

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495270	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/01/2021
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NAME OF PROVIDER OR SUPPLIER  ROSEMONT HEALTH & REHAB CENTER, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3750 SENTARA WAY VIRGINIA BEACH, VA 23452
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid abbreviated survey was conducted 6/29/21 through 7/1/21. Four complaints were investigated during survey: VA00052260 was Unsubstantiated; VA00052206 was Unsubstantiated; VA00052054 Allegation #1 and Allegation #2 were Substantiated with no deficiencies; and VA00051624 Allegation #1 was Unsubstantiated and Allegation #2 was Substantiated with deficiency. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.</p> <p>The census in this 116 certified bed facility was 75 at the time of the survey. The survey sample consisted of 3 current resident reviews (Residents #101 through #103) and 2 closed record reviews (Resident #104 through #105).</p>	F 000		
F 658 SS=D	<p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§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 and facility documentation review the facility staff failed to ensure an order for a wound treatment was transcribed for 1 of 5 residents in the survey sample, Resident #104.</p> <p>The findings included:</p> <p>Resident #104 was originally admitted to the facility 03/01/2021. Resident #104 was</p>	F 658	<ol style="list-style-type: none"> <li>1. 1. Resident # 104 has been discharged from the facility.</li> <li>2. All residents with wounds have the potential to be impacted. 100% Review of all residents with wounds has been completed to ensure that all residents have wound care orders for treatment.</li> <li>3. Licensed nurses have been educated on skin/wound protocols and transcription of treatment orders. Newly hired and agency staff will also be educated.</li> <li>4. New admissions with wounds will be reviewed by the DON/designee 5 days per week to validate orders for wound care treatment X 12 weeks. Residents with wounds will</li> </ol>	

have orders reviewed 5 days per week by the Unit Managers or designee to ensure transcription compliance X 12 weeks. Reports of audits will be reported to the QAPI committee monthly x 3 months and determine need for further monitoring if indicated.  
5. Compliance date 7/13/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
*Alvin K...* ADMINISTRATOR 7/12/2021

any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 658	<p>Continued From page 1</p> <p>discharged to the hospital on 03/10/2021 and readmitted to the facility on 03/17/2021. Resident #104 was discharged to the hospital on 04/8/2021. Diagnosis included but were not limited to, Cerebral Infarction, Unspecified and Muscle Weakness (Generalized). Resident #104's Minimum Data Set (an assessment protocol) with an Assessment Reference Date of 03/06/2021 was coded with a BIMS (Brief Interview for Mental Status) of 14 indicating no cognitive impairment. In addition, the Minimum Data Set coded Resident #104 as independent with setup help only for eating and total dependence of 1 for bed mobility, dressing, toilet use, personal hygiene and bathing and total dependence of 2 for transfer.</p> <p>On 06/29/2021 Resident #104's clinical record was reviewed and revealed the following:</p> <p>Weekly Wound Assessment v1 - V5 Effective Date: 03/29/2021 was reviewed and revealed and is documented in part, as follows: 1. Wound Overview 1. Wound Type 10. Other; 1a. Other Wound Type shear, friction; 1b. Stage unstageable; Wound Location: right buttock; 3. Length (cm) 1.0; 4. Width (cm) 1.5; 5. Depth (cm) 0.1; 6. Location Where Wound Was Acquired? 1. in House Acquired; 2. Wound 1. Was the skin impairment present on admission 2? No; 3. Date Wound Identified 03/29/2021; 4. Drainage Type 1. None; 5. Drainage Amount 1. None; 6. Wound Bed Appearance 1. Pink; 7. Odor 4. None; 8. Per wound Appearance 1. Pink; 10. Wound Status 1. New Wound; 4. Comments and Treatment 03/29/2021 2. Physician Notified; 2a. Date and Time Physician Notified 03/29/2021 00:00; 3. Treatment calmoseptine</p>	F 658	
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F 658	<p>Continued From page 2</p> <p>Review of Treatment Administration Record (TAR) and Medication Administration Record (MAR) for the period of 3/1/2021 - 3/31/2021 did not evidence a treatment order for the Right Buttocks.</p> <p>On 06/30/2021 at 12:30 p.m., an interview was conducted by telephone with Licensed Practical Nurse (LPN) #6. When asked what is the process when a wound is identified, LPN #6 stated, "We let the doctor and the family know about the wound. We get the treatment order from the doctor." Discussed the Weekly Wound Assessment completed on 03/29/2021 with LPN #6. (LPN #6 signed the assessment.) When asked did you get the treatment order Xeroform for Resident #104's left buttock from the physician, LPN #6 stated, "Yes." When asked did you get the order for Calmoseptine for Resident #104's right buttock from the physician, LPN #6 stated, "I think both orders came from the wound doctor. I rounded with the wound doctor I think. I can't remember unless looking at the physician notes." When asked where would the treatment order for Calmoseptine have been documented, LPN #6 stated, "Might be under the TAR (Treatment Administrative Record) or the MAR (Medication Administration Record)." LPN #6 was made aware that the treatment order could not be located on the TAR or the MAR. LPN #6 stated, "Surprised it wasn't there." When asked who enters the orders, LPN #6 stated, "The wound doctor enters the order into our system. The nurse will activate the order." When asked what happens if the order is not entered into the system by the wound doctor, LPN #6 stated, "Then we would not have known."</p>	F 658	
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F 658	<p>Continued From page 3</p> <p>Policy and Procedure for Physician / Provider Orders was received on 06/30/2021.</p> <p>On 07/01/2021 at 11:35 a.m., Regional Director of Clinical Services was made aware unable to locate the treatment order in Resident #104's clinical record for an area identified by staff on 03/29/2021 to the right buttocks.</p> <p>On 07/01/2021 at 2:15 p.m., an interview was conducted by telephone with LPN #6 to clarify location of wounds identified by nurse on 03/29/2021. LPN #6 stated that she was in the facility at the nurse's station. During interview LPN #6 was asked, "If the physician is not in the facility how you get an order, LPN #6 stated, "You notify the physician and get the order." When asked what about the Calmoseptine for Resident #104's right buttock, would the order have come from the physician, LPN #6 stated, "Yes." When asked who would have entered the verbal order, LPN #6 stated, "The person taking the order would put it in." When asked who gave the order for the treatment Calmoseptine on 03/29/2021, LPN #6 stated, "Let me look in the system, came from Other #11." When asked would you be responsible for putting the order into the system, LPN #6 stated, "Yes." When asked do you see the order in the system, LPN #6 stated, "No I don't see it. I don't know what happened." When asked was the order implemented, LPN #6 stated, "No." When asked do you agree the order should have been put into the system, LPN #6 stated, "Yes."</p> <p>On 07/01/2021 at approximately 5:40 p.m., the Administrator, Regional Director of Clinical Services and the Vice President of Operations was informed of the findings. The Vice President</p>	F 658	
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<p>F 658</p>	<p>Continued From page 4</p> <p>of Operations presented additional documentation for review regarding Resident #104 and her wounds. Vice President of Operations was made aware that information would be forwarded to the Supervisor.</p> <p>DOCUMENT NAME: Physician / Provider Orders EFFECTIVE DATE: 01/27/2011 LAST REVISION DATE: 03/22/2021</p> <p>POLICY: The Charge Nurse shall transcribe and review all physician / provider orders. A unit secretary, with demonstrated competence, and when available, may transcribe orders. All medication orders transcribed by a unit secretary will be double checked by a licensed nurse.</p> <p>Complaint Deficiency</p>	<p>F 658</p>	
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