medication per physician orders for 12 weeks. Audit results will be presented monthly for three months to the Quality Assurance Performance Improvement committee for review and recommendation.</p> <p>5. Date of Compliance: September 22, 2021.</p> <p>12VAC5-371-180. Infection control cross reference to F880.</p> <p>F880</p> <p>1. Resident #281 assessed for any change in condition on 8/26/21. Med Pass observation was completed with LPN #1 on 8/26/21.</p> <p>2. All residents who need assistance with medication administration at Falls Run Nursing and Rehabilitation have the potential to be affected. The DON or designee will complete a quality review of all current licensed nurses for medication administration competency.</p> <p>3. Licensed nurses will be educated on Infection Control as it relates to medication administration by DON/Designee.</p> <p>4. DON/Designee will perform med pass observations with questions to the observed nurse to reinforce proper</p>	

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F 001	Continued From page 3	F 001	<p>infection control standards with licensed nurses 5x/ week for 4 weeks, then 3x/ week for 8 weeks for proper administration and infection control. Audit results will be presented monthly for three months to the Quality Assurance Performance Improvement committee for review and recommendation.</p> <p>5. Date of Compliance: September 22, 2021.</p> <p>12VAC5-371-360. Clinical Records Cross reference F623</p> <p>F623</p> <p>1. Resident # 67 was most recently readmitted to facility on 08/23/21 with no further discharges at this time. Resident #14 was readmitted to facility on 06/24/21 with emergent discharge to hospital on 08/30/21. Copy retained of written notice of transfer letter sent to RP and scanned into residents EMR. Resident #35 was readmitted to facility on 06/19/21 with no further discharges at this time. Resident #44 was readmitted to facility on 08/16/21 and discharged home on 09/01/21. OSM #2 received education on providing resident and/or resident representative with written notification of a hospital transfer.</p> <p>2. All residents who reside at Falls Run Nursing and Rehabilitation and have a facility initiated discharge have the</p>	

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F 001	Continued From page 4	F 001	<p>potential to be affected. The Administrator or designee conducted a quality review of current residents who discharged to the hospital in the last 30 days for documentation to support written notification was provided to resident and/or resident representative.</p> <p>3. Social Services department has been educated on required written notification for resident and/or resident representative for notification of hospital transfers by Administrator/Designee.</p> <p>4. SW/Designee will audit all discharges to hospital for 12 weeks for required documentation of written notification of hospital transfers to resident and/or responsible representative. Audit results will be presented monthly for three months to the Quality Assurance Performance Improvement committee for review and recommendation.</p> <p>5. Date of Compliance: September 22, 2021.</p> <p>F-641 cross referenced to state tag: 12 VAC 5-371-250 (A) & (D) & (E)</p> <p>F641 is acknowledged.</p>	