

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/14/2021
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

OUR LADY OF PERPETUAL HELP

**4560 PRINCESS ANNE ROAD
VIRGINIA BEACH, VA 23462**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 10/12/21 through 10/14/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. One complaint (VA00052135) was investigated during the survey. The census in this 30 certified bed facility was 26 at the time of the survey. The survey sample consisted of 42 current and 1 closed record.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: -12 VAC 5-371-220 (D). Foot Care. Cross Reference to F-687. -12 VAC 5-371-220 (B). Nursing Services. Cross-Reference to F-695. -12 VAC 5-371-220 (B), (C) (2), (D). Nursing Services. Cross Reference to F-684. -12 VAC 5-371-250 (C). Resident Assessment and Care Planning. Cross-Reference to F-638 and F-640. -12 VAC 5-371-250 (F). Resident Assessment and Care Planning. Cross Reference to F-657. -12 VAC 5-371-300 (D). Pharmaceutical Services. Cross Reference to F-756. -12 VAC 5-371-300 (H). Pharmaceutical Services. Cross Reference to F-758. -12 VAC 5-371-360 (E) (9). Clinical Record. Cross Reference to F-842.	F 001	12 VAC 5-371-220 (D) <input type="checkbox"/> Foot Care (Cross Reference to F-687) F687 Corrective Action: - Nail care was provided to resident #18 on 10/14/2021, by the Podiatrist. - Education was provided to the licensed nurses and C.N.A.s to evaluate the need for hygiene and grooming of toenails and fingernails. Identifying Other Potential Residents: - A 100% audit of all resident's nails was completed to determine if there were any others requiring nail care. Systemic Changes: - Nail Care will be assessed by the Licensed Nurse, weekly. - Resident's will be placed on a routine schedule for podiatry services.	11/28/21

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

TITLE

(X6) DATE

Electronically Signed

11/12/21

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/14/2021
NAME OF PROVIDER OR SUPPLIER OUR LADY OF PERPETUAL HELP		STREET ADDRESS, CITY, STATE, ZIP CODE 4560 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23462		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 001	Continued From page 1	F 001	<p>Monitoring System:</p> <ul style="list-style-type: none"> - An audit of the weekly assessments will be completed by the DON or designee, weekly X4 then monthly X3, to determine compliance with proper foot / nail care. - 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. <p>12 VAC 5-371-220 (B) <input type="checkbox"/> Nursing Services (Cross Reference to F-695) F695</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> - The oxygen flow rate was adjusted for resident #20, to match the physician's orders on 10/14/2021 - Education was provided to the nursing staff regarding following physician's orders. <p>Identifying Other Potential Residents:</p> <ul style="list-style-type: none"> - All residents with orders for oxygen have the potential to be affected. - A 100% audit of all residents with orders for oxygen was completed to determine if the flow rate matched the physician orders. <p>Systemic Changes:</p> <ul style="list-style-type: none"> - Education was provided to the nursing staff on the need to monitor the oxygen flow rate at the beginning of their shift as well as periodically throughout the shift to ensure that the proper flow rate is maintained 	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/14/2021
NAME OF PROVIDER OR SUPPLIER OUR LADY OF PERPETUAL HELP		STREET ADDRESS, CITY, STATE, ZIP CODE 4560 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23462		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 001	Continued From page 2	F 001	<p>Monitoring System:</p> <ul style="list-style-type: none"> - An audit of residents with orders for oxygen will be completed by the DON or designee, weekly X4 then monthly X3, to determine compliance with the proper flow rate being administered, as ordered by the physician. - 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. <p>12 VAC 5-371-220 (B), (C), (2), (D) <input type="checkbox"/></p> <p>Nursing Services (Cross Reference to F684)</p> <p>F684</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> - Hand Splints were applied to resident #11 on 10/14/2021 - Education was provided to LPN #1 on following specific physician's orders with application of splints. - Education was provided for to the licensed nurses to include following physician orders and the residents plan of care. <p>Identifying Other Potential Residents:</p> <ul style="list-style-type: none"> - All residents with orders for the application of splints have the potential to be affected. - A 100% audit of all resident's orders was completed to determine if there were orders for the application of splints. <p>Systemic Changes:</p> <ul style="list-style-type: none"> - The Charge Nurse will perform the application of the hand splints, as directed 	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/14/2021
NAME OF PROVIDER OR SUPPLIER OUR LADY OF PERPETUAL HELP		STREET ADDRESS, CITY, STATE, ZIP CODE 4560 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23462		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 001	Continued From page 3	F 001	<p>by a physician's order.</p> <p>Monitoring System:</p> <ul style="list-style-type: none"> - An audit of residents with orders for splints will be completed by the DON or designee, weekly X4 then monthly X3, to ensure compliance with the application, based on the orders given by the physician. - 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. <p>12 VAC 5-371-250 (C) <input type="checkbox"/> Resident Assessment and Care Planning (Cross Reference to F-638 and F-640) F638</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> - The Quarterly Assessment MDS was completed for resident #5 on 10/15/2021. <p>Identifying Other Potential Residents:</p> <ul style="list-style-type: none"> - A 100% audit of resident's records was completed to determine if there were any other missing assessments. <p>Systemic Changes:</p> <ul style="list-style-type: none"> - A tracking document will be created for the purpose of establishing the resident's assessment schedule, to identify and ensure timely completion of assessments. <p>Monitoring System:</p> <ul style="list-style-type: none"> - An audit of resident assessment schedules will be completed by the DON or designee, weekly X4 then monthly X3, to ensure completion of scheduled 	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/14/2021
NAME OF PROVIDER OR SUPPLIER OUR LADY OF PERPETUAL HELP		STREET ADDRESS, CITY, STATE, ZIP CODE 4560 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23462		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 001	Continued From page 4	F 001	<p>resident assessments.</p> <ul style="list-style-type: none"> - 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. <p>F640 Corrective Action:</p> <ul style="list-style-type: none"> - The discharge MDS assessment for resident #9 was completed on 10/14/2021 and transmitted on 10/15/2021. <p>Identifying Other Potential Residents:</p> <ul style="list-style-type: none"> - A 100% audit of resident's records was completed to determine if there were any other missing assessments. <p>Systemic Changes:</p> <ul style="list-style-type: none"> - 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. <p>Monitoring System:</p> <ul style="list-style-type: none"> - 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. <p>12 VAC 5-371-250 (F) <input type="checkbox"/> Resident Assessment and Care Planning (Cross Reference to F-657)</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/14/2021
NAME OF PROVIDER OR SUPPLIER OUR LADY OF PERPETUAL HELP		STREET ADDRESS, CITY, STATE, ZIP CODE 4560 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23462		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 001	Continued From page 5	F 001	<p>F657</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> - The Care Plan for resident #6 was updated. Resident #20 was no longer in the facility. <p>Identifying Other Potential Residents:</p> <ul style="list-style-type: none"> - A 100% audit of all resident's care plans was completed to ensure care plans were current / up-to-date, for all residents with psychoactive medications, oxygen use and hospice services. <p>Systemic Changes:</p> <ul style="list-style-type: none"> - DON and MDS Coordinator will jointly assume the responsibility to update care plans, with changes as they occur. <p>Monitoring System:</p> <ul style="list-style-type: none"> - An audit of resident's care plans will be 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 results of those audits will be submitted for review by our Quality Assurance Performance Improvement (QAPI) committee, monthly. <p>12 VAC 5-371-300 (D) <input type="checkbox"/> Pharmaceutical Services (Cross Reference to F-756)</p> <p>F756</p> <p>Corrective Action:</p> <ul style="list-style-type: none"> - The Drug Regimen Reviews had been completed each month on resident's #20, 13, 4, 6, and 2. - The pharmacy was notified that the records did not include a pharmacy progress note for resident #20 in March & 	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/14/2021
NAME OF PROVIDER OR SUPPLIER OUR LADY OF PERPETUAL HELP		STREET ADDRESS, CITY, STATE, ZIP CODE 4560 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23462		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 001	Continued From page 6	F 001	<p>September 2021, resident #13 in July & September 2021, resident #4, #6 and #2 in September 2021. Pharmacy will update medical records to reflect that the monthly reviews were completed on current residents that were identified, in the months stated.</p> <p>Identifying Other Potential Residents: - A 100% audit of all pharmacy reviews was completed to determine if there were any missing drug regimen reviews.</p> <p>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 their completed reviews documented by the pharmacist, upon completion of the monthly review.</p> <p>Monitoring System: - An audit of the documentation of the resident's drug regimen review will be completed by the DON or designee, monthly X3, to determine compliance with documentation of the completed resident reviews. - 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.</p> <p>12 VAC 5-371-300 (H) - Pharmaceutical Services (Cross Reference to F-758) F758 Corrective Action:</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/14/2021
NAME OF PROVIDER OR SUPPLIER OUR LADY OF PERPETUAL HELP		STREET ADDRESS, CITY, STATE, ZIP CODE 4560 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23462		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 001	Continued From page 7	F 001	<ul style="list-style-type: none"> - The order for PRN Xanax on resident #6 was discontinued. - Education was provided to the prescribing practitioners on the need for a 14-day limit to any PRN psychotropic medication. - Education was provided to the licensed nurses to review the need for a 14-day limit on any PRN psychotropic medication, as they are taking orders from practitioners. <p>Identifying Other Potential Residents:</p> <ul style="list-style-type: none"> - A 100% audit of all resident's orders was completed to determine if there were orders for PRN psychotropic medications, without a 14-day limit and stop date. <p>Systemic Changes:</p> <ul style="list-style-type: none"> - Orders for PRN psychotropics will not be entered into our eMAR system, without the stop date, from the ordering practitioner. <p>Monitoring System:</p> <ul style="list-style-type: none"> - An audit of residents with orders for PRN psychotropic medications will be completed by the DON or designee, weekly X4 then monthly X3, to determine compliance with the 14-day limit and stop date by the physician. - 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. <p>12 VAC 5-371-360 (E) (9) <input type="checkbox"/> Clinical Record (Cross Reference to F-842) F842</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0157	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/14/2021
NAME OF PROVIDER OR SUPPLIER OUR LADY OF PERPETUAL HELP		STREET ADDRESS, CITY, STATE, ZIP CODE 4560 PRINCESS ANNE ROAD VIRGINIA BEACH, VA 23462		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 001	Continued From page 8	F 001	<p>Corrective Action:</p> <ul style="list-style-type: none"> - Education was provided to LPN #1 on the necessity of documentation accuracy, in the resident's medical record. - Education was provided for the licensed nurses to review the importance of completing thorough and accurate documentation in the resident's medical records. <p>Identifying Other Potential Residents:</p> <ul style="list-style-type: none"> - All residents with orders for the application of splints have the potential to be affected. <p>Systemic Changes:</p> <ul style="list-style-type: none"> - The Charge Nurses will perform accurate and thorough documentation, following the completion of splint applications, as ordered by the physician. <p>Monitoring System:</p> <ul style="list-style-type: none"> - An audit of resident's documentation for those with orders for splints will be completed, by the DON or designee, weekly X4 then monthly X3, to ensure accurate and complete documentation has occurred. - 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. 	