

State of Virginia

State

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0375	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/03/2022
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NAME OF PROVIDER OR SUPPLIER LAKE PRINCE WOODS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 100 ANNA GOODE WAY SUFFOLK, VA 23434
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 02/01/22 through 02/03/22. The facility was in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 40 licensed bed facility was 22 at the time of the survey. The survey sample consisted of 15 current Resident reviews and 4 closed record review.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12VAC5-371-220 (A, C). Nursing Services. Cross reference to F-558 & F-881.</p>	F 001	<p>Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Lake Prince Woods of the truth of the facts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law, and because the facility has been threatened with termination from the Medicare and Medicaid programs if it fails to do so. The facility contends that it was in substantial compliance with all requirements on the survey date, and denies that any deficiency exists or existed or that any such plan is necessary. Neither the submission of such plan, nor anything contained in the plan, should be construed as an admission of any deficiency, or of any allegation contained in this survey report. The facility has not waived any of</p>	2/16/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/16/22
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F 001	Continued From page 1	F 001	<p>its rights to contest any of these allegations or any other allegation or action. This plan of correction serves as the allegation of substantial compliance.</p> <p>Prefix Tag: F558 CFR(s): 483.10(e)(3)</p> <p>It is the intent of this facility for residents to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.</p> <p>1) How corrective action will be accomplished for those residents found to have been affected by the deficient practice The Director of Nursing, upon being informed of the call bell placement, by the surveyor, on February 3, 2022, immediately directed the Unit Manager to place the call bell , for this resident #2 within reach and clip the call bell cord so that is would stay securely within reach. The Director of Nursing then went to the resident room and visually observed the placement of the call bell.</p> <p>2) How the facility will identify other residents having the potential to be</p>	
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F 001	Continued From page 2	F 001	<p>affected by the same deficient practice All other residents have the potential to have their call bell out of reach. The Administrator assigned the Care Transition Coordinator to go to each residents room and visually observe the placement of the call bell and assure resident were able to access their call bell and clips were on each call bell cord and they were secured. The Care Transition Coordinator went to each room and all other call bells were within reach, had clips and were accessible to residents.</p> <p>3) What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur On February 3, 2022 7:00 a.m. - 3:00 p.m., staff who were on shift when the call bell was not within reach were immediately inserviced, and the oncoming staff were inserviced as they arrived, by the Unit Manager on the placement of call bells and the need to relocate the call bells, as residents move from their beds to stationary chair or wheel chair, all staff were in-serviced by February 7, 2022, to include staff from other disciplines who have opportunity to enter a resident room to perform services with the resident or with in the room. Staff receive training upon hire and annually using the Knowledge, Skills, Competency Verification Checklist and through observation. The Staff Development Nurse will monitor the orientation and</p>	
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F 001	Continued From page 3	F 001	<p>annual compliance for direct care staff. The Director of Nursing will provide oversight for regular monitoring of the call bell location in relationship to resident. For 1 year the Director of Nursing will provide oversight to the monitoring of call bell location in relation to residents location, 1 time per shift, for 6 months the call bell placement will be monitored 1 time a week for 6 months.</p> <p>4) How the facility plans to monitor its performance to make sure that solutions are sustained; and include dates when corrective action will be completed.</p> <p>These corrective measures will be monitored by the Director of Nursing with oversight by the Administrator through the QAPI process to ensure the plan of correction is effective and that the deficiency cited remains corrected and/or in compliance with the regulatory requirements. The Administrator will report on the corrective measures to the QAPI Committee which will evaluate for effectiveness for a minimum of 12 months. The Committee will make further recommendations to adjust the corrective measures as needed. The Committee is authorized to charter Performance Improvement Projects when most</p>	
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F 001	Continued From page 4	F 001	<p>appropriate. The Administrator is responsible to see that recommendations are acted upon in a timely manner</p> <p>Prefix Tag:881 CFR(s): 483.80 (a)(3)</p> <p>It is the intent of this facility to ensure residents prescribed an antibiotics has appropriate indication for use and receives the antibiotic timely.</p> <p>1) How corrective action will be accomplished for those residents found to have been affected by the deficient practice. Resident #21infection resolved after completion of antibiotic no further infections to date. Resident monitored, ongoing, for signs and symptoms of UTI□s.</p> <p>2) How the facility will identify other residents having the potential to be affected by the same deficient practice The Director of Nursing on February 4, 2022 reviewed all charts to see if any residents were receiving antibiotics, no residents at this time.</p> <p>3) What measures will be put into place or systemic changes made to ensure that the</p>	
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F 001	Continued From page 5	F 001	<p>deficient practice will not recur Education provided to all nurses by the Director of Nursing on proper diagnosis for antibiotic use and the use of the stat box or back up pharmacy to initiate orders timely beginning February 3, 2022. The provider and Medical Director were educated by the Director of Nursing on proper diagnosis for antibiotic use on February 4, 2022. The staff development nurse using the Knowledge Skills Competency Verification Checklist, will review with all new hire nurses and annually the need to assure orders and documentation for antibiotics are appropriate and new orders are initiated timely using the stat box or back up pharmacy. February 7, 2022 staff to complete 2 times a shift for 6 months, then for 6 months 1 time a shift. using the Antibiotic Order Monitoring form, which monitors diagnosis and timeliness of administration of first dose This will be monitored by the Director of Nursing and Staff Development Nurse.</p> <p>4) How the facility plans to monitor its performance to make sure that solutions are sustained; and include dates when corrective action will be completed.</p> <p>These corrective measures will be</p>	
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F 001	Continued From page 6	F 001	monitored by the Director of Nursing with oversight by the Administrator through the QAPI process to ensure the plan of correction is effective and that the deficiency cited remains corrected and/or in compliance with the regulatory requirements. The Director of Nursing will report on the corrective measures to the QAPI Committee which will evaluate for effectiveness for a minimum of 12 months. The Committee will make further recommendations to adjust the corrective measures as needed. The Committee is authorized to charter Performance Improvement Projects when most appropriate. The Administrator is responsible to see that recommendations are acted upon in a timely manner.	
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