STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495291	A. BUILDING _____ B. WING _____	C 02/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETH SHOLOM HOME OF VIRGINIA	1600 JOHN ROLFE PARKWAY RICHMOND, VA 23233

(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 survey was conducted on 02/20/2020. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey. The census in this 101 certified bed facility was 93 at the time of the survey. The survey sample consisted of 3 resident reviews.	F 000		
F 658 SS=D	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, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to provide services in accordance with professional standards of care for one resident (Resident #1) in a sample size of three residents. The findings included: For Resident #1, the facility nursing staff failed to accurately assess and document his medical history. The facility nursing staff was unaware Resident #1 had a previous right hip joint replacement until he was found to have a right hip dislocation while in bed on 06/14/2019. Resident #1 was admitted to the facility on	F 658	F658 The statements made in this plan of correction are not an admission to, or constitute agreement with, the deficiencies alleged herein. To remain in compliance with all Federal and State regulations, Beth Sholom has taken or will take actions as set forth in the following plan of correction. The following POC constitutes our allegation of compliance, that all alleged deficiencies cited have been or will be corrected by the date indicated. Criterion 1	4/6/20

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

Electronically Signed | 03/12/2020

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495291	A. BUILDING _____ B. WING _____	C 02/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETH SHOLOM HOME OF VIRGINIA	1600 JOHN ROLFE PARKWAY RICHMOND, VA 23233

(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 1 02/06/2019 and expired at the facility on 06/21/2019 while on hospice services. Diagnoses included but not limited to dementia, hemorrhagic stroke, and history of right hip arthroplasty. Resident #1's most recent Minimum Data Set with an Assessment Reference Date of 05/04/2019 was coded as a quarterly review. The Brief Interview for Mental Status was coded as "2" out of possible "15" indicative of severe cognitive impairment. Functional status for bed mobility was coded as requiring extensive assistance from staff with a 2-person physical assist for support. In the course of a complaint investigation, the clinical record and facility documents were reviewed on 02/20/2020. A nurse's note dated 06/14/2019 at 12:36 PM documented, "Resident has shown s/s [signs and symptoms] of right hip and femur pain. Resident grimaced when staff tried to reposition him. Stat x-ray to right hip and femur have been ordered and RP [responsible party] has been made aware. Resident has been medicated with PRN [as needed] pain medication. Staff will continue to monitor." An x-ray report dated 06/14/2019 at 2:44 PM under the header "Findings" documented, "Post right hip replacement and acute posterior dislocation is seen. No acute fracture is noted. There is no soft tissue swelling or foreign body identified." Under the header, "Impression", it was documented, "Acute posterior dislocation of the right hip." The facility staff provided the facility investigation	F 658	Resident # 1 suffered no adverse outcomes related to the facility allegedly failing to properly assess and document the resident's complete medical history upon admission. The resident was discharged prior to the identification of the omission by the surveyor, so no individual correction to the record can be made. . Criterion 2 All newly admitted residents have the potential to be affected and are addressed through this plan of correction. An admission report will be generated weekly and reviewed, to ensure all admission assessments are completed correctly. Criterion 3 Licensed nurses will be re-educated on properly assessing and documenting a resident's medical history. The facility will re-educate all licensed nurses on accurately assessing and documenting a patient's medical history at admission, to include interviewing family members when they are available. Criterion 4 Director of Nursing (DON) or designee will complete five (5) random audits of resident assessments to ensure that admission assessments along with medical history documentation is completed accurately. These audits will be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495291	A. BUILDING _____ B. WING _____	C 02/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETH SHOLOM HOME OF VIRGINIA	1600 JOHN ROLFE PARKWAY RICHMOND, VA 23233

(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 2 documentation upon request related to this injury of unknown origin. An excerpt of letter dated 06/19/2019 addressed to the state agency to report the findings of their investigation under the header, "Investigation" documented, "The medical record was reviewed for any changes in conditions, events, or incidents that could have contributed to the dislocation of the resident's hip. When the resident was sent to the emergency room, the family was notified. At that time, the resident's daughter informed staff that the resident had a total hip replacement of his right hip prior to his recent hospitalization in February. This was not previously recorded in his medical record or known to the staff." The admission nursing narrative note written by a licensed practical nurse dated 02/06/2019 at 2:59 PM documented, "Resident arrived via ambulance to facility. Resident alert. MD [medical doctor] informed of arrival to nursing facility. Daughter at bedside. Resident is NPO [nothing by mouth] on bolus tube feedings and is NPO [nothing by mouth]. Resident arrived from [hospital name]. Resident has own teeth and wears glasses. Resident has PEG tube which is intact." The electronic nursing admission clinical assessment completed by a licensed practical nurse with an observation date of 02/06/2019 at 2:42 PM and a recorded date of 02/07/2019 at 2:48 PM was reviewed. Past surgical history of a right hip arthroplasty was not included in the document nor was there a prompt on their clinical admission assessment tool to obtain past surgical history. Under the header, "Pain Assessment" dated 02/06/2019 at 5:49 PM and sub-header "Indicate all diagnoses that apply for resident" the	F 658	done weekly x four (4) and monthly x two (2). These results will be forwarded to the QA committee for review. The committee will determine the need for further audits and/or action. Criteria 5 Date of compliance is April 6, 2020	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495291	A. BUILDING _____ B. WING _____	C 02/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETH SHOLOM HOME OF VIRGINIA	1600 JOHN ROLFE PARKWAY RICHMOND, VA 23233

(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 3	F 658		

following options were listed: None, amputation, arthritis, cancer, cholecystectomy, gangrene, joint replacement, osteoporosis, peripheral vascular disease, rheumatoid arthritis, skeletal fractures, stroke, wounds, other. The option "None" was selected. Under the header, "Admission Skin Assessment" dated 02/06/2019 at 6:04 PM and sub-header, "Scars", the option "No" was selected.

The physician's Admission H & P [History and Physical] dated 02/07/2019 under the header, "Past Medical History" documented, "1. atrial fibrillation 2. history of hypertension 3. History of hemorrhagic stroke 4. History of hip surgery."

An excerpt of the Physical Therapy Plan of Care dated 02/07/2019 under the header, "Medical History Related to Diagnosis/Condition" documented, "PMHX [past medical history]: hemorrhagic stroke, cognitive deficiency, movement disorder, drug induced PD [parkinson's disease], multifocal myoclonus, R THR [right total hip replacement]."

On 02/20/2020 at 3:35 PM, an interview with Registered Nurse A (RN A) was conducted. When asked about obtaining information for admission assessments, RN A stated, "Well, we look at them and assess them." When asked about obtaining past surgical history information, RN A stated they ask the resident, family, and review admission paperwork from the hospital such as the physician history and physical and discharge summary.

A copy of their facility policy on nursing assessments and admission assessments was requested and the facility staff provided a copy of

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495291	A. BUILDING _____ B. WING _____	C 02/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETH SHOLOM HOME OF VIRGINIA	1600 JOHN ROLFE PARKWAY RICHMOND, VA 23233

(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 4	F 658		

their policy entitled, "Comprehensive Care Planning." Under the section entitled, "Procedures" in Part 1, it was documented, "Each resident is assessed at admission by the licensed nurse to determine the immediate care needs of the individual. The assessment includes a physical assessment of the resident, and a review of the accompanying history at admission, including but not necessarily limited to: the hospital records provided by the discharging hospital, medications ordered at discharge, diet orders, case management and rehab documentation, when available. If the resident is capable of providing history, assessment information regarding their needs and preferences can be obtained from the resident or their family. The clinical admission assessment information is used in formulating the baseline care plan.

On 02/20/2020 at approximately 6:20 PM, the administrator and DON were notified of findings. The DON confirmed they did not know Resident #1 had a total hip replacement until the daughter told them after the hip was dislocated. The DON verified their professional standard reference was Potter & Perry.

According to an Elsevier publication by Potter & Perry entitled, "Fundamentals of Nursing", Eighth Edition, 2013, page 207, under the header "Critical Thinking Approach to Assessment" and sub-header "Data Collection", it was documented, "You perform assessment to gather information needed to make an accurate judgment about a patient's current condition. Your information comes from: The patient, through interview, observations, and physical examination; Family members or significant others' reports and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495291	A. BUILDING _____ B. WING _____	C 02/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETH SHOLOM HOME OF VIRGINIA	1600 JOHN ROLFE PARKWAY RICHMOND, VA 23233

(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 5 response to interviews; other members of the healthcare team; medical record information; scientific literature." On page 217 under the header "Data Documentation", it was written, "Data documentation is the last part of a complete assessment. The timely, thorough, and accurate documentation of facts is required in recording patient data. If you do not record an assessment finding or problem interpretation, it is lost and unavailable to anyone else caring for the patient. If information is not specific, the reader is left with only general impressions. Observing and recording patient status are legal and professional responsibilities. The Nurse Practice Acts in all states ...require accurate data collection and recording as independent functions essential to the role of the professional nurse."	F 658		