STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 4/20/21 through 4/22/21. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Five complaints were investigated during the survey. The census in this 120 certified bed facility was 114 at the time of the survey. The survey sample consisted of 7 resident reviews.	F 000		
F 578 SS=G	Request/Refuse/Dscntnue Trmnt;Formlte Adv Dir CFR(s): 483.10(c)(6)(8)(g)(12)(i)-(v) §483.10(c)(6) The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. §483.10(c)(8) Nothing in this paragraph should be construed as the right of the resident to receive the provision of medical treatment or medical services deemed medically unnecessary or inappropriate. §483.10(g)(12) The facility must comply with the requirements specified in 42 CFR part 489, subpart I (Advance Directives). (i) These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the resident's option, formulate an advance directive. (ii) This includes a written description of the facility's policies to implement advance directives and applicable State law. (iii) Facilities are permitted to contract with other entities to furnish this information but are still	F 578		6/1/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/18/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 1 legally responsible for ensuring that the requirements of this section are met. (iv) If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not he or she has executed an advance directive, the facility may give advance directive information to the individual's resident representative in accordance with State Law. (v) The facility is not relieved of its obligation to provide this information to the individual once he or she is able to receive such information. Follow-up procedures must be in place to provide the information to the individual directly at the appropriate time. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation review and clinical record review the facility staff failed to honor one Resident's desires on an Advance directive for one Resident (Resident 4) in a survey sample of 7 Residents. The findings include: For Resident # 4, the facility staff failed to verify and honor the signed Advance Directive and Do not Resuscitate paperwork documented in the clinical record. Because the nurse did not see proper documentation of a DNR, the order was changed to a Full Code. Resident # 4 was admitted to the facility on 12/03/2020, and expired on 12/17/2020. Diagnoses for Resident # 4 included but were not limited to: Seizures, Encephalopathy, Diabetes, Chronic Kidney Disease, Pulmonary Hypertension, Acute Respiratory Failure with Hypoxia, Peripheral Vascular Disease and	F 578	The statements made in this plan of correction are not an admission and do not constitute agreement with the alleged deficiencies herein. To remain in compliance with all state and federal regulations, the center has taken or will take the actions set forth in this Plan of Correction. In addition, the following plan constitutes the centers allegation of compliance. All alleged deficiencies have been or will be corrected by the dates indicated. 1. Resident #4 no longer resides in Center. 2. Current residents have been reviewed to ensure accuracy of Advance Directive / Do Not Resuscitate paperwork is located in medical record. 3. Staff Development Coordinator or designee will educate all Licensed nurses on verification of Advance Directives /Do not resuscitate orders and requirement to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 2 Hypertension. Resident #4's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 12/07/2020, was coded as an Admission assessment. Resident # 4 was coded as having a BIMS (brief interview for mental status) score of 15 out of a possible 15, indicating no cognitive impairment. Resident # 4 was also coded as requiring extensive assistance of one staff person for Activities of Daily Living (ADLs) to include dressing, bed mobility, toileting and personal hygiene. For eating, Resident # 4 was coded as requiring supervision and assistance of one staff person. Review of the closed clinical record was conducted on 4/ 20/2021 and 4/21/2021. Review of the Facesheet revealed that Resident # 4 was her own responsible party and had "FULL CODE" listed for code status. Review of the valid "active" Physicians Orders revealed an order for Full Code written on 12/8/2020. Further review of the orders revealed the Full Code order was written by a nurse and signed by the Physician on 12/12/2020. Review of the Nurses Progress Notes revealed the following documentation: "12/17/2020 16:46 [4;46 PM] Change of Condition Note Text: ADDENENDUM- TIME CORRECTION: SEE NOTE WRITTEN ON 12/16/2020 0050: At time time, 0050, Resident is now expired. Events leading up to this event go as follows: This nurse was called into residents room by	F 578	verify in medical record upon admission and with every change in code status. 4. DON or Designee will review all new admissions 5 x week for 3 weeks for accuracy in appropriate DNR / Advance Directive paperwork and documentation in medical record. Any variances will be reviewed in QAPI times one month. 5. Date of compliance June 1st, 2021	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 3	F 578		

other House Supervisor, she stated the resident was not acting herself and was cold to touch. I asked the CNAs [Certified Nursing Assistants] to begin checking her VS [vital signs] while I was heading to the room. Upon entering the room, this nurse observed resident to be unresponsive to command and touch. Her VS at this time were BP [blood pressure] 66/59 P [pulse]54 SPO2 [saturation of oxygen] 63. I immediately retrieved a manual cuff and rechecked residents BP and obtained a reading of 40/30 with a manual pulse of 32. This was at 0045. I had the RN House Supervisor double check me and I placed a Pulse Ox on her Left Index Finger. A few moments later, her heart had stopped and her SPO2 went blank according to the Pulse Ox. The Rn House Supervisor and I both immediately begin to manually check the resident for any signs of life, both a radial and corroded (sic) pulse, regular or shallow breaths, but there was nothing. So, at 0046 I delegated to the CNAs to run and get the crash cart and at 0047 this nurse began CPR/BLS. Two mins (minutes) into compressions, the resident began to foam blood at the mouth. I asked a CNA that is CPR Certified the take over compressions for me so I could obtain the suction machine. At this time, the RN House Supervisor came back from calling 911, and her I both noticed that the resident had became completely and totally unresponsive and there was a significant amount of blood coming out of her mouth. The RN House Supervisor made the decision to call the Time of Death at 0050 and all form of life saving and sustaining measures were ceased. The resident was then cleaned up. At approx 0108 the ambulance arrived at the facility and declared (sic) the residents body expired. The MD/NP on call was notified at 0106, (Employee H's name redacted)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 4	F 578		

ACNP. This nurse notified the residents RP and EC, both, but neither would give me a name of a funeral home they wanted the body to be sent to. They said they would let me know in the morning. Administration is aware."

Other nurses notes stated:

12/17/2020 00:50 Change of Condition Note Text: At time time, 0050, Resident is now expired. Events leading up to this event go as follows: This nurse was called into residents room by other House Supervisor, she stated the resident was not acting herself and was cold to touch. I asked the CNAs to begin checking her VS while I was heading to the room. Upon entering the room, this nurse observed resident to be unresponsive to command and touch. Her VS at this time were BP 66/59 P 54 SPO2 63. I immediately retrieved a manual cuff and rechecked residents BP and obtained a reading of 40/30 with a manual pulse of 32. This was at 0145. I had the RN House Supervisor double check me and I placed a Pulse Ox on her Left Index Finger. A few moments later, her heart had stopped and her SPO2 went blank according to the Pulse Ox. The Rn House Supervisor and I both immediately (sic) begin to manually check the resident for any signs of life, both a radial and corroded pulse, regular or shallow breaths, but there was nothing. So, at 0146 I delegated to the CNAs to run and get the crash cart and at 0147 this nurse began CPR/BLS. Two mins into compressions, the resident began to foam blood at the mouth. I asked a CNA that is CPR Certified the take over compressions for me so I could obtain the suction machine. At this time, the RN House Supervisor came back from calling 911, and her I both noticed that the resident had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 5	F 578		

became completely and totally unresponsive and there was a significant amount of blood coming out of her mouth. The RN House Supervisor made the decision to call the Time of Death at 0050 [12:50 AM] and all form of life saving and sustaining measures were ceased. The resident was then cleaned up. At approx 0108 [1:08 AM] the ambulance arrived at the facility and declared the residents body expired. The MD/NP on call was notified at 0106 [1:06 AM], [Nurse Practitioner name redacted]ACNP. This nurse notified the residents RP and EC, both, but neither would give me a name of a funeral home they wanted the body to be sent to. They said they would let me know in the morning. Administration is aware."

The Nurses Note written by (RN) Registered Nurse A read:
"12/17/2020 00:20 Change of Condition Late Entry: Note Text: Upon entering patients room at 0017 [12:17 AM], this writer observed resident lying in bed with eyes open pupils dilated and fixed, skin cold & clammy touch, weak pulse, and breath sounds with rales and crackles. Resident was unresponsive to her name being called out and physical touch of sternum rub. At 0020 [12:20 AM], called out for CNA obtain a set of vitals and O2sats reading. In addition, this writer requested the LPN to assist she obtain oxygen concentrator for the patient. Vitals taken at 0024 [12:24 AM] showed BP66/59, P54, O2satss@63. Resident at that time was place on O2NC3l [oxygen via nasal cannula at 3 liters per min] Once resident was placed on oxygen this writer went to call 911 emergency services. While this writer speaking with emergency services at 0026. CPR had already been initiated on patient by LPN &

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 6	F 578		

CNA.CPR was allow to continue and maintain until patient start pouring out blood from oral cavity with each chest compression. On account of the excessive amount of blood and lungs fluid build up this writer requested heroic measure to stop and call the time of death as of 0050, 12/17/20. EMS arrived at this time same 0050. LPN made on call physician aware of patient death and residents family made aware as well."

This above note was documented as written on 12/24/2020- one week after Resident # 4 expired.

Further review of the Nurses Progress Notes revealed the following documentation:

Licensed Practical Nurse C documented -------
12/16/2020 00:40 Skilled Note Note Text: resident is on skilled services for admitting dx. (diagnosis) of acute resp. failure and secondary dxs of sepsis and encephalopathy. code status DNR. A&O x 4 (Alert and oriented times four) and able to make needs known. resident shows agitation to staff. resident takes medication whole in applesauce. resident is incontinent of bowel and bladder. resident is a 1 person assist with ADLs and transfers. resident is a left AKA(above the knee amputation). resident is on ongoing monitoring for s/s of covid- 19. enhanced precautions, PPE (personal protective equipment) and handwashing maintained per CDC (Center for Disease Control) regulations. no c/o (complaints of) pain or discomfort. No noted signs of distress or SOB. resident is in bed with call bell in reach. will continue to monitor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 7	F 578		

12/15/2020 22:44 Skilled Note Note Text:
Patient under skilled nursing for acute resp. failure with PMH of Sepsis, encephalopathy, UTI, DM2, and right above knee amputation. Alert and oriented x3. Full code status. Patient remained in bed this shift. Refused most care provided today. Refused evening p.o. medications despite education , [name of Nurse Practitioner J redacted] DNP aware. Patient had trend of fevers so Rapid covid testing performed per NP, results came back negative....."

12/15/20 17:49 LPN D wrote
Patient under skilled nursing for acute resp. failure with PMH of Sepsis, encephalopathy, UTI, DM2, and right above knee amputation. Alert and oriented x3. Full code status. Patient remained in bed this shift. Refused most care provided today. Refused evening p.o. medications despite education , [Nurse Practitioner, Employee J] DNP aware. Patient had trend of fevers so Rapid covid testing performed per NP, results came back negative. Followed up with Chest x-ray which patient complied with. New c/o diarrhea, sample collected per NP orders to check for c-diff (awaiting results). Noncompliant with full lung assessment, writer was able to auscultate lateral left and right aspect of lungs which present clear. [Nurse Practitioner-Employee J] aware. Enhanced precautions in place for monitoring s/s of covid 19. PPE and handwashing techniques practiced per CDC recommendations. Call light in reach. Staff will continue to monitor.

Review of Admission History & Physical by the Medical Director dated 12/4/2020 revealed the documentation of "Code Status DNR".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 8	F 578		

Review of the Care Plan revealed no documentation of Code Status or Advance Directives documented.

Review of the Miscellaneous documents uploaded in the Electronic Record revealed a DNR signed and dated 11-30-2020, uploaded in the record on 12/9/2020. (the form was from the hospital admission)

Review of discontinued Physicians Orders revealed documentation of a discontinue order for DNR order on 12/8/2020 with the explanation of "No hard copy of DNR on file". The order was written on 12/4/2020 and discontinued on 12/8/2020. There was an order for Full Code written on 12/8/2020 with the explanation "No hard copy of DNR on file".

Face Sheet had "Full Code" on front and was listed as Full Code during the survey.

On 4/20/2021 at 3:13 PM, an interview was conducted with the Director of Nursing and Regional Nurse Consultant. The Director of of Nursing stated she was hired in her role "approximately 2 weeks ago" and was unaware of the incident involving Resident # 4. The Regional Nurse consultant stated she was not aware of the incident when it first happened but was informed later.

The Regional Consultant stated she instructed the previous Director of Nursing to investigate the allegations regarding the issues with Cardiopulmonary Resuscitation (CPR). The Regional Nurse stated she was not aware of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 9	F 578		

results of any investigation done.

The Regional Nurse stated the expectation was that "CPR should be continued until the paramedics arrived and took over." The Regional Nurse stated when she read the nurses notes written by RN (Registered Nurse) A, and those by Licensed Practical Nurse B, it was not clear of the exact time CPR was stopped, but that CPR should have been continued until the paramedics took over.

The Regional Nurse Consultant stated she was going to look around the office to see if she could find any documentation of the investigation of what happened during the code. The Regional Nurse looked Electronic Clinical Record and at the Facesheet and stated Resident # 4 was a Full Code. "She was a Full Code."

When Surveyor D asked about the DNR form in the miscellaneous section of the electronic clinical record, the Regional Nurse Consultant looked at the record and stated she was going to have to look into it. When asked to review the signature and describe what was seen, the Regional Nurse Consultant stated there was a DNR form with Resident # 4's name printed on the top of it and signed on 11/30/2020. Surveyor D reiterated that the form was signed while Resident # 4 was in the hospital and asked if the facility staff reviewed the form with the Resident # 4 on admission to the facility.

Further review of the DNR form revealed that the signature was a long last name, while Resident # 4 had fewer letters in the last name.
The Regional Nurse Consultant stated she would check to see what documentation she could find.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 10	F 578		

On 4/21/2021 at 12:38 PM, an interview was conducted with the Regional Nurse Consultant, Director of Nursing, the Assistant Director of Nursing and the Administrator. The Regional Nurse Consultant stated she would submit a copy of a written statement from the Nurse Practitioner who was on call that night. The Regional Nurse Consultant stated the statement was "being faxed over now" and would be submitted right away. The telephone number for the Medical Director was requested and received from the Administrator.

The Assistant Director of Nursing (ADON) stated that on Admission the nursing staff would discuss procedures,time for meals, preferences, and do include information about the code status. The ADON stated "Initially she was a DNR." When asked when that code status changed, the ADON stated "That ended up changing because we did not have the proper documentation to support her DNR code status. We did not have the official DNR for her."

The ADON also stated "Sometimes what will happen is that patient will go to the hospital and they will have that conversation there for code status, they may choose DNR. Instead of doing the official DNR, they will do a hospital DNR which does not transfer to the facility. When the receiving nurse looks at the discharge paperwork, it will say DNR but you don't have any paperwork on it. At that time, you would put the patient as a Full Code because you don't have the paperwork. But then that's when you would have the conversations with the Responsible Party and the Physician about what the patient's code status is going to be."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 11	F 578		

On 4/21/2021 at 1:02 PM, and interview was conducted with the Administrator who stated that he "was alerted to the situation the next morning." The Administrator stated he was told that the "staff thought the patient was a Full Code and the patient was a DNR. They did not get the information corrected and uploaded and was not corrected in the system. CPR should have never been started because the patient was a DNR." The Administrator also stated:
"Basically we did not dig far enough to find the appropriate paperwork to keep it as a DNR. That is exactly what happened on the audit. If they had looked back and found the information that originally came in and documented, then they would not have started CPR in the first place. The original document was scanned in on 12/9/2020 and that's where the communication

The Regional Nurse Consultant could be heard stating "that's where the lack of communication happened."

When asked if there should have been a conversation with the resident about her desires regarding her code status, the Administrator stated "when that happens, the conversation is generally with nursing who should have asked if the DNR wishes are correct. Initially when she came in, it should have been asked by the nursing staff. Are you still a DNR, do you want those wishes granted. When the doctor visited the patient for the Progress Note, he should have elaborated more about the visit in the note."

On 4/21/20221 at 1:42 PM, an interview was conducted with the Medical Director who stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 12	F 578		

that the admission process was that he completes "the admission assessments and usually documents what is written on the admission forms from the hospital." The Medical Director stated that if he does not see a Do Not Resuscitate Form on the computer, he would look to see what was written on the discharge papers and the order sheet entered by the nurses. The Medical Director stated "it would be redundant to go through that again."

The Medical Director stated he usually would do the admissions and the Nurse Practitioner "follows the patients." He stated
" I usually do not address code status with Rehab patients. For the Long Term Care Patients we do address it.
Most of the people who come there are Full Code unless there is a DNR order from the hospital."
The Medical Director again stated: "Usually we do not address code status with Rehab patients. For the Long Term Care Patients, we do address code status with the families. Rehab patients come for only one or two weeks and unless we see a reason to address it, we don't."

The Medical Director stated he did not discuss code status with Resident # 4 during her stay at the facility. The Medical Director stated he was surprised to hear what happened with Resident # 4 because "she had been there for about more than 10 days and it should have been straightened out by then."

Surveyor D asked the Medical Director what he meant when he stated that he was "aware of what happened" with Resident # 4. The Medical Director stated he was informed that "CPR was initiated and the nurse called the time of death

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 13	F 578		

prior to the EMS arrival at the facility." The Medical Director stated the Nurse Practitioner told the nurse that she should not have stopped CPR until the EMS arrived. The Medical Director stated the nurses later found that the resident was a DNR and should not have been coded (should not have administered CPR)." The Medical Director stated the staff did not find the DNR paperwork until later.

The Medical Director provided the telephone number for the Nurse Practitioner.

On 4/21/2021 at 3:08 PM, an interview was conducted with the Nurse Practitioner (Employee G) who stated Nurse Practitioner (Employee H) was on call for their practice on the night Resident # 4 expired. Employee G Stated Nurse Practitioner-Employee H called her the next morning, told her that "the nursing staff had called her and telling her that they had started CPR on the resident, then they said they called 911 and they had stopped CPR."
Employee G stated [Nurse Practitioner Employee H] stated they should verify the code status, at that time in our system it said FULL CODE, she said the nursing staff said to her 'Could you Hold please, EMS is coming in.' They told the nurse Practitioner that they would call her back. They hung up.
They later called the Nurse Practitioner back stating that EMS was there and they shouldn't have stopped CPR. My coworker also has a statement about it and would have more details."

Employee G also stated: "My colleague told them that they should not have stopped CPR. The resident was actually found to be a DNR later.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 14	F 578		

The hospital sent over the DNR and that is in our system."

Regarding any discussion with the resident about the code status, when the nursing staff did that audit they did not see the paperwork so they labeled her a Full Code. When asked about any discussion of code status with Resident # 4, Employee G stated she "did not see any evidence of a discussion either." Employee G stated "The resident did come in. From my recollection, myself, the doctor and the other nurse practitioner, nobody had a conversation for the reversal of the DNR either. We should discuss code status. But, the woman had a abrupt, acute change. Prior to that, she had been relatively stable during her stay. Typically, code status is updated on admission. We proceed with the admission orders from the hospital unless the resident has an acute change."

"Typically when they come from the hospital, we go by the packet of paper work from the hospital. Regarding their code status, if we see in the packet of paperwork that the resident is DNR., the nursing staff is supposed to confirm that we have the paperwork through the DNR audit. If they come in as a Full Code, then we normally keep Full Code status unless per say something is happening with the resident , they have change in condition, a decline, myself ,or the doctor or the leadership step in we have a conversation or a care plan meeting to discuss that. I'm not sure if the resident had had an opportunity yet to have that care plan meeting That's typically the trend , we go with the code status from the hospital If they are a Full Code, they stay as a Full code, they proceed as a Full Code, If they are a DNR, they are supposed to ensure the paperwork is in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 15	F 578		

place. Then as they progress through their stay, if there are changes we continue that conversation or have an updated care plan meeting."

The Nurse Practitioner stated she wanted to clarify that When nursing staff puts in the orders, providers sign the orders, placed by the staff, So I presume the paperwork was just not here." The Nurse Practitioner stated she I saw for myself that the Discharge paperwork said DNR. I am assuming they did some type of audit and did not find the DNR paperwork and subsequently was updated to Full Code.. But at which point, they should have checked with her
They should have checked

On 4/21/2021, a copy of the EMS report was provided by the facility's Administrator and Regional Nurse Consultant.

Review of the EMS report supplied by the facility revealed documentation that the ambulance arrived at the facility on 12/17/2020 at 01:05:58 AM-.

According to the EMS report, the resident was in the room alone when the EMS arrived. There was no staff member in the room with the resident.

The report listed DOA (Dead on Arrival) No resuscitation attempted

"Upon arrival, no staff was in the room. Pt was found laying bed Apneic and pulseless. Getting ready to start CPR. Staff finally came into the room saying "We called it." When asked staff stated that they had done CPR for about 30

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 16	F 578		

minutes. CPR was not performed by EMS due to the extent of time CPR being performed with no ROSC. Nurse also stated that Pt was a cull code and the on call Nurse Practitioner was ok with them calling it (stoping (sic) resuscitation efforts). While gathering more information from Nurse info there seemed to be some confusion. Nurse began to explain that they had found Pt laying in bed with some blood coming from her mouth. nurse discovered Pt heart rate to be 32 bpm (beats per minute) before becoming pulses (sic) so Nurse started CPR. Nurse/staff performed CPR for 3 min before calling Nurse Practitioner who advised to stop resuscitation efforts."

On 4/21/2021 during the end of day debriefing, the Administrator, Regional Nurse Consultant and Director of Nursing were asked to provide copies of the investigation of the death of Resident # 4, copies of CPR certifications of nursing staff and the copy of the Nurse Practitioner statement.

On 4/22/2021 at 9:00 AM, a copy of the on Call Nurse Practitioner's (Employee H)statement was received from the Regional Nurse Consultant. The Statement from Employee H contained two entries of documentation regarding conversations with facility staff (LPN B) regarding Resident # 4 which read:

" Statement of events on overnight call 12/16
page 0057
Called by nurse to notify of resident death. Nursing indicated that upon entry to residents room this evening, she was noted by staff to be unresponsive, pale and cool. Per their report, CPR was initiated but after several minutes was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 17	F 578		

stopped during phone call EMS had arrived and was entering building. Call ended.

Page 0121 by [redacted- Licensed Practical Nurse C's initials]

Nurse called once again to discuss stopping CPR on the above resident that was supposed to have been unresponsive and likely already expired prior to CPR initiation. Discussed that CPR is to continued (on a patient that is Full Code) until EMS arrival and ED physician has communicated orders/plan."

Review of the nurses notes revealed documentation from the Licensed Practical Nurse (LPN B) who stated she was instructed by the Registered Nurse Supervisor (RN A) to stop the code (CPR resuscitation efforts) . The Nurse Practitioner (Employee H) was not notified of the Resident's change in condition until after CPR was stopped. The documentation revealed Resident # 4 had a pulse rate of 32 beats per minute upon assessment-
Review of RN A's documentation revealed she did instruct the LPN to stop CPR.

The Nurse Practitioner statement revealed the facility staff failed to provide an accurate description of Resident # 4's change in condition, failed to continue the delivery of CPR and Code Status information. The Clinical Record had conflicting information about the Code Status that had not been verified by the facility staff prior to declaration of a Full Code status when the proper paperwork for DNR was not found in the clinical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 18	F 578		

record. The Facesheet and Physician's orders revealed "Full Code" listed for Resident # 4.

On all of the days of survey, the clinical record still had the code status listed as "Full Code." The Regional Nurse Consultant stated the resident was a Full Code when she looked at the clinical record. After the surveyor questioned the DNR form found in the miscellaneous portion of the record, the Regional Consultant stated she would have to search for any records of investigation of the incident. The next day of survey, 4/21/2021, the Regional Consultant stated she did not find any information in the files from the previous Director of Nursing.

The Regional Consultant stated after reviewing the record, it was noted that Resident # 4 was a DNR (Do Not Resuscitate) and should not have had CPR performed. The Regional Consultant stated that during the routine audit after Resident # 4 was admitted, the facility staff did not find the appropriate DNR paperwork and changed the code status to Full Code as per policy.

Review of the DNR policy revealed statements: CPR will not be initiated when there is a valid Do Not Resuscitate (DNR) located on the patient's permanent medical record.

3. If upon admission the patient provides advanced medical directive documents, such as a Durable Health Care Power of Attorney, or a Living Will that specifies the withholding of CPR, a license nurse must immediately notify the attending physician and secure a written DNR for the medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 19	F 578		

4. A Virginia Department of Health Durable Do Not Resuscitate Form is a valid order. A licensed nurse verifies that the individual in question is the patient for whom the order is issued, and that the document if the original or a legible copy of the DDNR form, that it has not been altered, that the form has been filled out completely and that no signatures are missing. If the said DDNR form is not intact, or has been altered, or has not been filled out completely, it is not considered valid for withholding CPR. If there is any question about the validity of the DDNR Order form, resuscitative measures should be administered until the validity of the order is established.

The Regional Consultant stated the facility staff should have confirmed the resident's desires prior to changing the status to Full Code. Once the appropriate DNR paperwork was located and uploaded in the system, the physician should have been notified, an order should have been obtained to change the code status back to DNR, face sheet should have been updated.

A copy of the DNR list for December 2020 was requested but not received by the end of survey.

On 4/22/2021 at 9:15 AM, an interview was conducted with the Regional Nurse Consultant who stated the facility staff should have had a conversation with Resident # 4 to determine her desires about her Code Status and Advance Directives, Resident # 4 had a BIMS (brief interview for mental status) score of 15 out of a possible 15, indicating no cognitive impairment. She was capable of expressing her desires. She was her own responsible party.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 578	Continued From page 20 Review of the clinical record revealed no documentation of any facility staff member having a conversation with Resident # 4 about her Advance Directives or Code Status after admission to the facility. The documentation of the signed "DNR" in the clinical record was from the hospital from which she had been discharged on 12/3/2020 and admitted into the facility on that same day. The findings were discussed with the Office of Licensure and Certification supervisor. During the end of day debriefing on 4/22/2021, the facility Administrator, Director of Nursing, Assistant Director of Nursing and Regional Nurse Consultant were advised of the findings. The facility staff members started CPR based on the documentation of Full Code in the Physicians Orders and on the Face sheet. There was no definitive documentation of Resident # 4's desires when admitted to the facility. Also, the Code Status was changed from DNR to Full Code without any discussion with Resident # 4 when the "appropriate DNR paperwork" was not seen in the clinical record. No further information was provided.	F 578		
F 658 SS=E	COMPLAINT DEFICIENCY Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan,	F 658		6/1/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 21 must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, facility documentation review, clinical record review and in the course of a complaint investigation, the facility staff failed to follow the professional standards of nursing practice for 2 Residents (Resident #1 and #4) in a survey sample of 7 Residents. 1. For Resident #1 the facility staff failed to provide wound care treatments as ordered by the physician on 9 occasions. 2. For Resident # 4, Registered Nurse A told Licensed Practical Nurse B to stop CPR prior to the arrival of Emergency Medical Services. The findings included: 1. For Resident #1 the facility staff failed to provide wound care treatments as ordered by the physician on 9 occasions. Resident #1 was admitted to the facility on 6/28/15, with a readmission date of 1/8/17. Diagnoses for Resident #1 included but were not limited to: multiple sclerosis, heart failure, diabetes, anemia, hypertension, and muscle weakness. Resident #1's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 2/16/21 was coded as a quarterly assessment. This assessment was coded as Resident #1 having	F 658	1. A. Resident # 1 currently resides in Center. Missed treatments have been reviewed with responsible party and medical director. 1. B. Resident #4 No longer resides in Center. 2. A. All Residents with wound care treatments are at risk for deficient practice. 2. B. All residents are at risk for deficient practice. 3. A. Staff development coordinator or designee will educate all certified nursing assistants and licensed nurses appropriate wound care treatments to include documentation in electronic TAR. 3. B. Staff development coordinator or designee will educate all certified nursing assistants and Licensed staff in policy and procedure related to CPR. 4. A. DON or designee will audit and verify documentation on 30% of patients who have wound care treatment orders 5 times a week for 2 weeks, 3 times week for 2 weeks, monthly times one month. Variances will be reviewed in QAPI times one month. 4. B. DON or designee will interview 30% certified nursing assistants and Licensed nursing staff for knowledge of CPR policies and procedures 5 times a week for 3 weeks, monthly times one month, variances will be reviewed in QAPI	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 22 had a BIMS (brief interview for mental status) score of 15, of a possible 15. This indicated Resident #1 had no cognitive impairment. Resident #1 was also coded on this assessment as having required extensive assistance of facility staff for assistance with ADL's (activities of daily living) which included: transfers, dressing, personal hygiene, bed mobility and bathing. On 4/20/21 at 12:10 PM, Resident #1 was visited in her room. Resident #1 stated, "they change the dressing on my leg every Monday, Wednesday and Friday". Surveyor A observed that a dressing was intact to her RLE [right lower extremity]. On 4/20/21 and 4/21/21, a clinical record review of Resident #1's electronic health record was performed. Physician orders for wound care were identified as follows: 1/10/21-1/14/21: "Santyl Ointment 250 UNIT/GM (Collagenase) Apply to RLE [right lower extremity] topically every day shift every other day for wound" 1/15/21-1/25/21: "Wound care to RLE- Cleanse with normal saline, apply Santyl, normal saline moistened gauze and then ABD [type of dressing] pain [sic] [pad], apply 3 layer wrap. Change every other day". 1/26/21-2/24/21: "SANTYL 250 UNIT/1 GM OINT. Apply to RLE topically every day shift every other day for wound". "Wound care to RLE- Cleanse with normal saline, apply Santyl, normal saline moistened gauze and then ABD pain, apply 3 layer warp. Change every other day". 2/25/21-3/31/21: "Wound care to RLE- Cleanse	F 658	times one month. 5. Date of compliance June 1st, 2021	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 23	F 658		

with normal saline, apply Santyl, normal saline moistened gauze and then ABD pain, apply 3 layer warp. Change every other day".
3/5/21-3/31/21: "SANTYL 250 UNIT/1GM OINT. APPLY TO RLE TOPICALLY EVERY DAY SHIFT EVERY OTHER DAY".
4/2/21- current at time of survey: "Santyl Ointment 250 UNIT/GM (Collagenase) Apply to RLE topically every day shift every other day for wound and Wound care to RLE- Cleanse with normal saline, apply Santyl, normal saline moistened gauze and then ABD pain, apply 3 layer warp. Change every other day. every day shift every Mon, Wed, Fri."

Each of these treatment orders continued to use the same medication.

Review of the treatment administration records (TAR) for Resident #1's wound care treatments revealed no evidence of wound care treatments being performed on 1/14, 1/25, 1/26, 2/3, 2/13, 2/23, 3/4, 3/8, and 3/12.

Review of the careplan for Resident #1 read, "resident has a chronic wound to right lower extremity" with interventions to include "treatment as ordered".

On 4/20/21, the facility director of nursing (DON) and Administrator were made aware of the lack of evidence that wound care was provided on 1/14, 1/25, 1/26, 2/3, 2/13, 2/23, 3/4, 3/8, and 3/12.

On 4/21/21 12:16 PM, an interview was conducted with the facility DON. She stated, "if they didn't document then I don't know". The DON was asked what her expectation was, the DON stated, "for them to sign off on the TAR and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 24	F 658		

to date the dressing. We don't take pictures so I have no way to prove that it was done. Even if she refused there should be some sort of documentation".

On 4/21/21 during the afternoon, the facility DON provided the following information in response to the missing documentation of treatment on the days as aforementioned:
1/14/21 and 1/25/21: date of an order change and the missing documentation was due to treatment being discontinued.
1/26/21: the DON indicated the missing documentation was in reference to the noted treatment being "D/c'd" [discontinued]. However, the treatment order indicated it was not a change in treatment, the order was re-entered in the electronic health record with the exact same treatment details.
No explanation was provided for the missing treatment documentation for the dates of 2/3, 2/13, 2/23, 3/4, 3/8, and 3/12.

On 4/21/21, the facility staff identified Mosby and Lippincott as the nursing standards of practice used to guide nursing practice.

The facility policy titled, "Nursing Documentation" read, "...3. Entries will be made soon as possible after an event or observation is made....

The facility policy titled, "General Wound Care/Dressing Changes" read, "....3. Provide treatments as ordered. 4. Remove and reapply dressings as ordered and/or indicated. 5. Licensed nurses will follow recognized standards of practice regarding dressing change(s).....".

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 25	F 658		

The professional nursing reference of "Fundamentals of Nursing, by Lippincott", stated "The physician is responsible for directing medical treatment. Nurses follow physicians' orders unless they believe the orders are in error or harm clients."

On 4/20/21 and again on 4/21/21, during end of day meetings the facility staff were made aware of the findings.

No further information was provided.

Complaint related deficiency.

2. For Resident # 4, Registered Nurse A told Licensed Practical Nurse B to stop CPR prior to the arrival of Emergency Medical Services.

Resident # 4 was admitted to the facility on 12/03/2020, and expired on 12/17/2020. Diagnoses for Resident # 4 included but were not limited to: Seizures, Encephalopathy, Diabetes, Chronic Kidney Disease, Pulmonary Hypertension, Acute Respiratory Failure with Hypoxia, Peripheral Vascular Disease and Hypertension.

Resident #4's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 12/07/2020, was coded as an Admission assessment. Resident # 4 was coded as having a BIMS (brief interview for mental status) score of 15 out of a possible 15,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 26	F 658		

indicating no cognitive impairment. Resident # 4 was also coded as requiring extensive assistance of one staff person for Activities of Daily Living (ADLs) to include dressing, bed mobility, toileting and personal hygiene. For eating, Resident # 4 was coded as requiring supervision and assistance of one staff person.

Review of the closed clinical record was conducted on 4/ 20/2021 and 4/21/2021.

Review of the Facesheet revealed that Resident # 4 was her own responsible party and had "FULL CODE" listed for code status.

Review of the valid "active" Physicians Orders revealed an order for Full Code written on 12/8/2020. Further review of the orders revealed the Full Code order was written by a nurse and signed by the Physician on 12/12/2020.

Review of the Nurses Progress Notes revealed the following documentation:

"12/17/2020 16:46 [4;46 PM] Change of Condition Note Text: ADDENENDUM- TIME CORRECTION: SEE NOTE WRITTEN ON 12/16/2020 0050:
At time time, 0050, Resident is now expired. Events leading up to this event go as follows:
This nurse was called into residents room by other House Supervisor, she stated the resident was not acting herself and was cold to touch. I asked the CNAs [Certified Nursing Assistants] to begin checking her VS [vital signs] while I was heading to the room. Upon entering the room, this nurse observed resident to be unresponsive to command and touch. Her VS at this time were BP [blood pressure] 66/59 P [pulse]54 SPO2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 27	F 658		

[saturation of oxygen] 63. I immediately retrieved a manual cuff and rechecked residents BP and obtained a reading of 40/30 with a manual pulse of 32. This was at 0045. I had the RN House Supervisor double check me and I placed a Pulse Ox on her Left Index Finger. A few moments later, her heart had stopped and her SPO2 went blank according to the Pulse Ox. The RN House Supervisor and I both immediately begin to manually check the resident for any signs of life, both a radial and corroded (sic) pulse, regular or shallow breaths, but there was nothing. So, at 0046 I delegated to the CNAs to run and get the crash cart and at 0047 this nurse began CPR/BLS. Two mins (minutes) into compressions, the resident began to foam blood at the mouth. I asked a CNA that is CPR Certified the take over compressions for me so I could obtain the suction machine. At this time, the RN House Supervisor came back from calling 911, and her I both noticed that the resident had became completely and totally unresponsive and there was a significant amount of blood coming out of her mouth. The RN House Supervisor made the decision to call the Time of Death at 0050 and all form of life saving and sustaining measures were ceased. The resident was then cleaned up. At approx 0108 the ambulance arrived at the facility and declared (sic) the residents body expired. The MD/NP on call was notified at 0106, (Employee H's name redacted) ACNP. This nurse notified the residents RP and EC, both, but neither would give me a name of a funeral home they wanted the body to be sent to. They said they would let me know in the morning. Administration is aware."

The next Nurses Note stated:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 28 12/17/2020 07:36 COMMUNICATION - with Family/NOK/POA[Next of Kin/Power of Attorney] Note Text: This writer spoke with patient's daughter .....(name redacted). Funeral information provided. _____(Name of Funeral Home redacted) Funeral Home (telephone number redacted) This writer contacted funeral home. Arranged for pick up. " 12/17/2020 00:50 Change of Condition Note Text: At time time, 0050, Resident is now expired. Events leading up to this event go as follows: This nurse was called into residents room by other House Supervisor, she stated the resident was not acting herself and was cold to touch. I asked the CNAs to begin checking her VS while I was heading to the room. Upon entering the room, this nurse observed resident to be unresponsive to command and touch. Her VS at this time were BP 66/59 P 54 SPO2 63. I immediately retrieved a manual cuff and rechecked residents BP and obtained a reading of 40/30 with a manual pulse of 32. This was at 0145. I had the RN Hours Supervisor double check me and I placed a Pulse Ox on her Left Index Finger. A few moments later, her heart had stopped and her SPO2 went blank according to the Pulse Ox. The RN House Supervisor and I both immediately (sic) begin to manually check the resident for any signs of life, both a radial and corroded pulse, regular or shallow breaths, but there was nothing. So, at 0146 I delegated to the CNAs to run and get the crash cart and at 0147 this nurse began CPR/BLS. Two mins into compressions, the resident began to foam blood at the mouth. I asked a CNA that is CPR Certified the take over compressions for me so I could obtain the suction machine. At this time, the RN	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 29	F 658		

House Supervisor came back from calling 911, and her I both noticed that the resident had became completely and totally unresponsive and there was a significant amount of blood coming out of her mouth. The RN House Supervisor made the decision to call the Time of Death at 0050 [12:50 AM] and all form of life saving and sustaining measures were ceased. The resident was then cleaned up. At approx 0108 [1:08 AM] the ambulance arrived at the facility and declared the residents body expired. The MD/NP on call was notified at 0106 [1:06 AM], [Nurse Practitioner name redacted]ACNP. This nurse notified the residents RP and EC, both, but neither would give me a name of a funeral home they wanted the body to be sent to. They said they would let me know in the morning. Administration is aware."

The Nurses Note written by (RN) Registered Nurse A read:
"12/17/2020 00:20 Change of Condition Late Entry: Note Text: Upon entering patients room at 0017 [12:17 AM], this writer observed resident lying in bed with eyes open pupils dilated and fixed, skin cold & clammy touch, weak pulse, and breath sounds with rales and crackles. Resident was unresponsive to her name being called out and physical touch of sternum rub. At 0020 [12:20 AM], called out for CNA obtain a set of vitals and O2sats reading. In addition, this writer requested the LPN to assist she obtain oxygen concentrator for the patient. Vitals taken at 0024 [12:24 AM] showed BP 66/59, P 54, O2satss@63. Resident at that time was place on O2NC3l [oxygen via nasal cannula at 3 liters per min] Once resident was placed on oxygen this writer went to call 911 emergency services. While this writer speaking with emergency services at 0026. CPR had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 30	F 658		

already been initiated on patient by LPN & CNA.CPR was allow to continue and maintain until patient start pouring out blood from oral cavity with each chest compression. On account of the excessive amount of blood and lungs fluid build up this writer requested heroic measure to stop and call the time of death as of 0050, 12/17/20. EMS arrived at this time same 0050. LPN made on call physician aware of patient death and residents family made aware as well."

This above note was documented as written on 12/24/2020- one week after Resident # 4 expired.

Further review of the Nurses Progress Notes revealed the following documentation on the two days prior to Resident # 4's death:

12/16/2020 20:59 Skilled Note Note Text: Patient is skilled for acute respiratory failure and seizures. Patient is A&Ox4, able to make needs known. Denies pain. Lungs clear, no SOB or coughing noted. Overall, weak and nausea. Administered Zofran which patient reported. Requires extensive assistance with ADLs and transfers. Continue enhanced droplet isolation precautions, PPE and handwashing protocols in place, will continue to monitor closely. VS 127/50, 97.1, 93, 14, 96%

12/16/2020 20:56 Health Status Note Note Text: Upon entering the patient's room, noted a moderated of dark red blood on sheets. In addition, patient had a loose BM, stool was black color stool. BP 129/50, HR 85. Notified on-call MD (Employee H name redacted) advised to monitor. Stool sample collected.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 31	F 658		

12/16/2020 16:04 Evaluation Note Note Text:
Respiratory Evaluation:
Temp: T 97.1 - 12/16/2020 16:02 Route: Oral
Pulse ox: O2 96.0 % - 12/16/2020 16:02 Method: Room Air
Complains of shortness of breath? - No
Exhibits new or different cough? - No

12/16/2020 16:03 Health Status Note Note Text: Patient reported nausea and vomited x1 during shift. Temp 97.1, COVID test negative. Notified ____(name redacted) NP, obtained new orders for STAT C.diff collection, Zofran and Imodium. Imodium and Zofran administered.

12/16/2020 00:40 Skilled Note Note Text:
resident is on skilled services for admitting dx. (diagnosis) of acute resp. failure and secondary dx's of sepsis and encephalopathy. code status DNR. A&O x 4 and able to make needs known. resident shows agitation to staff. resident takes medication whole in applesauce. resident is incontinent of bowel and bladder. resident is a 1 person assist with ADLs and transfers. resident is a left AKA(above the knee amputation). resident is on ongoing monitoring for s/s of COVID- 19. enhanced precautions, PPE (personal protective equipment) and handwashing maintained per CDC (Center for Disease Control) regulations. no c/o (complaints of) pain or discomfort. No noted signs of distress or SOB. resident is in bed with call bell in reach. will continue to monitor.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 32 12/15/2020 22:44 Skilled Note Note Text: Patient under skilled nursing for acute resp. failure with PMH of Sepsis, encephalopathy, UTI, DM2, and right above knee amputation. Alert and oriented x3. Full code status. Patient remained in bed this shift. Refused most care provided today. Refused evening p.o. medications despite education , [name of Nurse Practitioner J redacted] DNP aware. Patient had trend of fevers so Rapid COVID testing performed per NP, results came back negative....." 12/16/2020 00:40 Skilled Note Note Text: resident is on skilled services for admitting dx. (diagnosis) of acute resp. failure and secondary dx's of sepsis and encephalopathy. code status DNR. A&O x 4 (Alert and oriented times four) and able to make needs known. resident shows agitation to staff.....No noted signs of distress or SOB. resident is in bed with call bell in reach. will continue to monitor." Licensed Practical Nurse C documented -------12/16/2020 00:40 Skilled Note Note Text: resident is on skilled services for admitting dx. of acute resp. failure and secondary dx's of sepsis and encephalopathy. code status DNR. A&O x 4 and able to make needs known. resident shows agitation to staff. resident takes medication whole in applesauce. resident is incontinent of bowel and bladder. resident is a 1 person assist with ADLs and transfers. resident is a left AKA. resident is on ongoing monitoring for s/s of COVID- 19. enhanced precautions, PPE and handwashing maintained per CDC regulations. no c/o pain or discomfort. No noted signs of distress or SOB. resident is in bed with call bell in reach. will continue to monitor.	F 658		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 33	F 658		

12/15/20 17:49 LPN D wrote
Patient under skilled nursing for acute resp. failure with PMH of Sepsis, encephalopathy, UTI, DM2, and right above knee amputation. Alert and oriented x3. Full code status. Patient remained in bed this shift. Refused most care provided today. Refused evening p.o. medications despite education , [Nurse Practitioner, Employee J] DNP aware. Patient had trend of fevers so Rapid COVID testing performed per NP, results came back negative. Followed up with Chest x-ray which patient complied with. New c/o diarrhea, sample collected per NP orders to check for c-diff (awaiting results). Noncompliant with full lung assessment, writer was able to auscultate lateral left and right aspect of lungs which present clear. [Nurse Practitioner-Employee J] aware. Enhanced precautions in place for monitoring s/s of COVID 19. PPE and handwashing techniques practiced per CDC recommendations. Call light in reach. Staff will continue to monitor.

Review of Admission History & Physical by the Medical Director dated 12/4/2020 revealed the documentation of "Code Status DNR".

Review of the Care Plan revealed no documentation of Code Status or Advance Directives documented.

Review of the Miscellaneous documents uploaded in the Electronic Record revealed a DNR signed and dated 11-30-2020, uploaded in the record on 12/9/2020. (the form was from the hospital admission)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 34	F 658		

Review of discontinued Physicians Orders revealed documentation of a discontinue order for DNR order on 12/8/2020 with the explanation of "No hard copy of DNR on file". The order was written on 12/4/2020 and discontinued on 12/8/2020. There was an order for Full Code written on 12/8/2020 with the explanation "No hard copy of DNR on file".

Face Sheet had "Full Code" on front and was listed as Full Code during the survey.

On 4/20/2021 at 3:13 PM, an interview was conducted with the Director of Nursing and Regional Nurse Consultant. The Director of of Nursing stated she was hired in her role "approximately 2 weeks ago" and was unaware of the incident involving Resident # 4. The Regional Nurse consultant stated she was not aware of the incident when it first happened but was informed later. The Regional Consultant stated she did not submit a FRI (Facility Reported Incident) at the time of her being notified because it was sometime after the incident and that was not something that she would do typically.. The Regional Consultant stated she instructed the previous Director of Nursing to investigate the allegations regarding the issues with Cardiopulmonary Resuscitation (CPR). The Regional Nurse stated she was not aware of the results of any investigation done.

The Regional Nurse stated the expectation was that "CPR should be continued until the paramedics arrived and took over." The Regional Nurse stated when she read the nurses notes written by RN (Registered Nurse) A, and those

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 35	F 658		

by Licensed Practical Nurse B, it was not clear of the exact time CPR was stopped, but that CPR should have been continued until the paramedics took over.

The Regional Nurse Consultant stated she was going to look around the office to see if she could find any documentation of the investigation of what happened during the code. The Regional Nurse looked Electronic Clinical Record and at the Facesheet and stated Resident # 4 was a Full Code. "She was a Full Code."

When Surveyor D asked about the DNR form in the miscellaneous section of the electronic clinical record, the Regional Nurse Consultant looked at the record and stated she was going to have to look into it. When asked to review the signature and describe what was seen, the Regional Nurse Consultant stated there was a DNR form with Resident # 4's name printed on the top of it and signed on 11/30/2020. Surveyor D reiterated that the form was signed while Resident # 4 was in the hospital and asked if the facility staff reviewed the form with the Resident # 4 on admission to the facility. Further review of the DNR form revealed that the signature was a long last name, while Resident # 4 had fewer letters in the last name.
The Regional Nurse Consultant stated she would check to see what documentation she could find.

On 4/21/2021 at 12:38 PM, an interview was conducted with the Regional Nurse Consultant, Director of Nursing, the Assistant Director of Nursing and the Administrator. The Regional Nurse Consultant stated she would submit a copy of a written statement from the Nurse Practitioner who was on call that night. The Regional Nurse

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 36	F 658		

Consultant stated the statement was "being faxed over now" and would be submitted right away. The telephone number for the Medical Director was requested and received from the Administrator.

The Assistant Director of Nursing (ADON) stated that on Admission the nursing staff would discuss procedures,time for meals, preferences, and do include information about the code status. The ADON stated "Initially she was a DNR." When asked when that code status changed, the ADON stated "That ended up changing because we did not have the proper documentation to support her DNR code status. We did not have the official DNR for her."

The ADON also stated "Sometimes what will happen is that patient will go to the hospital and they will have that conversation there for code status, they may choose DNR. Instead of doing the official DNR, they will do a hospital DNR which does not transfer to the facility. When the receiving nurse looks at the discharge paperwork, it will say DNR but you don't have any paperwork on it. At that time, you would put the patient as a Full Code because you don't have the paperwork. But then that's when you would have the conversations with the Responsible Party and the Physician about what the patient's code status is going to be."

On 4/21/2021 at 1:02 PM, and interview was conducted with the Administrator who stated that he "was alerted to the situation the next morning." The Administrator stated he was told that the "staff thought the patient was a Full Code and the patient was a DNR. They did not get the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 37	F 658		

information corrected and uploaded and was not corrected in the system. CPR should have never been started because the patient was a DNR."
The Administrator also stated:
"Basically we did not dig far enough to find the appropriate paperwork to keep it as a DNR. That is exactly what happened on the audit. If they had looked back and found the information that originally came in and documented, then they would not have started CPR in the first place. The original document was scanned in on 12/9/2020 and that's where the communication

The Regional Nurse Consultant could be heard stating "that's where the lack of communication happened."

When asked if there should have been a conversation with the resident about her desires regarding her code status, the Administrator stated "when that happens, the conversation is generally with nursing who should have asked if the DNR wishes are correct. Initially when she came in, it should have been asked by the nursing staff. Are you still a DNR, do you want those wishes granted. When the doctor visited the patient for the Progress Note, he should have elaborated more about the visit in the note."

On 4/21/20221 at 1:42 PM, an interview was conducted with the Medical Director who stated that the admission process was that he completes "the admission assessments and usually documents what is written on the admission forms from the hospital." The Medical Director stated that if he does not see a Do Not Resuscitate Form on the computer, he would look

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 38	F 658		

to see what was written on the discharge papers and the order sheet entered by the nurses. The Medical Director stated "it would be redundant to go through that again."

The Medical Director stated he usually would do the admissions and the Nurse Practitioner "follows the patients." He stated
" I usually do not address code status with Rehab patients. For the Long Term Care Patients we do address it.
Most of the people who come there are Full Code unless there is a DNR order from the hospital."
The Medical Director again stated: "Usually we do not address code status with Rehab patients. For the Long Term Care Patients, we do address code status with the families. Rehab patients come for only one or two weeks and unless we see a reason to address it, we don't."

The Medical Director stated he did not discuss code status with Resident # 4 during her stay at the facility. The Medical Director stated he was surprised to hear what happened with Resident # 4 because "she had been there for about more than 10 days and it should have been straightened out by then."

Surveyor D asked the Medical Director what he meant when he stated that he was "aware of what happened" with Resident # 4. The Medical Director stated he was informed that "CPR was initiated and the nurse called the time of death prior to the EMS arrival at the facility." The Medical Director stated the Nurse Practitioner told the nurse that she should not have stopped CPR until the EMS arrived. The Medical Director stated the nurses later found that the resident was a DNR and should not have been coded

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 39	F 658		

(should not have administered CPR)." The Medical Director stated the staff did not find the DNR paperwork until later.

The Medical Director provided the telephone number for the Nurse Practitioner.

On 4/21/2021 at 3:08 PM, an interview was conducted with the Nurse Practitioner (Employee G) who stated Nurse Practitioner (Employee H) was on call for their practice on the night Resident # 4 expired. Employee G Stated Nurse Practitioner-Employee H called her the next morning, told her that "the nursing staff had called her and telling her that they had started CPR on the resident, then they said they called 911 and they had stopped CPR."
Employee G stated [Nurse Practitioner Employee H] stated they should verify the code status, at that time in our system it said FULL CODE, she said the nursing staff said to her 'Could you Hold please, EMS is coming in.' They told the nurse Practitioner that they would call her back. They hung up.
They later called the Nurse Practitioner back stating that EMS was there and they shouldn't have stopped CPR. My coworker also has a statement about it and would have more details."

Employee G also stated: "My colleague told them that they should not have stopped CPR. The resident was actually found to be a DNR later. The hospital sent over the DNR and that is in our system."

Regarding any discussion with the resident about the code status, when the nursing staff did that audit they did not see the paperwork so they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 40	F 658		

labeled her a Full Code. When asked about any discussion of code status with Resident # 4, Employee G stated she "did not see any evidence of a discussion either." Employee G stated "The resident did come in. From my recollection, myself, the doctor and the other nurse practitioner, nobody had a conversation for the reversal of the DNR either. We should discuss code status. But, the woman had a abrupt, acute change. Prior to that, she had been relatively stable during her stay. Typically, code status is updated on admission. We proceed with the admission orders from the hospital unless the resident has an acute change."

"Typically when they come from the hospital, we go by the packet of paper work from the hospital. Regarding their code status, if we see in the packet of paperwork that the resident is DNR., the nursing staff is supposed to confirm that we have the paperwork through the DNR audit. If they come in as a Full Code, then we normally keep Full Code status unless per say something is happening with the resident , they have change in condition, a decline, myself ,or the doctor or the leadership step in we have a conversation or a care plan meeting to discuss that. I'm not sure if the resident had had an opportunity yet to have that care plan meeting That's typically the trend , we go with the code status from the hospital If they are a Full Code, they stay as a Full code, they proceed as a Full Code, If they are a DNR, they are supposed to ensure the paperwork is in place. Then as they progress through their stay, if there are changes we continue that conversation or have an updated care plan meeting."

The Nurse Practitioner stated she wanted to clarify that When nursing staff puts in the orders,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 41	F 658		

providers sign the orders, placed by the staff, So I presume the paperwork was just not here." The Nurse Practitioner stated she I saw for myself that the Discharge paperwork said DNR. I am assuming they did some type of audit and did not find the DNR paperwork and subsequently was updated to Full Code. But at which point, they should have checked with her.

On 4/21/2021, a copy of the EMS report was provided by the facility's Administrator and Regional Nurse Consultant.

Review of the EMS report supplied by the facility revealed documentation that the ambulance arrived at the facility on 12/17/2020 at 01:05:58 AM-.

According to the EMS report, the resident was in the room alone when the EMS arrived. There was no staff member in the room with the resident.

The report listed DOA (Dead on Arrival) No resuscitation attempted

"Upon arrival, no staff was in the room. Pt was found laying bed Apneic and pulseless. Getting ready to start CPR. Staff finally came into the room saying "We called it." When asked staff stated that they had done CPR for about 30 minutes. CPR was not performed by EMS due to the extent of time CPR being performed with no ROSC. Nurse also stated that Pt was a cull code and the on call Nurse Practitioner was ok with them calling it (stopping (sic) resuscitation efforts). While gathering more information from Nurse info there seemed to be some confusion.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 42	F 658		

Nurse began to explain that they had found Pt laying in bed with some blood coming from her mouth. nurse discovered Pt heart rate to be 32 bpm (beats per minute) before becoming pulses (sic) so Nurse started CPR. Nurse/staff performed CPR for 3 min before calling Nurse Practitioner who advised to stop resuscitation efforts."

Interviews were conducted on 4/21/2021 with facility staff regarding CPR by Surveyor A who submitted the following written documentation:

On 4/21/2021 at 1:20 PM interview with CNA A. Says she is CPR certified and renews it every 2 years. If someone is unresponsive will do sternal rub, notify nurse and nurse will look up code status and check resident.

On 4/21/2021 1:25 PM interview with CNA B. CPR certification expired, facility doesn't require it, receives training annually. If someone is unresponsive or codes they get the nurse. Asked if she would be able to perform CPR since her card is expired, she said "typically because I have taken the class yes, but I believe here it is the nurses that do it".

On 4/21/2021 at 1:30 PM, interview with LPN A. CPR certified, yes. Do it every 2 years. The nurses are required to have it but not the CNA's, they are offered it though. Know code status by looking in the computer and "in this book" retrieved a 3 ring binder kept on the med cart that has everyone's Facesheet and DNR paper/form.

On 4/21/2021 during the end of day debriefing, the Administrator, Regional Nurse Consultant and Director of Nursing were asked to provide copies

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 43	F 658		

of the investigation of the death of Resident # 4, copies of CPR certifications of nursing staff and the copy of the Nurse Practitioner statement.

On 4/22/2021 at 9:00 AM, a copy of the on Call Nurse Practitioner's (Employee H)statement was received from the Regional Nurse Consultant. The Statement from Employee H contained two entries of documentation regarding conversations with facility staff (LPN B) regarding Resident # 4 which read:

" Statement of events on overnight call 12/16
page 0057
Called by nurse to notify of resident death. Nursing indicated that upon entry to residents room this evening, she was noted by staff to be unresponsive, pale and cool. Per their report, CPR was initiated but after several minutes was stopped during phone call EMS had arrived and was entering building. Call ended.

Page 0121 by [redacted- Licensed Practical Nurse C's initials]

Nurse called once again to discuss stopping CPR on the above resident that was supposed to have been unresponsive and likely already expired prior to CPR initiation. Discussed that CPR is to continued (on a patient that is Full Code) until EMS arrival and ED physician has communicated orders/plan."

Review of the nurses notes revealed documentation from the Licensed Practical Nurse (LPN B) who stated she was instructed by the Registered Nurse Supervisor (RN A) to stop the code (CPR resuscitation efforts) . The Nurse Practitioner (Employee H) was not notified of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 44	F 658		

Resident's change in condition until after CPR was stopped. The documentation revealed Resident # 4 had a pulse rate of 32 beats per minute upon assessment-

The Nurse Practitioner statement revealed the facility staff failed to provide an accurate description of Resident # 4's change in condition, failed to continue the delivery of CPR and failed to Code Status information. The Clinical Record had conflicting information about the Code Status that had not been verified by the facility staff prior to declaration of a Full Code status when the proper paperwork for DNR was not found in the clinical record. The Facesheet and Physician's orders revealed "Full Code" listed for Resident # 4.
On all of the days of survey, the clinical record still had the code status listed as "Full Code." The Regional Nurse Consultant stated the resident was a Full Code when she looked at the clinical record.

After the surveyor questioned the DNR form found in the miscellaneous portion of the record, the Regional Consultant stated she would have to search for any records of investigation of the incident. The next day of survey, 4/21/2021, the Regional Consultant stated she did not find any information in the files from the previous Director of Nursing. The Regional Consultant stated after reviewing the record, it was noted that Resident # 4 was a DNR (Do Not Resuscitate) and should not have had CPR performed.

The Regional Consultant stated that during the routine audit after Resident # 4 was admitted, the facility staff did not find the appropriate DNR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 45	F 658		

paperwork and changed the code status to Full Code as per policy. The Regional Consultant stated the facility staff should have confirmed the resident's desires prior to changing the status to Full Code. The Regional Nurse Consultant stated that once the staff started CPR, it should have been continued until the EMS team arrived and assumed the CPR.

Once the appropriate DNR paperwork was located and uploaded in the system, the physician should have been notified, an order should have been obtained to change the code status back to DNR, face sheet should have been updated.

On 4/22/2021 at 9:15 AM, an interview was conducted with the Regional Nurse Consultant who stated the expectation during a "CODE" was for the nurses to use the overhead paging system to announce the Code and all staff should assist. The Regional Nurse stated the staff would then divide the tasks to make sure everything gets taken care of. The Regional Nurse stated she could not find the Code Blue Sheet for Resident # 4. The Regional Nurse stated the Code Blue Sheet for Resident # 4 should have been available for review.

Review of the clinical record revealed no documentation of the facility staff utilizing the paging system to announce the "Code Blue." There was no Code Blue Sheet available to review.

Review of the EMS Report, Nurse Practitioner Statement and other nurses notes corroborated the allegation that the EMS team arrived after CPR was stopped. The documentation by Registered Nurse A revealed statements that she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 46	F 658		

made the decision to stop the CPR and call the time of death at 12:50 on 12/17/2020.

The facility administrative staff, physician and nurse practitioner agreed that once CPR was started, it should not have been stopped until the EMS team arrived, assumed care of the resident and followed the instructions of the Emergency Room Physician.

The Regional Nurse Consultant cited Lippincott as its Nursing professional guidance used by the facility.
"Fundamentals of Nursing, by Lippincott", stated "The physician is responsible for directing medical treatment. Nurses follow physicians' orders unless they believe the orders are in error or harm clients." Additional guidance stated "Nursing Alert: Avoid interruptions in chest compressions ...to maximize compression time and tissue oxygenation"

The facility staff members started CPR based on the documentation of Full Code in the Physicians Orders and on the Face sheet. Once CPR was started, the facility staff did not continue CPR until the paramedics arrived and took over. LPN B stopped CPR at the direction of Registered Nurse A

The Facility staff initiated CPR and stopped CPR 16-18 minutes prior to the arrival of the Emergency Medical Service. Documentation showed the CPR was stopped at 12:50 AM. The Nurse Practitioner (Employee H) was informed via telephone by LPN B of the death of Resident # 4 at approximately 1:06 AM on 12/17/2020. During the call, the EMS arrived and the call ended. The EMS record revealed they arrived

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 658	Continued From page 47 to the resident at 1:05:58 (approximately 1:06 AM) and no staff member was with the resident. Employee H stated she told the staff they should not have stopped CPR until the EMS team arrived and assumed care of the resident. On 4/22/2021, the findings of the investigations were discussed with the State Agency supervisor. After discussion with the supervisor, he decided the level should be Level 2. On 4/22/2021 during the end of day debriefing, the facility Administrator, Director of Nursing and Regional Nurse Consultant were informed of the findings. No further information was provided.	F 658		
F 677 SS=D	COMPLAINT DEFICIENCY ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, facility documentation review, and in the course of an investigation, the facility staff failed to provide activities of daily living for one Resident (Resident #2) in a sample size of 7 residents. Specifically, Resident #2 did not received bathing assistance for 9 days (from 09/30/2020 through	F 677	1. Resident #2 no longer resides in Center. 2. All residents with Self-care deficits are at risk for deficient practice. 3. Staff development coordinator or designee will educate all licensed Nursing staff in bathing requirements and center	6/1/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 677	Continued From page 48 10/08/2020). Resident #2, a 67-year old female, was admitted to the facility on 04/11/2020 and discharged on 10/29/2020. Diagnoses included but were not limited hemiplegia and hemiparesis following a cerebral infarction affecting left non-dominant side, chronic obstructive pulmonary disease, and type 2 diabetes mellitus. Resident #2's Minimum Data Set with an Assessment Reference Date of 10/27/2020 was coded as a quarterly assessment. The Brief Interview for Mental Status was coded as "11" out of possible "15" indicative of moderate cognitive impairment. Functional status for bathing self-performance was coded as requiring physical help in part of bath activity. Limitations that interfered with daily functions included upper extremity impairment on one side. On 04/20/2021 and 04/21/2021, Resident #2's Activities of Daily Living (ADL) bathing flowsheets for September 2020 and October 2020 were reviewed. According to the bathing flowsheets, Resident #2 received a bed bath on 09/29/2021 and on 10/09/2021. On 10/02/2021 and 10/06/2021, bathing was coded as "-97" meaning "not applicable" according to the key. All other days between 09/30/2021 and 10/08/2021 did not have any entries. Nursing progress notes from 09/17/2021 through 10/09/2021 were reviewed. There was one entry that addressed hygiene needs. An excerpt of a discharge planning note dated 10/09/2021 at 12:44 P.M. documented, "Resident requires assistance with set up for meals, dressing, medication management and hygiene needs."	F 677	requirements related to Documentation in ADL flowsheet. 4. DON or designee will Audit 30% residents 5 times a week times 2 weeks, 3 times a week times 2, monthly times one. Variances will be reviewed in QAPI times one month. 5. Date of compliance June 1st, 2021	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 677	Continued From page 49	F 677		

The care plan was reviewed. A focus dated 04/14/2020 entitled, "The resident has an ADL self-care performance deficit r/t [related to] left sided weakness d/t [due to] CVA [cerebral vascular accident]. One intervention associated with this focus included but was not limited to "Bathing/showering: Assist as needed."

On 04/21/2021 at approximately 9:00 A.M., an interview with the Assistant Director of Nursing (ADON) was conducted. When asked about Resident #2's ADL care and the meaning of "Not applicable" on the flowsheet, the ADON indicated that the bathing flowsheet should say either "Yes", "No", or "Refused. The ADON also stated that "Not applicable" is not an option.

On 04/21/2021 at approximately 2:00 P.M., a policy addressing ADL care was requested and the facility staff provided a copy of their policy entitled, "General Care. " An excerpt under the header "Policy" documented, "Nursing personnel will provide basic nursing care and services following accepted standards of practice guidelines ...".

On 04/21/2021 at approximately 2:55 P.M., the Administrator and Director of Nursing (DON) were notified of findings. The Administrator stated that Resident #2 had a room change around that time and that may be why Resident #2 did not receive bathing care during that time. When the DON was asked about the expectation for bathing, the DON stated that residents should receive a shower twice a week and as needed. The DON also stated it was unacceptable for a resident not receive bathing care for 9 days.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 677	Continued From page 50 COMPLAINT DEFICIENCY	F 677		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review, and facility documentation review, the facility staff failed, for 1 resident (Resident #2) in the survey sample of 7 residents, to prevent a significant medication error. The facility staff failed to ensure that Resident #2 did not receive Levofloxacin (Antibiotic), which she was allergic to. The Findings included: Resident #2 was admitted to the facility on April 11, 2020. Resident #2's diagnoses included Hypertension, Diabetes Mellitus, and Cerebral Vascular Accident. On 4/22/21, a review was conducted of the quarterly Minimum Data Set dated 10/27/20. Resident #2 was coded as having a Brief Interview of Mental Status score of 11, indicating moderately impaired cognition. On 10/26/2020, Resident #2 was readmitted to the facility with documentation from the hospital that she was allergic to Levaquin (antibiotic medication). Her symptoms presented as	F 760	1. Resident #2 No longer resides in Center. 2. Current residents have been reviewed to ensure accuracy related to drug allergies. All new residents are at risk for deficient practice. 3. Staff development coordinator or designee will educate all Licensed nursing staff on requirement to review /document drug allergies upon admission and as needed and requirement to document in medical record. 4. DON or designee will audit 30 % of all patient's medical record to verify allergies are documented 5 times a week for 3 weeks, 3 times a week for 2 weeks, monthly times one month. Variances will be reviewed in QAPI times one month. 5. Date of compliance June 1st, 2021	6/1/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 760	Continued From page 51	F 760		

shortness of breath and hives. The facility documented in the clinical record on the Face Sheet that she was allergic to Levaquin. However, on 10/29/2020 Resident #2 was administered a dose of Levaquin at 6:00 P.M. due to a yeast infection. The order was discontinued at 6:34 P.M. when the nurse realized that the medication should not have been administered. Resident #2 did not exhibit any allergic reaction.

The ADON was asked about how the facility staff monitors residents for possible allergic reactions to medications. She stated that the residents are observed each shift because reactions could include hives, trouble breathing, chest pain, and abdominal pain. She further stated that if there was an allergic reaction, they would discontinue the medication, notify the provider, then add that medication to the allergy list on the resident's profile and the new medication administration record. The ADON was asked why Resident #2 was given a medication that she was allergic to. The ADON acknowledged that Resident #2 had received one dose of the medication. She stated that she did not know, but the nurse on duty should have ensured that the medication was sent back to the pharmacy and not administered to the resident.

According to Resident #2's Face Sheet, she was allergic to Levofloxacin (Antibiotic).

On 4/22/2021 review was conducted of facility documentation, revealing the Medication Administration Policy dated 11/1/19. An excerpt read, "The pharmacy provides and maintains written contractual services and procedures that ensure safe and effective drug therapy distribution, control and use within the center

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 760	Continued From page 52 including the medication regimen review." COMPLAINT DEFICIENCY	F 760		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law; (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight	F 842		6/1/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 842	Continued From page 53 activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility documentation review and clinical record review, the facility staff failed to keep an accurate medical record for one resident (Resident # 4) in a survey sample of 7 residents.	F 842	1. Resident #4 no longer resides in Center. 2. Current resident records have been reviewed to ensure all advance directives / do not resuscitate paperwork is accurate in medical record.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 842	Continued From page 54 For Resident # 4, the facility staff failed to ensure accurate documentation of Code Status and Advance Directive in the clinical record. Findings included:: Resident # 4 was admitted to the facility on 12/03/2020, and expired on 12/17/2020. Diagnoses for Resident # 4 included but were not limited to: Seizures, Encephalopathy, Diabetes, Chronic Kidney Disease, Pulmonary Hypertension, Acute Respiratory Failure with Hypoxia, Peripheral Vascular Disease and Hypertension. Resident #4's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 12/07/2020, was coded as an Admission assessment. Resident # 4 was coded as having a BIMS (brief interview for mental status) score of 15 out of a possible 15, indicating no cognitive impairment. Resident # 4 was also coded as requiring extensive assistance of one staff person for Activities of Daily Living (ADLs) to include dressing, bed mobility, toileting and personal hygiene. For eating, Resident # 4 was coded as requiring supervision and assistance of one staff person. Review of the closed clinical record was conducted on 4/ 20/2021 and 4/21/2021. Review of the Facesheet revealed that Resident # 4 was her own responsible party and had "FULL CODE" listed for code status. Review of the valid "active" Physicians Orders revealed an order for Full Code written on 12/8/2020. Further review of the orders revealed	F 842	3. Staff development coordinator or designee will educate licensed nursing staff and medical record staff on need to place all Advance Directive / Do Not Resuscitate orders in medical records per policy / procedure. 4. DON or designee will review all new admissions 5 times a week for 3 weeks to ensure Advance Directive/ Do Not Resuscitate paperwork is accurate in medical record. All changes in above status will be reviewed to ensure accuracy in medical record 5 times a week times 3 weeks. Variances will be reviewed in QAPI times one month. 5. Date of compliance June 1st, 2021	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 842	Continued From page 55	F 842		

the Full Code order was written by a nurse and signed by the Physician on 12/12/2020.

Review of the Nurses Progress Notes revealed the following documentation:

Licensed Practical Nurse C documented:
12/16/2020 00:40 Skilled Note Note Text: resident is on skilled services for admitting dx. (diagnosis) of acute resp. failure and secondary dxs of sepsis and encephalopathy. code status DNR. A&O x 4 and able to make needs known. resident shows agitation to staff. resident takes medication whole in applesauce. resident is incontinent of bowel and bladder. resident is a 1 person assist with ADLs and transfers. resident is a left AKA(above the knee amputation). resident is on ongoing monitoring for s/s of covid- 19. enhanced precautions, PPE (personal protective equipment) and handwashing maintained per CDC (Center for Disease Control) regulations. no c/o (complaints of) pain or discomfort. No noted signs of distress or SOB. resident is in bed with call bell in reach. will continue to monitor.

12/15/2020 22:44 Skilled Note Note Text: Patient under skilled nursing for acute resp. failure with PMH of Sepsis, encephalopathy, UTI, DM2, and right above knee amputation. Alert and oriented x3. Full code status. Patient remained in bed this shift. Refused most care provided today. Refused evening p.o. medications despite education , [name of Nurse Practitioner J redacted] DNP aware. Patient had trend of fevers so Rapid covid testing performed per NP, results came back negative....."

12/15/20 17:49 LPN D wrote

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 842	Continued From page 56	F 842		

Patient under skilled nursing for acute resp. failure with PMH of Sepsis, encephalopathy, UTI, DM2, and right above knee amputation. Alert and oriented x3. Full code status. Patient remained in bed this shift. Refused most care provided today. Refused evening p.o. medications despite education , [Nurse Practitioner, Employee J] DNP aware. Patient had trend of fevers so Rapid covid testing performed per NP, results came back negative. Followed up with Chest x-ray which patient complied with. New c/o diarrhea, sample collected per NP orders to check for c-diff (awaiting results). Noncompliant with full lung assessment, writer was able to auscultate lateral left and right aspect of lungs which present clear. [Nurse Practitioner-Employee J] aware. Enhanced precautions in place for monitoring s/s of covid 19. PPE and handwashing techniques practiced per CDC recommendations. Call light in reach. Staff will continue to monitor.

Review of Admission History & Physical by the Medical Director dated 12/4/2020 revealed the documentation of "Code Status DNR".

Review of the Miscellaneous documents uploaded in the Electronic Record revealed a DNR signed and dated 11-30-2020, uploaded in the record on 12/9/2020. (the form was from the hospital admission)

Review of discontinued Physicians Orders revealed documentation of a discontinue order for DNR order on 12/8/2020 with the explanation of "No hard copy of DNR on file". The order was written on 12/4/2020 and discontinued on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 842	Continued From page 57	F 842		

12/8/2020. There was an order for Full Code written on 12/8/2020 with the explanation "No hard copy of DNR on file".

Face Sheet had "Full Code" on front and was listed as Full Code during the survey.

On 4/20/2021 at 3:13 PM, an interview was conducted with the Director of Nursing and Regional Nurse Consultant. The Director of of Nursing stated she was hired in her role "approximately 2 weeks ago" and was unaware of the incident involving Resident # 4.

The Regional Nurse stated the expectation was that "CPR should be continued until the paramedics arrived and took over." The Regional Nurse stated when she read the nurses notes written by RN (Registered Nurse) A, and those by Licensed Practical Nurse B, it was not clear of the exact time CPR was stopped, but that CPR should have been continued until the paramedics took over.

The Regional Nurse Consultant stated she was going to look around the office to see if she could find any documentation of the investigation of what happened during the code. The Regional Nurse looked Electronic Clinical Record and at the Facesheet and stated Resident # 4 was a Full Code. "She was a Full Code."

When Surveyor D asked about the DNR form in the miscellaneous section of the electronic clinical record, the Regional Nurse Consultant looked at the record and stated she was going to have to look into it. When asked to review the signature and describe what was seen, the Regional Nurse Consultant stated there was a DNR form with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 842	Continued From page 58	F 842		

Resident # 4's name printed on the top of it and signed on 11/30/2020. Surveyor D reiterated that the form was signed while Resident # 4 was in the hospital and asked if the facility staff reviewed the form with the Resident # 4 on admission to the facility. Further review of the DNR form revealed that the signature was a long last name, while Resident # 4 had fewer letters in the last name.
The Regional Nurse Consultant stated she would check to see what documentation she could find.

On 4/21/2021 at 12:38 PM, an interview was conducted with the Regional Nurse Consultant, Director of Nursing, the Assistant Director of Nursing and the Administrator.

The Assistant Director of Nursing (ADON) stated that on Admission the nursing staff would discuss procedures,time for meals, preferences, and do include information about the code status. The ADON stated "Initially she was a DNR." When asked when that code status changed, the ADON stated "That ended up changing because we did not have the proper documentation to support her DNR code status. We did not have the official DNR for her."

The ADON also stated "Sometimes what will happen is that patient will go to the hospital and they will have that conversation there for code status, they may choose DNR. Instead of doing the official DNR, they will do a hospital DNR which does not transfer to the facility. When the receiving nurse looks at the discharge paperwork, it will say DNR but you don't have any paperwork on it. At that time, you would put the patient as a Full Code because you don't have the paperwork. But then that's when you would have the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 842	Continued From page 59	F 842		

conversations with the Responsible Party and the Physician about what the patient's code status is going to be."

On 4/21/2021 at 1:02 PM, and interview was conducted with the Administrator who stated that he "was alerted to the situation the next morning." The Administrator stated he was told that the "staff thought the patient was a Full Code and the patient was a DNR. They did not get the information corrected and uploaded and was not corrected in the system. CPR should have never been started because the patient was a DNR." The Administrator also stated:
"Basically we did not dig far enough to find the appropriate paperwork to keep it as a DNR. That is exactly what happened on the audit. If they had looked back and found the information that originally came in and documented, then they would not have started CPR in the first place. The original document was scanned in on 12/9/2020 and that's where the communication

The Regional Nurse Consultant could be heard stating "that's where the lack of communication happened."

When asked if there should have been a conversation with the resident about her desires regarding her code status, the Administrator stated "when that happens, the conversation is generally with nursing who should have asked if the DNR wishes are correct. Initially when she came in, it should have been asked by the nursing staff. Are you still a DNR, do you want those wishes granted. When the doctor visited the patient for the Progress Note, he should have elaborated more about the visit in the note."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 842	Continued From page 60	F 842		

On 4/21/20221 at 1:42 PM, an interview was conducted with the Medical Director who stated that the admission process was that he completes "the admission assessments and usually documents what is written on the admission forms from the hospital." The Medical Director stated that if he does not see a Do Not Resuscitate Form on the computer, he would look to see what was written on the discharge papers and the order sheet entered by the nurses. The Medical Director stated "it would be redundant to go through that again."

The Medical Director stated he usually would do the admissions and the Nurse Practitioner "follows the patients." He stated
" I usually do not address code status with Rehab patients. For the Long Term Care Patients we do address it.
Most of the people who come there are Full Code unless there is a DNR order from the hospital."
The Medical Director again stated: "Usually we do not address code status with Rehab patients. For the Long Term Care Patients, we do address code status with the families. Rehab patients come for only one or two weeks and unless we see a reason to address it, we don't."

The Medical Director stated he did not discuss code status with Resident # 4 during her stay at the facility. The Medical Director stated he was surprised to hear what happened with Resident # 4 because "she had been there for about more than 10 days and it should have been straightened out by then."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 842	Continued From page 61	F 842		

Surveyor D asked the Medical Director what he meant when he stated that he was "aware of what happened" with Resident # 4. The Medical Director stated he was informed that "CPR was initiated and the nurse called the time of death prior to the EMS arrival at the facility." The Medical Director stated the Nurse Practitioner told the nurse that she should not have stopped CPR until the EMS arrived. The Medical Director stated the nurses later found that the resident was a DNR and should not have been coded (should not have administered CPR)." The Medical Director stated the staff did not find the DNR paperwork until later.

On 4/21/2021 at 3:08 PM, an interview was conducted with the Nurse Practitioner (Employee G) who stated Nurse Practitioner (Employee H) was on call for their practice on the night Resident # 4 expired. Employee G Stated Nurse Practitioner-Employee H called her the next morning, told her that "the nursing staff had called her and telling her that they had started CPR on the resident, then they said they called 911 and they had stopped CPR."
Employee G stated [Nurse Practitioner Employee H] stated they should verify the code status, at that time in our system it said FULL CODE, she said the nursing staff said to her 'Could you Hold please, EMS is coming in.' They told the nurse Practitioner that they would call her back. They hung up.
They later called the Nurse Practitioner back stating that EMS was there and they shouldn't have stopped CPR. My coworker also has a statement about it and would have more details."

Employee G also stated: "My colleague told them that they should not have stopped CPR. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 842	Continued From page 62	F 842		

resident was actually found to be a DNR later. The hospital sent over the DNR and that is in our system."

Regarding any discussion with the resident about the code status, when the nursing staff did that audit they did not see the paperwork so they labeled her a Full Code. When asked about any discussion of code status with Resident # 4, Employee G stated she "did not see any evidence of a discussion either." Employee G stated "The resident did come in. From my recollection, myself, the doctor and the other nurse practitioner, nobody had a conversation for the reversal of the DNR either. We should discuss code status. But, the woman had a abrupt, acute change. Prior to that, she had been relatively stable during her stay. Typically, code status is updated on admission. We proceed with the admission orders from the hospital unless the resident has an acute change."

"Typically when they come from the hospital, we go by the packet of paper work from the hospital. Regarding their code status, if we see in the packet of paperwork that the resident is DNR., the nursing staff is supposed to confirm that we have the paperwork through the DNR audit. If they come in as a Full Code, then we normally keep Full Code status unless per say something is happening with the resident , they have change in condition, a decline, myself ,or the doctor or the leadership step in we have a conversation or a care plan meeting to discuss that. I'm not sure if the resident had had an opportunity yet to have that care plan meeting That's typically the trend , we go with the code status from the hospital If they are a Full Code, they stay as a Full code, they proceed as a Full Code, If they are a DNR,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 842	Continued From page 63	F 842		

they are supposed to ensure the paperwork is in place. Then as they progress through their stay, if there are changes we continue that conversation or have an updated care plan meeting."

The Nurse Practitioner stated she wanted to clarify that When nursing staff puts in the orders, providers sign the orders, placed by the staff, So I presume the paperwork was just not here." The Nurse Practitioner stated she I saw for myself that the Discharge paperwork said DNR. I am assuming they did some type of audit and did not find the DNR paperwork and subsequently was updated to Full Code.. But at which point, they should have checked with her. They should have checked

On 4/21/2021 during the end of day debriefing, the Administrator, Regional Nurse Consultant and Director of Nursing were asked to provide copies of the investigation of the death of Resident # 4, copies of CPR certifications of nursing staff and the copy of the Nurse Practitioner statement.

On 4/22/2021 at 9:00 AM, a copy of the on Call Nurse Practitioner's (Employee H)statement was received from the Regional Nurse Consultant. The Statement from Employee H contained two entries of documentation regarding conversations with facility staff (LPN B) regarding Resident # 4 which read:

" Statement of events on overnight call 12/16
page 0057
Called by nurse to notify of resident death. Nursing indicated that upon entry to residents room this evening, she was noted by staff to be unresponsive, pale and cool. Per their report, CPR was initiated but after several minutes was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 842	Continued From page 64	F 842		

stopped during phone call EMS had arrived and was entering building. Call ended.

Page 0121 by [redacted- Licensed Practical Nurse C's initials]

Nurse called once again to discuss stopping CPR on the above resident that was supposed to have been unresponsive and likely already expired prior to CPR initiation. Discussed that CPR is to continued (on a patient that is Full Code) until EMS arrival and ED physician has communicated orders/plan."

The Clinical Record had conflicting information about the Code Status that had not been verified by the facility staff prior to declaration of a Full Code status when the proper paperwork for DNR was not found in the clinical record. The Facesheet and Physician's orders revealed "Full Code" listed for Resident # 4.

On all of the days of survey, the clinical record still had the code status listed as "Full Code." The Regional Nurse Consultant stated the resident was a Full Code when she looked at the clinical record. After the surveyor questioned the DNR form found in the miscellaneous portion of the record, the Regional Consultant stated she would have to search for any records of investigation of the incident. The next day of survey, 4/21/2021, the Regional Consultant stated she did not find any information in the files from the previous Director of Nursing. The Regional Consultant stated after reviewing the record, it was noted that Resident # 4 was a DNR (Do Not Resuscitate) and should not have had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495266	A. BUILDING _____ B. WING _____	C 04/22/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANOVER HEALTH AND REHABILITATION CENTER	8139 LEE DAVIS ROAD 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 842	Continued From page 65 CPR performed. The Regional Consultant stated that during the routine audit after Resident # 4 was admitted, the facility staff did not find the appropriate DNR paperwork and changed the code status to Full Code as per policy. The Regional Consultant stated the facility staff should have confirmed the resident's desires prior to changing the status to Full Code. Once the appropriate DNR paperwork was located and uploaded in the system, the physician should have been notified, an order should have been obtained to change the code status back to DNR, face sheet should have been updated. On 4/21/2021 and 4/22/2021 during the end of day debriefings, the facility Administrator, Director of Nursing and Regional Nurse Consultant were informed of the findings. No further information was provided. COMPLAINT DEFICIENCY	F 842		