		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0157	B. WING		C 10/14/2021	
	ROVIDER OR SUPPLIER OF PERPETUAL HELF	4560 PR	ADDRESS, CITY, STA RINCESS ANNE F A BEACH, VA 23	ROAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLET	
F 000	Inspection was conduted 10/14/21. The facility the Virginia Rules and Licensure of Nursing (VA00052135) was insurvey. The census in this 30 at the time of the sur	nnial State Licensure ucted 10/12/21 through was not in compliance with d Regulations for the Facilities. One complaint nvestigated during the 0 certified bed facility was 26 vey. The survey sample ent and 1 closed record.	F 000			
F 001	following state licens This RULE: is not m -12 VAC 5-371-220 (Reference to F-68712 VAC 5-371-220 (Cross-Reference to -12 VAC5-371-220 (Services. Cross Re -12 VAC 5-371-250 and Care Planning. and F-64012 VAC 5-371-250 and Care Planning12 VAC 5-371-300 Cross Reference to -12 VAC 5-371-300 Cross Reference to	net as evidenced by: (D). Foot Care. Cross (B). Nursing Services. F-695. B), (C) (2), (D). Nursing ference to F-684. (C). Resident Assessment Cross-Reference to F-638 (F). Resident Assessment Cross Reference to F-657. (D). Pharmaceutical Services. F-756. (H). Pharmaceutical Services. F-758. (E) (9). Clinical Record.	F 001	12 VAC 5-371-220 (D) □ Foot Care (Reference to F-687) F687 Corrective Action: - Nail care was provided to resident # on 10/14/2021, by the Podiatrist Education was provided to the licen nurses and C.N.A.□s to evaluate the for hygiene and grooming of toenails fingernails. Identifying Other Potential Residents - A 100% audit of all resident □s nails completed to determine if there were others requiring nail care. Systemic Changes: - Nail Care will be assessed by the Licensed Nurse, weekly Resident □s will be placed on a rou schedule for podiatry services.	#18 sed need and : s was any	
BORATORY	DIRECTOR'S OR PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGNAT	URE	TITLE	(X6) DATE	

STATE FORM

6WSK11

If continuation sheet 1 of 9

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		VA0157	B. WING	<u> </u>	C 10/14/2021	
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4560 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23462					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
F 001	Continued From page	e 1	F 001			
				Monitoring System: - An audit of the weekly assessments be completed by the DON or designed weekly X4 then monthly X3, to determ compliance with proper foot / nail care - Audits will be reviewed by the Administrator or designee and the res of those audits will be submitted for reby our Quality Assurance Performance Improvement (QAPI) committee, mon	e, nine e. sults eview e	
				12 VAC 5-371-220 (B) ☐ Nursing Service (Cross Reference to F-695) F695 Corrective Action: - The oxygen flow rate was adjusted for resident #20, to match the physician orders on 10/14/2021 - Education was provided to the nursi staff regarding following physician ☐s orders.	or S	
*				Identifying Other Potential Residents: - All residents with orders for oxygen the potential to be affected A 100% audit of all residents with or for oxygen was completed to determi the flow rate matched the physician orders.	have	
		ji		Systemic Changes: - Education was provided to the nursi staff on the need to monitor the oxyg flow rate at the beginning of their shif well as periodically throughout the shensure that the proper flow rate is maintained	en it as	

	OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		VA0157	B. WING	2	C 10/14/2021
	ROVIDER OR SUPPLIER Y OF PERPETUAL HELP	4560 PF	ADDRESS, CITY, ST RINCESS ANNE F IA BEACH, VA 2	ROAD	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
F 001	Continued From page	÷ 2	F 001	Monitoring System: - An audit of residents with orders for oxygen will be completed by the DON designee, weekly X4 then monthly X3 determine compliance with the proper rate being administered, as ordered by physician. - Audits will be reviewed by the Administrator or designee and the resident of those audits will be submitted for residence and the resident of the proper rate by our Quality Assurance Performance Improvement (QAPI) committee, month of the proper rate by our Quality Assurance Performance Improvement (QAPI) committee, month of the proper rate in the property of the pr	Nor B, to r flow by the sults eview be bothly.
				Identifying Other Potential Residents - All residents with orders for the application of splints have the potent be affected A 100% audit of all resident s orde was completed to determine if there orders for the application of splints.	ial to
	28 0			Systemic Changes: - The Charge Nurse will perform the application of the hand splints, as directions.	rected

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	N SHOULD BE COMPLETE E APPROPRIATE DATE
	2	VA0157	B. WING	\$ s ₁	
	ROVIDER OR SUPPLIER Y OF PERPETUAL HELF	4560 PR	ADDRESS, CITY, ST. RINCESS ANNE F A BEACH, VA 2	ROAD	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
F 001	Continued From pag	e 3	F 001	by a physician □s order. Monitoring System: - An audit of residents with orders for splints will be completed by the DON designee, weekly X4 then monthly X3 ensure compliance with the application based on the orders given by the physician Audits will be reviewed by the Administrator or designee and the resof those audits will be submitted for reby our Quality Assurance Performant Improvement (QAPI) committee, more	or 3, to on, sults eview ce othly.
				Reference to F-638 and F-640) F638 Corrective Action: - The Quarterly Assessment MDS was completed for resident #5 on 10/15/2 Identifying Other Potential Residents - A 100% audit of resident □s records completed to determine if there were other missing assessments. Systemic Changes: - A tracking document will be created the purpose of establishing the resid assessment schedule, to identify and ensure timely completion of assessment Monitoring System:	021. : s was any d for ent⊡s
42 42		8		 An audit of resident assessment schedules will be completed by the I or designee, weekly X4 then monthly to ensure completion of scheduled 	

State of Virginia STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING VA0157 10/14/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4560 PRINCESS ANNE ROAD **OUR LADY OF PERPETUAL HELP** VIRGINIA BEACH, VA 23462 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 001 F 001 Continued From page 4 resident assessments. - Audits will be reviewed by the Administrator or designee and the results of those audits will be submitted for review by our Quality Assurance Performance Improvement (QAPI) committee, monthly. F640 Corrective Action: - The discharge MDS assessment for resident #9 was completed on 10/14/2021 and transmitted on 10/15/2021. Identifying Other Potential Residents: - A 100% audit of resident ☐s records was completed to determine if there were any other missing assessments. Systemic Changes: - A tracking document will be created for the purpose of establishing the resident □s assessment schedule and to identify and ensure timely completion of assessments. Monitoring System: - An audit of resident assessment schedules will be completed by the DON or designee, weekly X4 then monthly X3, to ensure completion of scheduled resident assessments. - Audits will be reviewed by the Administrator or designee and the results of those audits will be submitted for review by our Quality Assurance Performance Improvement (QAPI) committee, monthly. 12 VAC 5-371-250 (F) ☐ Resident Assessment and Care Planning (Cross

Reference to F-657)

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		VA0157	B. WING		C 10/14/2021
	ROVIDER OR SUPPLIER Y OF PERPETUAL HELF	4560 PRIN	CESS ANNE F	ROAD	
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F 001	Continued From pag	e 5	F 001	F657 Corrective Action: - The Care Plan for resident #6 was updated. Resident #20 was no longe the facility. Identifying Other Potential Residents - A 100% audit of all resident □s care was completed to ensure care plans current / up-to-date, for all residents psychoactive medications, oxygen us and hospice services. Systemic Changes: - DON and MDS Coordinator will join assume the responsibility to update or plans, with changes as they occur. Monitoring System: - An audit of resident □s care plans we completed by the DON or designee, weekly X4 then monthly X3, to ensure care plans are current / up-to-date Audits will be reviewed by the Administrator or designee and the resident of those audits will be submitted for by our Quality Assurance Performant Improvement (QAPI) committee, most 12 VAC 5-371-300 (D) □ Pharmaced Services (Cross Reference to F-756 F756 Corrective Action: - The Drug Regimen Reviews had be completed each month on resident □13, 4, 6, and 2 The pharmacy was notified that the records did not include a pharmacy	plans were with se httly care vill be re esults review nce onthly. utical s) eeen s #20,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	VA0157	B. WING		10/14/2021
NAME OF PROVIDER OR SUPPLIER		ADDRESS, CITY, STA		
OUR LADY OF PERPETUAL HELP VIRGINIA BEACH, VA 23462				
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE COMPLETE
F 001 Continued From page	æ 6	F 001	September 2021, resident #13 in July September 2021, resident #4, #6 and in September 2021. Pharmacy will up medical records to reflect that the more reviews were completed on current residents that were identified, in the months stated. Identifying Other Potential Residents - A 100% audit of all pharmacy reviewas completed to determine if there any missing drug regimen reviews. Systemic Changes: - The documentation of the drug regimen reviews / recommendations will be reviewed by the DON or designee to ensure that each resident has had the completed reviews documented by the pharmacist, upon completion of the monthly review. Monitoring System: - An audit of the documentation of the resident strug regimen review will completed by the DON or designee, monthly X3, to determine compliance documentation of the completed resident will be reviewed by the Administrator or designee and the resident will be submitted for by our Quality Assurance Performar Improvement (QAPI) committee, module 12 VAC 5-371-300 (H) - Pharmaceus Services (Cross Reference to F-758 F758 Corrective Action:	d #2 pdate pdate pothly Si ws were imen peir he be ewith dident esults review nce pothly.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER Y OF PERPETUAL HELI	4560 PR	ADDRESS, CITY, ST. RINCESS ANNE F	ROAD	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	D BE COMPLETE
F 001	Continued From page	e 7	F 001	- The order for PRN Xanax on resider was discontinued Education was provided to the prescribing practitioners on the need 14-day limit to any PRN psychotropic medication Education was provided to the licen nurses to review the need for a 14-da limit on any PRN psychotropic medicas they are taking orders from practitioners. Identifying Other Potential Residents - A 100% audit of all resident sorde was completed to determine if there orders for PRN psychotropic medicat without a 14-day limit and stop date. Systemic Changes: - Orders for PRN psychotropics will nentered into our eMAR system, without stop date, from the ordering practition Monitoring System: - An audit of residents with orders for psychotropic medications will be completed by the DON or designee, weekly X4 then monthly X3, to deter compliance with the 14-day limit and date by the physician Audits will be reviewed by the Administrator or designee and the reof those audits will be submitted for residents will be submitted for residents.	for a sed ay ation, rs were cions, not be out the ner. r PRN mine stop sults review ce

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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200.00	9	VA0157	B. WING	e	10/14/2021	
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OHBIAD	OUR LADY OF PERPETUAL HELP 4560 PRINCESS ANNE ROAD					
OUR LAD	TOF PERPETUAL HELP	VIRGINI	A BEACH, VA 23	3462		
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F 001	Continued From page	e 8	F 001			
F 001	Continued From page	e 8	F 001	Corrective Action: - Education was provided to LPN #1 of the necessity of documentation accur in the resident s medical record Education was provided for the licer nurses to review the importance of completing thorough and accurate documentation in the resident s medical records. Identifying Other Potential Residents: - All residents with orders for the application of splints have the potential be affected. Systemic Changes: - The Charge Nurses will perform accurate the completion of splint applications, as ordered by the physician.	racy, nsed dical : fal to curate	
				Monitoring System: - An audit of resident s documentation those with orders for splints will be completed, by the DON or designee, weekly X4 then monthly X3, to ensurt accurate and complete documentation occurred Audits will be reviewed by the Administrator or designee and the rest of those audits will be submitted for rest our Quality Assurance Performant Improvement (QAPI) committee, more	e on has sults eview ce	