ND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING		(X3) DATE SURVEY COMPLETED
		495045	B. WING		C 05/02/2019
NAME OF PF	ROVIDER OR SUPPLIER		STRE	EET ADDRESS, CITY, STATE, ZIP COD	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		HILLIARD ROAD HMOND, VA 23228	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE COMPLETION
E 000	Initial Comments		E 000		
F 000	survey was conducte The facility was in sul	nergency Preparedness d 4/30/19 through 5/2/19. ostantial compliance with 42 quirement for Long-Term	F 000		
	survey was conducte Complaints were inve Significant corrections compliance with 42 C	FR Part 483 Federal Long ents. The Life Safety Code			
F 550 SS=D	151 at the time of the	cise of Rights	F 550		5/23/19
	self-determination, ar access to persons an	ght to a dignified existence, nd communication with and			
	with respect and dign resident in a manner promotes maintenance	and in an environment that ce or enhancement of his or ognizing each resident's lity must protect and			

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.

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB N	O. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í				E SURVEY IPLETED
		495045	B. WING			05	C 5/02/2019
NAME OF PI	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
	CA SKILLED NURSING	AND REHAB (RICHMOND)		2 [.]	125 HILLIARD ROAD		
I KOMEDI				R	RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETIOI DATE
F 550	Continued From page	- 1					
F 330			F	550			
		cility must provide equal					
		e regardless of diagnosis, or payment source. A facility					
		aintain identical policies and					
		ansfer, discharge, and the					
		under the State plan for all					
	residents regardless	of payment source.					
	§483.10(b) Exercise of Rights.						
		right to exercise his or her					
		f the facility and as a citizen					
	or resident of the Uni	-					
	8/83 10/b)(1) The fea	cility must ensure that the					
		his or her rights without					
		n, discrimination, or reprisal					
	from the facility.	, , , ,					
	§483.10(b)(2) The re	sident has the right to be					
		coercion, discrimination, and					
	reprisal from the facil	ity in exercising his or her					
		orted by the facility in the					
	exercise of his or her	rights as required under this					
	subpart.						
	by:	is not met as evidenced					
		n, staff interview, facility			The statements made on this plan o	f	
		l clinical record review, it			correction are not an admission to ar		
		facility staff failed to serve			not constitute an agreement with the		
	food in a manner to p	promote resident dignity for			alleged deficiencies cited herein. To		
	two of 56 residents in				remain in compliance with all federal		
	Residents # 118 and	# 30.			state regulations, the center has take	en or	
	1 On 04/30/19 at 12	:00 p.m., during lunch			will take the actions set forth in the following plan of correction. The follo	wina	
		s main dining room the			plan of correction constitutes the cen	•	
		ve Resident # 118 her meal			allegation of compliance.		
	-	er residents seated at the					
		d were eating their meals.			All alleged deficiencies cited have be		
	Desident # 119 waite	d fifteen minutes to be			will be corrected by the date or dates		

Facility ID: VA0241

If continuation sheet Page 2 of 205

TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 550 Continued From page 2 served her meal. F 550 Indicated. 2. On 4/30/19 during the lunch service in the Arcadia dining room the facility staff failed to serve Resident #30 her meal until after the residents seated at her table had been served and were eating their meals, Resident #30 waited 12 minutes for her meal to be served. F 550 The findings include: 1. On 04/30/19 at 12:00 p.m., during lunch service in the facility's main dining room the facility staff failed serve Resident # 118 her meal until after the two other residents seated at the table were served and were eating their meals. Resident # 118 waited fifteen minutes to be served her meal. 2. Residents that were served food in the dining room have the potential to be affected. 3. Staff that serve in the dining room the table to promote dignity. 3. Staff that serve in the dining room were re-educated on the importance of serving food to the residents at the same time at the same table to promote dignity. 4. Dietary and/or designee will audit five dats set), a quarterly assessment with an ARD (assessment reference date) of 04/05/19, coded Resident # 118 was coded as 0. Joint as reserved at the same time. Results of the CAA audits will be reviewed by the facility's QAA committee. Recommendations will be discussed and implemented as needed.	STATEMENT	OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE	0. 0938-039 SURVEY LETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PROMEDICA SKILLED NURSING AND REHAB (RICHMOND) ISTREET ADDRESS, CITY, STATE, ZIP CODE ISTREET ADDRESS, CITY, STATE, ZIP CODE (X) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DERICENCY MUST BE PRECEDED BY FULL RESULTION OR LGC DENTIFING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH ORRECTIVE ACTION BHOULD BE CROSS DEFREENCED TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL RESULTION OR LGC DENTIFING INFORMATION) CO F 550 Continued From page 2 served her meal. F 550 Indicated. F-550 2. On 4/30/19 during the lunch service in the Arcadia dining room the facility staff failed to service Resident #30 her meal until after the residents seated at her table had been served and were eating their meals, Resident #30 waited 12 minutes for her meal to be served. F-550 I. Resident #118 and Resident #30 on May 2, 2019 were served food at the same time at the same table to promote residents fatiled serve Resident #118 her meal until after the two other residents seated at the table were served and were eating their meals. Resident # 118 was admitted to the facility on 12/07/2017 with diagnoses that included but were not limited to: cerebrai infarction (1), peripheral vascular disease (2), and anemia (3). 3. Staff that serve in the dining room were re-ducated on the importance of serving food to the residents at the same time at the same table to promote dignity. 4. Dietary and/or designee will audit five data set), a quarterly assessment with an ARD (assessment reference date) of 04/05/19, coded Resident # 118 was cori			495045	B. WING			
PROMODICA SKILLED NURSING AND REHAB (RICHMOND) RICHMOND, VA 23228 (X1) ID PREFIX TAG SUMMAY STATEMENT OF DEFICIENCIES (EACH DEFICIENT WIGTS FER PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG ID PREFIX PREFIX TAG ID PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (ST EVANOPE CORRECTION (EACH DEFICIENCY WIGT BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG ID PREFIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (ST EVANOPE CORRECTION (EACH DEFICIENCY WIGT BE ADD DEFICIENCY) IO F 550 Continued From page 2 served her meal. F 550 Indicated. F 550 Indicated. 2. On 4/30/19 during the lunch service in the Arcadia dining room the facility staff failed to serve Resident # 10 be served. F 550 It is the intended practice of this facility to protect and promote rights of residents. 1. On 04/30/19 at 12:00 p.m., during lunch service in the facility's main dining room the facility staff failed serve Resident # 118 wated fifteen minutes to be served her meal. 2. Resident state at the table were served and were eating their meals. Resident # 118 wated fifteen minutes to be served her meal. 3. Staff that serve in the dining room were re-educated on the importance of serving food to the residents at the same time at the same table to promote dignity. 4. Dietary and/or designee will audit five days a week x 4 weeks and then monthly x 2. This audit will be done through dining observation of making sure that all resident # 118 was scoring a 15 on the brief interview for mental statu (BIMS) of a score of 0 -	NAME OF P	ROVIDER OR SUPPLIER		- 1	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00,	02/2010
PROMEDICA SKILLED NURSING AND REHAB (RICHMOND) RICHMOND, VA 23228 (X) ID PREFIX TAG SUMMAY STATEMENT OF DEFICIENCIES (EACH DEFICIENT WILST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLANCE CORRECTION (EACH DEFICIENCY WILST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLANCE CORRECTION (EACH DEFICIENCY WILST BE RECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG F 550 Continued From page 2 served her meal. Indicated. F 550 Indicated. 2. On 4/30/19 during the lunch service in the Arcadia dining room the facility staff failed to serve Resident #30 her meal until after the residents seated at her table had been served and were eating their meals. Resident #30 waited 12 minutes for her meal to be served. F 550 I. Resident #118 and Resident #30 on May 2, 2019 were served food at the same time at the same table to promote resident dignity. 1. On 04/30/19 at 12:00 p.m., during lunch served her meal. 2. Resident #118 waited fifteen minutes to be served her meal. 3. Staff that serve in the dining room were re-educated on the importance of serving food to the residents at the same time at the same table to promote dignity. 2. This audit will differen minutes to be served her meal. S. Staff that serve in the dining room were re-educated on the importance of serving food to the resident s at the same time at the same table to promote dignity. 2. This audit will asocoring a 15 on the brief interview for mental statu (2125 HILLIARD ROAD		
Preprix TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) PRETX TAG CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) © F 550 Continued From page 2 served her meal. F 550 Indicated. F <td>PROMED</td> <td>ICA SKILLED NURSING</td> <td>AND REHAB (RICHMOND)</td> <td></td> <td></td> <td></td> <td></td>	PROMED	ICA SKILLED NURSING	AND REHAB (RICHMOND)				
 served her meal. 2. On 4/30/19 during the lunch service in the Arcadia dining room the facility staff failed to serve Resident #30 her meal until after the residents seated at her table had been served and were eating their meals. Resident #10 her meal to be served. The findings include: On 04/30/19 at 12:00 p.m., during lunch service in the facility's taff failed serve Resident #118 her meal until after the two other residents seated at the table were served and were eating their meals. Resident # 118 waited fifteen minutes to be served her meal. Resident # 118 was admitted to the facility on 12/07/2017 with diagnoses that included but were not limited to: cerebral infarction (1), peripheral vascular disease (2), and anemia (3). Resident # 118 was tercent MDS (minimum data sel), a quarterly assessment with an ARD (assessment reference date) of 04/05/19, coded Resident # 118 was coring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 118 was coded as 	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP	HOULD BE	(X5) COMPLETION DATE
Arcadia dining room the facility staff failed to serve Resident #30 her meal until after the residents seated at her table had been served and were eating their meals, Resident #30 waited 12 minutes for her meal to be served.It is the intended practice of this facility to protect and promote rights of residents.1. On 04/30/19 at 12:00 p.m., during lunch service in the facility's main dining room the facility staff failed serve Resident # 118 ware the table to promote resident grave residents seated at the table were served and were eating their meals. Resident # 118 was admitted to the facility on 12/07/2017 with diagnoses that included but were not limited to: cerebral infaction (1), peripheral vascular disease (2), and anemia (3).2. Resident with an ARD (assessment reference date) of 04/05/19, coded Resident # 118 was scoring a 15 on the brief interview for mental status (BIMS) of a score of 0 - 15, 15 - being cognitively intact for making daily decisions. Resident # 118 was coded as1. Resident # 118 was coded as1. On 04/30/19 at 12:00 p.m., during lunch service in the facility's main dining room the facility staff failed serve Resident # 118 was coded as2. Residents that were served food in the dining room have the potential to be affected.3. Staff that serve in the dining room were re-educated on the importance of serving food to the residents at the same time at the same table to promote rights.4. Dietary and/or designee will audit five data set), a quarterly assessment with an ARD (assessment reference date) of 04/05/19, coded Resident # 118 was coded as5. Facility alleged date of compliance is	F 550			F 550			
member for all activities of daily living and as requiring supervision with set up for eating. outer 11, 2010. On 04/30/19 at 12:00 p.m., an observation was conducted in the facility's main dining room during outer 11, 2010.		Arcadia dining room i serve Resident #30 h residents seated at h and were eating their 12 minutes for her mo The findings include: 1. On 04/30/19 at 12 service in the facility's facility staff failed ser until after the two oth table were served an Resident # 118 waite served her meal. Resident # 118 was a 12/07/2017 with diag not limited to: cerebra vascular disease (2), Resident # 118's mos data set), a quarterly (assessment reference Resident # 118 as sc interview for mental s - 15, 15 - being cogni decisions. Resident # requiring extensive at member for all activiti requiring supervision On 04/30/19 at 12:00	the facility staff failed to her meal until after the er table had been served meals, Resident #30 waited eal to be served. 2:00 p.m., during lunch s main dining room the ve Resident # 118 her meal er residents seated at the d were eating their meals. d fifteen minutes to be admitted to the facility on noses that included but were al infarction (1), peripheral and anemia (3). St recent MDS (minimum assessment with an ARD ce date) of 04/05/19, coded oring a 15 on the brief status (BIMS) of a score of 0 itively intact for making daily # 118 was coded as ssistance of one staff ies of daily living and as with set up for eating.		 It is the intended practice of this protect and promote rights of real protect and promote rights of real 1. Resident #118 and Resident May 2, 2019 were served food a same time at the same table to resident dignity. 2. Residents that were served f dining room have the potential traffected. 3. Staff that serve in the dining were re-educated on the imports serving food to the residents at time at the same table to promo 4. Dietary and/or designee will days a week x 4 weeks and there x 2. This audit will be done throo observation of making sure that residents at the same table are the same time. Results of the C will be reviewed by the facility's committee. Recommendations discussed and implemented as 	sidents. #30 on at the promote food in the to be room ance of the same ote dignity. audit five n monthly ough dining all served at QAA audits QAA will be needed.	

Facility ID: VA0241

If continuation sheet Page 3 of 205

			()())			IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	· · ·	E SURVEY IPLETED
			A. BOILDING			С
		495045	B. WING		0	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER	•	•	STREET ADDRESS, CITY, STATE, ZIP COI	DE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 550	Continued From pag	e 3	F 55	0		
		eir meals at approximately				
	12:20 p.m. Further of					
		not served her meal until observed sitting at the table				
	-	esidents at the same table				
	were eating their lune	ch.				
	$\Omega_{\rm p} = 0.5/0.1/10$ at 0.52	a.m., an interview was				
		l (other staff member) # 9,				
	the cook. When ask	ed to describe the procedure				
		ng residents seated at the				
	same table their mea "Everyone at the tab	le is served at the same time.				
	•	omeone sit at the table and				
		able eat. I would be upset				
		informed of the observation aiting for her meal while the				
		with her at the same table				
		9 stated, "That shouldn't				
	have happened." W	hen asked if she ation OSM # 9 stated, "I				
	don't recall that."	alion USIN # 9 stated, 1				
		oximately 11:30 a.m., an				
		cted with Resident 118. e felt during lunch in the				
		room when the two residents				
	sitting with her were	served their meals while she				
		nal ten to fifteen minutes for 118 stated, "Not to good, I				
		rved, when was she going to				
	give me something to	o eat. I had to get the girl's				
	attention by waving r forgot one."	ny hand and I told her she				
		p.m., an interview was				
		# 7, dietary manager.				
		ribe the procedure for				

Facility ID: VA0241

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & WEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:						FORM APPROVE OMB NO. 0938-039		
					E CONSTRUCTION		LETED	
		495045	B. WING				C 02/2019	
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 550	OSM # 7 stated, "You same table at the sam The facility's policy "V of Rights & Responsil Be treated with consid recognition of your dig including privacy in tre personal needs." On 05/02/19 at appro (administrative staff m administrator and ASI ASM # 3, executive d facility, and ASM # 4, made aware of the fin No further information References: (1) The vascular syste blood vessels. It inclu capillaries that carry to Arteries can become called atherosclerosis vessels and block blo Weakened blood vesse bleeding inside the bo obtained from the wel https://www.nlm.nih.g ases.html. (2) A stroke. When b brain stops. A stroke i attack." If blood flow few seconds, the brai oxygen. Brain cells ca	A serve everyone at the ne time." (irginia Patient/Resident Bill bilities" documented, "10. deration, respect, and full gnity and individuality, eatment and in care for your ximately 3:30 p.m., ASM nember) # 1, the interim M # 2, mobile administrator, irector of the assisted living director of nursing were adings. In was provided prior to exit. em is the body's network of des the arteries, veins and blood to and from the heart. thick and stiff, a problem s. Blood clots can clog od flow to the heart or brain. sels can burst, causing bdy.) This information was bsite: ov/medlineplus/vasculardise	F	550				

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES					FORM	: 04/20/202 APPROVE . 0938-039
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		LE CONSTRUCTION	(>	(3) DATE COMP	LETED
		495045	B. WING _				(05/) 02/2019
NAME OF P	ROVIDER OR SUPPLIER			:	STREET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			2125 HILLIARD ROAD			
		· · ·			RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIZ TAG	x	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	<u>-</u>	(X5) COMPLETION DATE
F 550	Continued From page 5		F	550	n			
		ov/ency/article/000726.htm .						
	(3) Low iron. This information was obtained from							
	the website:	jov/medlineplus/anemia.html						
	Arcadia dining room t serve Resident #30 h residents seated at h and were eating their	A 4/30/19 during the lunch service in the dia dining room the facility staff failed to e Resident #30 her meal until after the ents seated at her table had been served were eating their meals. Resident #30 ed 12 minutes for her meal to be served.						
	10/13/14 with the diag Alzheimer's disease. (Minimum Data Set), assessment, with an date) of 2/8/19, docur was noted to have no able to make herself or never able to unde Resident has severe daily decision making	mitted to the facility on gnoses of but not limited to The most recent MDS an annual Medicare ARD (Assessment reference mented that Resident #30 o speech, was rarely or never understood, and was rarely erstand others, indicating the cognitive impairment for p. The resident was coded ssistance for dressing and						
	observation was cond room during lunch. R table with two other ro residents received the 1:05 p.m. Resident #	12:50 p.m. and 1:20 p.m., an ducted of the Arcadia dining tesident #30 was seated at a esidents. The two other eir food at 1:03 p.m. and 430 received her food at 1:17 nates had received and were						
		n., an interview with CNA tant) #3 was conducted.						

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES			FOF	ED: 04/20/202 RM APPROVE IO. 0938-039
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			TE SURVEY MPLETED
		495045	B. WING		0	C 5/02/2019
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
				RICHMOND, VA 23228		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 550	Continued From page	e 6	F 55	0		
	When asked about th serving residents in th stated, "When the ca	ne process staff follows for he dining room, CNA #3 rts come up, we serve the				
	served at the same ti table and serve their					
	you want the resident	ed themselves first. Ideally, ts who feed themselves to sit ut they can get up and move				
	around to other tables." When asked about Resident #30's dining experience of having to wait to receiver her food, CNA #3 stated, "Oh, the					
	ones (CNA's) who we are not regular worke known the protocol." #30 having to wait for	ere assigned to her that day ers here. They may not have When asked if Resident r her food is a problem, CNA				
	#3 stated, "Yes. The problem. It should no	-				
	Right to have Person noted, documented in	y's policy "Respect, Dignity, al Property" no effective date n part, "Respect and has a right to be treated with ."				
	Member) #1 (Interim (Mobile Administrator Nursing), and ASM # were made aware of	n., ASM (Administrative Staff Administrator), ASM #2 ·), ASM #4 (Director of 3 (Education Department) the findings. No further ided by the end of the				
	•	jury/Decline/Room, etc.) I)(i)-(iv)(15)	F 58	0		5/23/19
		cation of Changes. nediately inform the resident; ent's physician; and notify,				

Facility ID: VA0241

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		MEDICAID SERVICES					NO. 0938-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		NSTRUCTION	· · · ·	TE SURVEY MPLETED
		495045	B. WING _				C 5/02/2019
AME OF PF	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	-	
ROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			HILLIARD ROAD IMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 580	Continued From pag	je 7	F 5	580			
		r her authority, the resident					
	representative(s) wh	en there is-					
		lving the resident which					
		has the potential for requiring					
	physician interventio	n; nge in the resident's physical,					
	mental, or psychoso						
		th, mental, or psychosocial					
		nreatening conditions or					
	clinical complications						
		eatment significantly (that is,					
	a need to discontinue an existing form of treatment due to adverse consequences, or to						
	commence a new form of treatment); or						
	(D) A decision to trai						
	resident from the fac	-					
	§483.15(c)(1)(ii).						
		tification under paragraph (g)					
		, the facility must ensure that					
	-	tion specified in §483.15(c)(2) vided upon request to the					
	physician.	nded upon request to the					
		also promptly notify the					
		ident representative, if any,					
	when there is-						
		n or roommate assignment					
	as specified in §483.	.10(e)(6); or dent rights under Federal or					
		ons as specified in paragraph					
	(e)(10) of this section						
	(iv) The facility must	record and periodically					
	-	(mailing and email) and					
	phone number of the	e resident					
	representative(s).						
	§483.10(g)(15)						
		posite distinct part. A facility					
		listinct part (as defined in					

Facility ID: VA0241

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ì í		CONSTRUCTION		TE SURVEY MPLETED
		495045	B. WING				C 5/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 0	5/02/2015
				21	25 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RI	ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 580	Continued From page	- 9		E 0 0			
1 300			F	580			
		e in its admission agreement					
		tion, including the various se the composite distinct					
		y the policies that apply to					
		en its different locations					
	under §483.15(c)(9).						
	• • • • • • • • • • • • • • • • • • • •	is not met as evidenced					
	by:						
		iew, facility document			The statements made on this plan o	of	
	review, clinical record	review and in the course of			correction are not an admission to a		
	a complaint investiga	tion, it was determined the			not constitute an agreement within the	ne	
		notify the physician and/or			alleged deficiencies cited herein. To)	
		a change in condition for four			remain in compliance with all federal		
		survey sample, Residents			state regulations, the center has take	en or	
	#93, #12, #26 and #1	7.			will take the actions set forth in the		
					following plan of correction constitute		
		iled to notify the physician			center's allegation of compliance. A		
		arty when Resident #93's			alleged deficiencies cited have been		
	insulin was not admir	listered as ordered.			will be corrected by the date or date indicated.	5	
	2 The facility staff fa	iled to notify the physician			Indicated.		
	when Resident # 12's				F-580		
		od sugars (1) below 100			1-000		
	(mg/dl [milligram/dec				It is the intended practice of this faci	litv to	
		-/			notify the Physician and/or responsil	•	
	3. The facility staff fa	iled to notify the physician			party of a change in condition.		
		s insulin was administered			· · · ·		
	with blood sugars bel	low 150.			1. Upon notification from the survey		
					May 2, 2019, Physician's were notified		
		iled to ensure the physician			change in blood sugar monitoring ar		
		t #17's diabetic medications			insulin administration of residents #9	93,	
		order, or not administered			#12, #26 and #17.		
	per the physicians or	ders.					
	The findings include:				2. Residents who receive insulin ha potential to be affected.	ve the	
	1. The facility staff fai	iled to notify the physician			3. Licensed nurses will be re-educa	ted on	
	-	arty when Resident #93's			the facility		

Facility ID: VA0241

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					OMB NO. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		495045	B. WING		С
	ROVIDER OR SUPPLIER	433043		STREET ADDRESS, CITY, STATE, ZIP	05/02/2019
				2125 HILLIARD ROAD	CODE
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE COMPLETION D THE APPROPRIATE DATE
F 580	Continued From page	e 9	F 58	80	
	Contandou Prom pag			insulin administration and	l physician
	Resident #93 was ad	mitted to the facility on		notification of change in c	
	8/18/17 with a recent	readmission on 3/27/18,			
		ncluded but were not limited		4. Director of Nursing an	5
wl ar		sis [major mental disorder in sually detached from reality		will audit MARs daily x 5 days a week x 3 weeks a	
	and has impaired per			x 2 months. Results of th	
		ersonal relationships (1)],		will be reviewed by the fa	
	diabetes and high blo	pod pressure.		Committee. Recommend	lations will be
				discussed and implement	ted as needed.
	The most recent MDS	S (minimum data set) assessment reference date		5 The facility's alloged d	late of
		resident as scoring a "1" on		5. The facility's alleged d compliance will be June	
		view for mental status) score,			11, 2010.
		t was severely impaired to			
		decisions. The resident was			
		tensive assistance for most			
		ly living. In Section N -			
		dent was coded as receiving jections during the look back			
	The physician order of	dated, 3/27/19, documented,			
	"Insulin Glargine Solu	ution (Lantus) inject 10 unit edtime for dm (diabetes			
		(medication administration			
		the above physician order.			
r Z	-	es, the MAR documented the ministered as ordered:			
		cumented. (The code on the			
		o insulin per order.") - The			
		ar was documented as "97."			
		cumented. The resident's			
	blood sugar was doc 1/7/19 = 3 "6" was do	umented as "96." cumented. The resident's			
	blood sugar was doo				
		ocumented. (The code on			

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DEPARTMENT OF HEALTH A CENTERS FOR MEDICARE &				PRINTED: 04/20/2022 FORM APPROVEE OMB NO. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		TE SURVEY MPLETED	
	495045	B. WING		0	C 5/02/2019	
NAME OF PROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP COL			
PROMEDICA SKILLED NURSING	AND REHAB (RICHMOND)	2	2125 HILLIARD ROAD			
		1	RICHMOND, VA 23228			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
resident's blood suga 4/16/19 - a "9" was of blood sugar was not 4/18/19 - a "6" was of blood sugar was doo 4/22/19 - a "6" was of blood sugar was doo 4/23/19 - a "6" was of blood sugar was doo 4/24/19 - a "6" was of blood sugar was doo 4/24/19 - a "6" was of blood sugar was doo Review of the nurse' failed to evidence an reason the insulin wa ordered, notification party except on 4/16 documented, "BS (bl tonight." The comprehensive documented in part, treat DM2 (diabetes adverse effects." The documented, "Educa reason for use & (an patient &/or family. I adverse reactions."	as "see progress note"). The ar was not documented. locumented. The resident's documented. The resident's documented as "106." locumented as "68." locumented as "68." locumented as "68." locumented as "114." locumented as "114." locumented as "98." s notes for the month of April by documentation of the as not administered as the doctor or responsible /19 at 11:58 p.m. the nurse lood sugar) - 88 Held insulin care plan dated, 8/18/17, "Focus: Insulin therapy to mellitus type two). At risk for	F 580				

Facility ID: VA0241

If continuation sheet Page 11 of 205

	S FOR MEDICARE &					IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	· · ·	E SURVEY IPLETED
		495045	B. WING		0	C 5/02/2019
NAME OF P	ROVIDER OR SUPPLIER		S	IREET ADDRESS, CITY, STATE, ZIP COD	•	0/02/2010
PROMED	CA SKILLED NURSING	AND REHAB (RICHMOND)		25 HILLIARD ROAD ICHMOND, VA 23228		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 580	you hold insulin, LPN question, you can cal order." LPN #4 was a physician order for Re April 2019 MAR. Whe the insulin on the data looks like it (the blood usually we have orde When asked if she ha insulin for Resident # less than 100, LPN # When asked what sta a medication, LPN # contact the doctor an LPN #4 was asked to the above dates. Whe documentation that s responsible party whe #4 stated, "It's not the An interview was con 5/2/19 at 10:01 a.m. I that held the above o asked what is Lantus When asked if it's lon LPN #5 stated, "I beli asked if a nurse shou #5 stated, "If there ar orders we are suppos physician orders for F April 2019 MAR and if the physician order, insulin	#4 stated, "If there is a I the doctor and get an asked to review the esident 93's insulin and the en asked why she didn't give es above, LPN #4 stated, "It d sugar) was under 100 and rs to hold for less than 100." ad an order to hold the 93 if the blood sugar was 4 stated, "No, Ma'am." aff should do when they hold 4 stated, "We usually d the responsible party." o review her nurse's notes for en asked if she had he contacted the doctor and en she held the insulin, LPN ere. I didn't do it." ducted with LPN #5 on LPN #5 (one of the nurse's rdered insulin). When , LPN #5 stated, "Insulin." ig acting or short acting, eve it's long acting." When ild hold Lantus insulin, LPN e specific parameters on the sed to." LPN #5 reviewed the Resident #93's insulin, the nurse's notes. When asked ed specific parameters for , LPN #5 stated, "No." LPN 5 on the MAR. When asked ueld, LPN #5 stated,	F 580			

Facility ID: VA0241

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		D HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_		C 02/2019
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	ND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 580	Continued From page	12	F 580				
	"Notification of Chang immediately inform the resident's physician; a his or her authority, the representative(s) whee change in the residen psychosocial status (the health, mental or psychosocial status (the complications); (C) A significantly (that is, a existing form of treatm consequences, or to or treatment)." In Basic Nursing, Ess edition (Potter and Per was a reference source notification. Failure to condition appropriatel information to the phy provider are causes or way to avoid being lia follow standards of car care, and to communi providers. The physic is responsible for dire of a patient. Fundamentals of Nurs Wilkins 2007 page 18 "make sure you recommendent of the physic is methysic status (the physic) is not physical status (the physic) is not physic) is not physical status (the physic) is not physic) is not physical status (the physic) is not physic) is not physical status (the physic) is not physic) is not physical status (the physic) is not physic) is not physical status (the physic) is not phy	Etc.)" documented in part, es: (i) A facility must e resident; consult with the and notify, consistent with e resident's n there is(B) A significant t's physical, mental or hat is, a deterioration in chosocial status in either ions or clinical need to alter treatment need to alter treatment need to discontinue an hent due to adverse commence a new form of ential for Practice, 6th erry, 2007, pages 56-59), be for physician's orders and o monitor the patient's y and communicate that sician or health care f negligent acts. The best ble for negligence is to ire, to give competent health cate with other health care ian or health care provider cting the medical treatment					

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES					NTED: 04/20/2022 FORM APPROVED B NO. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING) DATE SURVEY COMPLETED
		495045	B. WING		C 05/02/2019		
NAME OF P	ROVIDER OR SUPPLIER		•	ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			I25 HILLIARD ROAD ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 580	ASM (administrative s administrator, ASM # and ASM #3, the assidirector, were made a on 5/2/19 at 10.58 a.r No further information (1) This information w following website: https://www.nlm.nih.g y.html., (2) This information w following website: https://www.report.nif ctSheet.aspx?csid=10 2. The facility staff fa when Resident # 12's administered with blo (mg/dl [milligram/deci Resident # 12 was ac 01/21/2019 with diagn not limited to maligna depressive disorder (gastroesophageal ref convulsions (5). Resident # 12's most set), an admission as (assessment reference Resident # 12 as sco assessment for menta of 0 - 15, 14- being co daily decisions. The physician's order	staff member) #2, the mobile 1, the interim administration, isted living facility executive aware of the above concern m. n was provided prior to exit. vas obtained from the gov/medlineplus/cerebralpals vas obtained from the n.gov/NIHfactsheets/ViewFa 00. iled to notify the physician a insulin (1) was od sugars (1) below 100 liter]). dmitted to the facility on noses that included but were nt neoplasm of lung (1), 2), diabetes mellitus (3) lux disease (4), and recent MDS (minimum data sessment with an ARD ce date) of 01/28/19, coded ring a 14 on the staff al status (BIMS) of a score ognitively intact for making	F	580			

Facility ID: VA0241

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	-	D HUMAN SERVICES					FORM): 04/20/2022 MAPPROVED
STATEMENT C	S FOR MEDICARE & I OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION		(X3) DATE COMP	LETED
		495045	B. WING			_		C 02/2019
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	ND REHAB (RICHMOND)			125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 580	May hold if blood suga Date: 02/13/2019." The physician's order 2019 for Resident # 1 (Insulin). Inject 5 unit a day for DM (diabete breakfast and dinner. less than 100. Order The eMAR (electronic record) dated Februar documented the abov review of the eMAR re administered on 02/18 75, on 02/16/19 with b with blood sugar of 85 of 94 and 77 and on 0 84. The eMAR (electronic record) dated April 20 documented the abov insulin. Further review Novolin insulin was ac blood sugar of 91, 04/ 96 and on 04/30/19 w The comprehensive c dated 01/21/2019 doc Endocrine System rel Diabetes." Under "Int "Administer medicatio Date Initiated 01/21/2 Review of Resident #	Inject 5 units o times a day for diabetes. ar is less than 100. Order sheet (POS) dated April 2-documented "Novolin s subcutaneously two times s mellitus) give before May hold if blood sugar is Date: 03/26/2019." medication administration y 2019 for Resident # 12 e physician's order. Further evealed Novolin was 5/19 with a blood sugar of blood sugar of 91, 02/20/19 5, 02/27/19 with blood sugar 2/28/19 with blood sugar of blood sugar of 91, 02/20/19 5, 02/27/19 with blood sugar 2/28/19 with blood sugar of the eMAR revealed diministered on 04/16/19 with 29/19 with blood sugar of ith blood sugar of 69. are plan for Resident # 12 umented, "Focus. ated to; insulin Dependent erventions" it documented, n per physician orders. 019."	F	580				
		9 through February 29,						

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY
ID PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	·	COMPLETED
		495045	B. WING		C 05/02/2019
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228	
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE COMPLET HE APPROPRIATE DATE
F 580	Continued From page	e 15	F 58	0	
		19 through April 30, 2019			
		cumentation of notification to			
		in administered to the sugar below 100, on the			
	following dates:				
	02/15/19, 02/16/19, 0 04/16/19, 04/29/19 a	02/20/19, 02/27/19, 02/28/19, nd on 04/30/19.			
	On 05/01/19 at 1:15	p.m., an interview was			
	conducted with RN (r	egistered nurse) # 2 unit			
		ansitional step down unit).			
		describe the process staff lin is not administered as			
		ed, "When it is discovered			
		an, take the resident's blood			
		ly and resident, follow any physician may have, let the			
		the error is, notify the			
		id complete an incident			
	-	or report. We investigate			
		bened, who was notified and t if any, corrections so it			
		n, re-education/training of the			
		body looks back at the			
	-	is for blanks, and if the			
		llin are being administered back is done by the unit			
	manager and the dire	-			
		oximately 3:30 p.m., ASM			
		nember) # 1, the interim			
		M # 2, mobile administrator, lirector of the assisted living			
		, director of nursing were			
	No further information				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 MAPPROVED). 0938-0391
STATEMENT C	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_	05/0	02/2019
NAME OF PF	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
PROMEDI		AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 580	make insulin. Insulin i glucose get into your Without insulin, too m blood. If you have typ to take insulin. Type 2 common type, can sta use insulin as it shoul with the need for insu pills. Along with meal activity, diabetes pills diabetes or gestationa glucose levels on targ available. Each works people take two or thr people take combinat contain two kinds of d tablet. Some people ta information was obtain https://medlineplus.go (2) Blood sugar, or glu found in your blood. It eat, and is your body' Your blood carries glu cells to use for energy obtained from the wet https://medlineplus.go (3) Lung cancer is car The lungs are located breathe, air goes thro windpipe (trachea), ar flows through tubes ca cancer begins in the of This information was of https:	tes, your pancreas does not s a hormone that helps cells to give them energy. such glucose stays in your e 1 diabetes, you will need 2 diabetes, the most art when the body doesn't d. If your body can't keep up lin, you may need to take planning and physical help people with type 2 al diabetes keep their blood get. Several kinds of pills are s in a different way. Many ree kinds of pills. Some ion pills. Combination pills liabetes medicine in one ake pills and insulin. This ned from the website: bv/diabetesmedicines.html.	F 580				
							1

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	MENT OF HEALTH AN S FOR MEDICARE & I	D HUMAN SERVICES				FORM): 04/20/2022 APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>`</i>	PLE CONSTRUCTION	-	(X3) DATE COMP	SURVEY LETED
		495045	B. WING			05/	C 02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	ND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 580	 (4) Depression may b blue, unhappy, misera Most of us feel this was short periods. Clinical disorder in which feeli or frustration interfere or more. This informative website: https://medlineplus.got (5) Stomach contents the esophagus and irr was obtained from the https://www.nlm.nih.g (6) The term "seizure" interchangeably with " the physical findings of occur after an episode activity in the brain. To obtained from the web https://medlineplus.got (7) The term "seizure" interchangeably with " the physical findings of occur after an episode activity in the brain. To obtained from the web https://medlineplus.got (6) Are an immediate- oxycodone hydrochlor management of mode the use of an opioid a This information was of https://dailymed.nlm.r 	e described as feeling sad, able, or down in the dumps. ay at one time or another for a depression is a mood ings of sadness, loss, anger, with everyday life for weeks ation was obtained from the ov/ency/article/003213.htm. to leak back, or reflux, into ritate it. This information e website: ov/medlineplus/gerd.html. ' is often used 'convulsion." A seizure is or changes in behavior that e of abnormal electrical 'his information was osite: ov/ency/article/003200.htm. ' is often used 'convulsion." A seizure is or changes in behavior that e of abnormal electrical 'his information was osite: ov/ency/article/003200.htm. ' is often used 'convulsion." A seizure is or changes in behavior that e of abnormal electrical 'his information was osite: ov/ency/article/003200.htm.	F 58	30			

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_	(05/) 02/2019
NAME OF PF	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 580	Continued From page	9 18	F 580				
		iled to notify the physician insulin was administered re below150.					
	11/22/2016 with diagr not limited to dementi	Imitted to the facility on noses that included but were a (1), depressive disorder d diabetes mellitus (4).					
	set), a quarterly asses (assessment reference Resident # 26 as score assessment for menta of 0 - 15, 9 (nine) - be cognition intact for ma Resident # 26 was co	e date) of 02/08/19, coded ring a 9 (nine) on the staff al status (BIMS) of a score sing moderately impaired of					
	documented "Novolog subcutaneously befor	il 2019 for Resident # 26 g (5). Inject 5 units e meals for DM (diabetes 6 (blood sugar) < (less than)					
	record) dated Februar documented the abov review of the eMAR re	d sugar of 98, d sugar of 68, d sugar of 129,					

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/20/2022 MAPPROVED D. 0938-0391
STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	-	(X3) DATE COMP	SURVEY PLETED
		495045	B. WING		_		C 1 02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 580	- $02/09/19$ with a bloo - $02/11/19$ with a bloo - $02/16/19$ with a bloo - $02/20/19$ with a bloo - $02/20/19$ with a bloo - $02/25/19$ with a bloo - $03/02/19$ with a bloo - $03/02/19$ with a bloo - $03/02/19$ with a bloo - $03/03/19$ with a bloo - $03/03/19$ with a bloo - $03/10/19$ with a bloo - $03/10/19$ with a bloo - $03/11/19$ with a bloo - $03/11/19$ with a bloo - $03/11/19$ with a bloo - $03/11/19$ with a bloo - $03/21/19$ with a bloo - $03/21/19$ with a bloo - $03/21/19$ with a bloo - $03/21/19$ with a bloo - $03/29/19$ with a bloo - $03/29/19$ with a bloo - $03/30/19$ with a bloo - $03/30/19$ with a bloo - $03/31/19$ with a bloo	ad sugar of 113, d sugar of 85, a sugar of 97, d sugar of 103, d sugar of 104. c medication administration 2019 for Resident # 26 re physician's order for her review of the eMAR s administered on the blood sugar reading below d sugar of 114, d sugar of 136, d sugar of 136, d sugar of 120 and 88, od sugar of 137, d sugar of 130, d sugar of 130, d sugar of 137. c medication administration 19 for Resident # 26 g. Inject 5 units re meals for DM. Hold for view of the eMAR revealed tered on the following dates ading below 150: od sugar of 112, od sugar of 112, od sugar of 114, d sugar of 112, od sugar of 112, od sugar of 114, d sugar of 112, od sugar of 119, od sugar of 119, od sugar of 198,	F 58	0			

Facility ID: VA0241

If continuation sheet Page 20 of 205

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/20/2022 MAPPROVED 0. 0938-0391	
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495045	B. WING			C 05/02/2019		
NAME OF P	ROVIDER OR SUPPLIER	L		ST	REET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			25 HILLIARD ROAD ICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	ı ıx	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 580	 04/16/19 with a bloc 04/21/19 with a bloc 04/22/19 with a bloc 04/22/19 with a bloc 04/29 with a blocd 04/29 with a blocd 04/30/19 with a blocd The comprehensive of dated 11/23/2016 door Endocrine System replication Diabetes." Under "In "Administer medication Date Initiated 11/23/2 Review of Resident # dated February 1, 20 failed to evidence door 26's insulin was not at the physician or that the physician or that the physician or that the physician insulin was resident's blood sugation 02/01/19, 02/02/19, 02/09/19, 02/01/19, 02/02/19, 02/09/19, 02/11/19, 03/03/03/11/19, 03/16/19, 0 03/25/19, 03/29/19, 0 0n 03/02/19, 03/29/19, 0 0n 05/01/19 at 1:15 producted with RN (rmanager for TSU (trans RN #1 was asked to a follows when an insuli ordered. RN # 2 states 	bd sugar of 129 and 102, bd sugar of 101 and 144, bd sugar of 95, bd sugar of 72, sugar of 134, bd sugar of 109. Care plan for Resident # 12 cumented, "Focus. lated to; insulin Dependent terventions" it documented, on per physician orders. 2016." E 26's "Progress Notes" 19 through April 30, 2019 cumentation that Resident # idministered as ordered by there was notification to the administered when the ir was below 150 on the 02/05/19, 02/08/19, 2/16/19, 02/20/19, and on (19, 03/05/19, 03/10/19, 3/17/19, 03/19/10, 03/21/19, 3/30/19 and on 03/31/19. (19, 04/10/19, 04/22/19, 04/27/19,	F	580				

If continuation sheet Page 21 of 205

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495045	B. WING				C 102/2019
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	·	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 580	sugar, notify the famil additional orders the physician know what director of nursing and report/medication error the error, how it happ changes in treatment doesn't happen again staff member. Somet eMAR on a daily basi medications and insul as ordered. The look manager and the dire On 05/02/19 at appro (administrative staff m administrator and ASI ASM # 3, executive d facility, and ASM # 4, made aware of the find No further information References: (1) A loss of brain fund diseases. It affects m judgment, and behavio obtained from the well https://medlineplus.go (2) Depression may b blue, unhappy, misera Most of us feel this was short periods. Clinica disorder in which feel or frustration interfere or more. This information website:	y and resident, follow any obysician may have, let the the error is, notify the d complete an incident or report. We investigate ened, who was notified and if any, corrections so it , re-education/training of the body looks back at the s for blanks, and if the lin are being administered back is done by the unit ctor of nursing." ximately 3:30 p.m., ASM nember) # 1, the interim M # 2, mobile administrator, irector of the assisted living director of nursing were adings. n was provided prior to exit.	F	580			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED	
	495045 AME OF PROVIDER OR SUPPLIER					C 05/02/20		
NAME OF P	ROVIDER OR SUPPLIER	I		ST	REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			25 HILLIARD ROAD CHMOND, VA 23228			
(X4) ID PREFIX TAG	(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 B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE	
F 580	Continued From page	22	F 5	80				
	obtained from the we	rder. This information was bsite: ov/medlineplus/swallowingdi						
	(4) A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/ 001214.htm.							
	to improve glycemic of with diabetes mellitus obtained from the we https://dailymed.nlm.r	nan insulin analog indicated control in adults and children s. This information was bsite: nih.gov/dailymed/drugInfo.cf 009-40d0-876c-b4cb2be56f						
	was notified Resident	iled to ensure the physician #17's diabetic medications order, or not administered ders.						
	7/27/18, diagnoses in to, diabetes, high bloc dementia with behavi disorder. The most re Set) was a quarterly a (Assessment Referen resident was coded a impaired in ability to r The resident was code bathing; supervision f	mitted to the facility on icluded, but are not limited od pressure, atrial fibrillation, ors, depression, and anxiety ecent MDS (Minimum Data assessment with an ARD face Date) of 2/1/19. The s severely cognitively make daily life decisions. The das requiring total care for for transfers, ambulation, d hygiene; was independent ontinent of bowel and						

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 04/20/2022 / APPROVED). 0938-0392
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE	p.		CONSTRUCTION			LETED
		495045	B. WIN	G			05/) 02/2019
NAME OF PI	ROVIDER OR SUPPLIER	•	•	S	TREET ADDRESS, CITY, STATE, ZIP	CODE	•	
				2	125 HILLIARD ROAD			
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		R	RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUI SC IDENTIFYING INFORMATIC		FIX	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD B		(X5) COMPLETION DATE
F 580	Continued From page	23	l	- 580				
	FEBRUARY 2019:							
	A review of the clinica following physician or all or part of February	ders that were in effect	for					
	- An order dated 2/13/19 for Novolog (1) Flexpen 3 units before meals, hold if blood sugar is below 100. This order was discontinued on 2/27/19.		elow					
	following: 2/14/19 - th 3 units was given. Th if the blood sugar was resident's blood suga evidence of physician medication was given outside of parameters 2/15/19 - the morning was given. The medi blood sugar was less blood sugar was less blood sugar was 89. physician notification given when the blood parameters to give th the morning dose of N The medication was to was less than 100. T was 95. There was n notification that the m	r was 79. There was no notification that the when the blood sugar was to give the medication. dose of Novolog 3 unit: cation was to be held if than 100. The resident There was no evidence that the medication was sugar was outside of e medication. On 2/25/1 Novolog 3 units was give o be held if the blood such he resident's blood sugar o evidence of physician redication was given wh	blog held was . On s the 's of of 9 - en. ugar ar en					
	give the medication.	outside of parameters to						
	A review of the clinica	al record revealed the						
FORM CMS-256	7(02-99) Previous Versions Obs	solete Ev	vent ID: KD2K11	Fa	cility ID: VA0241	If continua	tion sheet	Page 24 of 20

		ID HUMAN SERVICES MEDICAID SERVICES				FO	ED: 04/20/2022 RM APPROVED NO. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		495045	B. WING				C 5/02/2019
NAME OF PF	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
DDOMEDI				2	125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		F	RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 580	Continued From page	e 24 rders that were in effect for	F	580			
	all or part of March 20 An order dated 9/4/18 bedtime. This order v 4/18/19. An order dated 2/27/2	019: 3 for Lantus (2) 40 units at					
	An order dated 3/5/19	9 for Novolog 6 units before mained active as of the					
	following: On 3/4/19 - lunchtime was held. There were hold the Humalog. The was 92. There was n	a 2019 MAR revealed the e dose of Humalog 6 units e no orders or parameters to he resident's blood sugar to evidence the physician umalog being held when it e held.					
	held. There were no hold the Novolog. The was 83. There was no was notified of the Nov was not ordered to be morning Novolog of 6 no orders or paramete The resident's blood a no evidence the phys Novolog being held we held. On 3/15/19 - the was held. There were hold the Novolog. The "Other/See Nurse No	ing Novolog of 6 units was orders or parameters to be resident's blood sugar to evidence the physician boolog being held when it e held. On 3/10/19 - the d units was held. There were ers to hold the Novolog. sugar was 95. There was ician was notified of the when it was not ordered to be e morning Novolog of 6 units e no orders or parameters to the MAR was coded as tes." The notes d sugar was 79. There was					
		ician was notified of the /hen it was not ordered to be					

Facility ID: VA0241

If continuation sheet Page 25 of 205

		ID HUMAN SERVICES MEDICAID SERVICES				FOF	0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
		495045	B. WING			0	C 5/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			ŝ	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
F 580		ence of the Lantus 40 units	F	580			
	coded as "Other/See documented the bloo rechecked and was 8	0. There were no orders to					
		re was no evidence the actitioner was notified of the 1.					
	APRIL 2019:						
	all or part of March 20	ders that were in effect for)19: An order dated 3/5/19 efore meals. This order					
	following: On 4/3/19 - the morni was held. The blood no orders or parameter There was no evidence of the Novolog being ordered to be held. O dose of Novolog 6 un documented blood su or parameters to hold evidence the physicia Novolog being held w held. On 4/11/19 - the 6 units was held. The There were no orders Novolog. There was	n 4/3/19 - the lunchtime its was held. There was no igar. There were no orders the Novolog. There was no in was notified of the then it was not ordered to be a lunchtime dose of Novolog					

Facility ID: VA0241

If continuation sheet Page 26 of 205

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>		E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		495045	B. WING				C / 02/2019
NAME OF PI	ROVIDER OR SUPPLIER	L		5	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 580	Continued From page was not ordered to be		F	580			
	7/27/18 for "Endocrin Dependent Diabetes. the interventions, "Ad physician orders" date glucometer readings ordered" dated 2/12/1	and report abnormalities as 9, "Obtain Lab [laboratory red and notify physician of					
	LPN #1asked about the held when there was hold it. LPN #1 states administered and if the to do so, she should a blood sugar and see the dose and write the a nurse cannot hold a order. When asked a insulins administered parameters to hold it,	licensed practical nurse) #1. he above findings of insulins no parameters or orders to d that it should have been he nurse felt it was not safe hotify the physician of the if the physician wants to hold e order for it. LPN #1 stated a medication without an about the above findings of when there were ordered LPN #1 stated that it should he physician should be					
	LPN #4, when asked followed when you ho stated, "Usually we co (responsible party)."	6 AM, in an interview with what about the process old a medication, LPN #4 ontact the doctor and the RP					
		M, ASM #1 (Administrative nistrator), ASM #2 (Mobile					

Facility ID: VA0241

If continuation sheet Page 27 of 205

		MEDICAID SERVICES	(¥2) MI II T	IPLE CONS			B NO. 0938-03
	CORRECTION	IDENTIFICATION NUMBER:	· /	NG		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COMPLETED
							С
		495045	B. WING				05/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CO	DDE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)					
				RICHM	OND, VA 23228		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETIC DATE
F 580	Continued From page	e 27	F 5	580			
		#3 (ALF Executive Director)					
	,.	r of Nursing) were made					
	,	. No further information was					
	provided by the end of	of the survey.					
	(1) Novolog - Insulin	aspart is used to treat type 1					
		which the body does not					
		herefore cannot control the					
	-	e blood). It is also used to					
		e 2 diabetes (condition in					
	-	not use insulin normally and trol the amount of sugar in					
		insulin to control their					
		with type 1 diabetes, insulin					
		d with another type of insulin,					
		n external insulin pump. In					
		iabetes, insulin aspart also					
		other type of insulin or with [·] diabetes. Insulin aspart is a					
		de version of human insulin.					
		by replacing the insulin that					
	-	by the body and by helping					
		blood into other body					
		ed for energy. It also stops					
	the liver from produci Information obtained						
		ov/druginfo/meds/a605013.h					
	tml						
		argine is used to treat type 1					
		which the body does not					
		herefore cannot control the e blood). It is also used to					
		e 2 diabetes (condition in					
		not use insulin normally and,					
		trol the amount of sugar in					
		-	1	1			1
		insulin to control their /ith type 1 diabetes, insulin					

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 04/20/2022 MAPPROVED). 0938-0391
STATEMENT	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í				(X3) DATE COMP	SURVEY LETED
		495045	B. WING					C 02/2019
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STA	TE, ZIP CODE	-	
PROMED	CA SKILLED NURSING A	AND REHAB (RICHMOND)			125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BI CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
F 580	(a short-acting insulin diabetes, insulin glarg another type of insulir for diabetes. Insulin g manmade version of I glargine works by rep normally produced by move sugar from the tissues where it is use the liver from produci Information obtained https://medlineplus.go tml (3) Humalog - Insulin diabetes (condition in produce insulin and th amount of sugar in the treat people with type which the body does therefore cannot cont the blood) who need id diabetes. In patients w lispro is always used unless it is used in an patients with type 2 d be used with another medication(s) for diab short-acting, manmad Insulin lispro works by normally produced by move sugar from the tissues where it is use the liver from producin Information obtained	d with another type of insulin). In people with type 2 gine also may be used with in or with oral medication(s) largine is a long-acting, human insulin. Insulin lacing the insulin that is the body and by helping blood into other body ed for energy. It also stops ing more sugar. from bv/druginfo/meds/a600027.h lispro is used to treat type 1 which the body does not herefore cannot control the e blood). It is also used to 2 diabetes (condition in not use insulin normally and rol the amount of sugar in insulin to control their with type 1 diabetes, insulin with another type of insulin, external insulin pump. In iabetes, insulin lispro may type of insulin or with oral betes. Insulin lispro is a le version of human insulin. y replacing the insulin that is the body and by helping blood into other body ed for energy. It also stops ing more sugar.	F	580				

Facility ID: VA0241

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		LE CONSTRUCTION	(V2) DA	TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:			· · · ·	MPLETED
						С
		495045	B. WING		0	5/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 582	Continued From page	e 29	F 58	2		
	1.0	overage/Liability Notice	F 58			5/23/19
SS=D				-		0,20,10
	§483.10(g)(17) The fa	acility must				
		aid-eligible resident, in				
	writing, at the time of	admission to the nursing				
	facility and when the	resident becomes eligible for				
	Medicaid of-					
		rvices that are included in				
		es under the State plan and				
		t may not be charged;				
		s and services that the				
		which the resident may be				
	services; and	ount of charges for those				
		caid-eligible resident when				
		the items and services				
		g)(17)(i)(A) and (B) of this				
	section.					
	§483.10(g)(18) The fa	acility must inform each				
		the time of admission, and				
		e resident's stay, of services				
		y and of charges for those				
	-	ny charges for services not				
	facility's per diem rate	are/ Medicaid or by the				
		coverage are made to items				
		by Medicare and/or by the				
		the facility must provide				
		the change as soon as is				
	reasonably possible.	-				
		re made to charges for other				
		at the facility offers, the				
		e resident in writing at least				
		ementation of the change.				
		or is hospitalized or is not return to the facility, the				

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STATEMENT (DF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` <i>`</i>		CONSTRUCTION	(X3) DA	NO. 0938-039 TE SURVEY MPLETED
			A. BUILD	ING _			С
		495045	B. WING			0	5/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
		AND REHAB (RICHMOND)		2	125 HILLIARD ROAD		
				R	RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 582	Continued From page	e 30	F	582			
	facility must refund to	the resident, resident					
	•	tate, as applicable, any					
	-	ready paid, less the facility's					
	•	days the resident actually					
		or retained a bed in the					
	facility, regardless of						
	discharge notice requ						
		refund to the resident or ve any and all refunds due					
) days from the resident's					
	date of discharge from	-					
		dmission contract by or on					
		al seeking admission to the					
	facility must not confl	ict with the requirements of					
	these regulations.						
	This REQUIREMENT	Γ is not met as evidenced					
		view, facility document review			The statements made on this plan of		
		view, it was determined that			correction are not an admission to an		
	the facility staff failed	•			not constitute an agreement within th	е	
		ige for two of 56 residents in Residents #354 and #355.			alleged deficiencies cited herein. To	and	
	line survey sample, r	esidents #354 and #355.			remain in compliance with all federal state regulations, the center has take		
	1 Resident #354's la	st covered day of Medicare			will take the actions set forth in the	11 01	
		11/7/18. The facility staff			following plan of correction constitute	s the	
	failed to notify Reside	-			center's allegation of compliance. All		
		tive) of the last covered day			alleged deficiencies cited have been		
	and the right to appea	al.			will be corrected by the date or dates indicated.		
	2. Resident #355's la	st covered day of Medicare					
		1/21/19. The facility staff			F-582		
	failed to notify Reside				It is the intended practice of this facili	ty to	
		tive) of the last covered day			notify the resident and/or the residen	's	
	and the right to appea	al.			representative of the Medicare non		
					covered days and the right to appeal.		
	The findings include:					- 41-	
	1 Desident #0541-	of accord days of Mr. Harman			1. Resident #354 no longer resides i	n the	
		st covered day of Medicare I1/7/18. The facility staff			facility. Resident #355 was skilled as a		
							1

Event ID: KD2K11

Facility ID: VA0241

If continuation sheet Page 31 of 205

		MEDICAID SERVICES	(X2) MULTIF	PLE	CONSTRUCTION	(X3) DATE	0. 0938-03 SURVEY
	CORRECTION	IDENTIFICATION NUMBER:					LETED
							C
		495045	B. WING			05/	02/2019
NAME OF PI	ROVIDER OR SUPPLIER				IREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			I25 HILLIARD ROAD ICHMOND, VA 23228		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	COMPLETIO DATE
F 582	Continued From page	e 31	F 58	82			
	failed to notify Reside	ent #354 (and/or the			managed care patient, notification was	6	
		tive) of the last covered day			discussed with the patient and family.		
	and the right to appea	al.					
	Resident #35/ was a	dmitted to the facility on			 Residents that are covered by Medicare payer have the potential to be 		
		54's diagnoses included but			affected.		
		nxiety disorder and retention					
		354's most recent MDS			3. The social services department wa		
		prior to discharge), a 30 day			re-educated on the importance of notif	ying	
		it with an ARD (assessment /31/18, coded the resident's			the resident and/or the resident's representative of the Medicare		
		ily decision-making as			non-covered days and the right to app	eal	
	moderately impaired.						
					4. Social Services and/or designee w	11	
	On 5/1/19 at 10:31 a.				audit Medicare covered residents for		
		(other staff member) #1 (the #1 stated the facility policy			notifications of non-coverage daily x5 days and then 3 days a week x 3 wee	Ke l	
	,	[#] Medicare non-coverage two			and then monthly x 2 months. Results		
		nt is discharged from the			the QAA audits will be reviewed by the		
	-	ed a notice of Medicare			facility's QAA Committee.		
	• •	has to be issued 48 hours			Recommendations will be discussed a	ind	
		n the facility and 24 hours vices (Medicare Part A) end.			implemented as needed.		
		esident #354's last covered			5. The facility alleged date of complia	nce	
		A services was 11/7/18 and			will be June 11, 2019.		
	she could not provide	e a notice of Medicare					
	-	#1 stated she had been in					
		and could not answer what confirmed a notice should					
	have been completed						
		n., ASM (administrative staff					
	, ,	bile administrator) and ASM					
	#4 (the director of hull the above concern.	rsing) were made aware of					
		n., OSM #1 stated that she					
		al services role since the end					
	of March and could s	how evidence that all notices					

If continuation sheet Page 32 of 205

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		495045	B. WING				02/2019
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 582	since then. When asl action plan in place, C believe a plan was sta evidence of a correcti The facility document Non Coverage Policy Medicare Advantage later than two (2) cale termination of skilled Medicare Non Covera delivered to the patien representative or resp collectively referred to NOMNC must be sign RP and dated on the NOMNC. If the NOM enrollee or RP refuse date, the (name of fac note in the case file th NOMNC was delivered No further information 2. Resident #355's las Part A services was 1 failed to notify Reside resident's representat and the right to appea Resident #355 was ac 6/30/17. Resident #3 were not limited to he weakness. Resident (minimum data set) (p quarterly assessment	erage had been completed ked if the facility had an DSM #1 stated she did not arted and could not show ve action plan. titled, "Notice of Medicare & Process (NOMNC): Patients" documented, "No endar days prior to the services, a Notice of age ('NOMNC') has to be nt and/or the patient's ponsible party (both o in this policy as 'RP'). The hed by the enrollee or the date that he or she signs the NC is delivered, but the s to sign on the delivery cility) representative should he date on which the ed." n was presented prior to exit. st covered day of Medicare /21/19. The facility staff ent #355 (and/or the tive) of the last covered day al. dmitted to the facility on 55's diagnoses included but art failure and muscle #355's most recent MDS prior to discharge), a twith an ARD (assessment i/19, coded the resident as	F	582			

Facility ID: VA0241

If continuation sheet Page 33 of 205

		ND HUMAN SERVICES MEDICAID SERVICES				RINTED: 04/20/2022 FORM APPROVED MB NO. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í	PLE CONSTRUCTION	()	(3) DATE SURVEY COMPLETED
		495045	B. WING		_	C 05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE	00/02/2010
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
				RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 582	Continued From page	e 33	F 5	82		
	social worker). OSM is to issue a notice of days before a resider facility. OSM #1 state non-coverage always before discharge from before the skilled ser OSM #1 confirmed R day of Medicare Part she could not provide non-coverage. OSM this role for a month a	(other staff member) #1 (the #1 stated the facility policy Medicare non-coverage two in the discharged from the ed a notice of Medicare is has to be issued 48 hours in the facility and 24 hours vices (Medicare Part A) end. esident #355's last covered A services was 1/21/19 and e a notice of Medicare #1 stated she had been in and could not answer what confirmed a notice should				
	member) #2 (the mot	n., ASM (administrative staff bile administrator) and ASM rsing) were made aware of				
	had been in the social of March and could s of Medicare non-cover since then. When as action plan in place, 0	n., OSM #1 stated that she al services role since the end how evidence that all notices erage had been completed ked if the facility had an OSM #1 stated she did not arted and could not show ive action plan.				
F 584 SS=D	Safe/Clean/Comforta	n was presented prior to exit. ble/Homelike Environment (7)	F 5	84		5/23/19
	§483.10(i) Safe Envir The resident has a rio					
	7(02-99) Previous Versions Obs	solete Event ID: KD2ł		Facility ID: VA0241	16 tim tim	n sheet Page 34 of 20

If continuation sheet Page 34 of 205

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	04/20/2022 APPROVED
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION		(X3) DATE COMP	LETED
		495045	B. WING		_	05/	C 02/2019
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	ATE, ZIP CODE	•	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 584	but not limited to rece supports for daily livin The facility must prov §483.10(i)(1) A safe, of homelike environmen use his or her persona possible. (i) This includes ensur receive care and serv physical layout of the independence and do (ii) The facility shall ex- the protection of the r or theft. §483.10(i)(2) Houseke services necessary to and comfortable interior §483.10(i)(3) Clean be in good condition; §483.10(i)(4) Private of resident room, as spe §483.10(i)(5) Adequat levels in all areas; §483.10(i)(6) Comfort levels. Facilities initial 1990 must maintain a 81°F; and §483.10(i)(7) For the sound levels.	elike environment, including iving treatment and ag safely. ide- clean, comfortable, and t, allowing the resident to al belongings to the extent ring that the resident can rices safely and that the facility maximizes resident we not pose a safety risk. xercise reasonable care for esident's property from loss eeping and maintenance maintain a sanitary, orderly, ior; ed and bath linens that are	F 584				

Facility ID: VA0241

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	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPI	LE CONSTRUCTION		<u>D. 0938-03</u> E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	PLETED
						С
		495045	B. WING		05	/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	STENET OF DELIVITION OF DELIVITICO OF DELIVICO OF DELIVICO OF DELIVICO O	PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETIC
F 584	Continued From page	e 35	F 58	4		
		n, staff interview, facility		The statements made on this p	lan of	
		l clinical record review, it		correction are not an admission		
		acility staff failed to provide		not constitute an agreement wit		
		ent for one of 56 residents in		alleged deficiencies cited herein		
	the survey sample, R	esident #58.		remain in compliance with all fe		
	Posidont #58's room	failed to provide a homelike		state regulations, the center has will take the actions set forth in		
		only had a bed and over bed		following plan of correction cons		
		other furniture on her side of		center's allegation of compliance		
	the room.			alleged deficiencies cited have l		
				will be corrected by the date or	dates	
	The findings include:			indicated.		
	Resident #58 was ad	mitted to the facility 11/29/18		F-584		
	with diagnoses that ir	ncluded but were not limited		It is the intended practice of this	facility to	
		group of disorders that affect		provide a safe, clean, comfortat	ole and	
	a person's ability to m			homelike environment.		
		(1)], intellectual disability		1. Upon notification from the ou		
		disorders characterized by a ty and difficulty with adaptive		1. Upon notification from the su May 1, 2019, resident #58 was	irveyor on	
		anaging money, schedules		immediately provided a night sta	and.	
		al interactions. Intellectual		Resident rooms were audited for		
		efore the age of 18 and may		stands.	-	
		auses, such as autism or				
		m nonphysical causes, such		2. Residents who reside in the	•	
	(2)] and high blood p	and adult responsiveness		have the potential to be affected	1.	
				3. Staff will be re-educated on t	he	
	The most recent MDS	S (minimum data set)		importance to providing a home	like	
	-	erly assessment, with an		environment with required furnis	shings in	
		e date of 3/6/19, coded the		resident's rooms.		
		oth short and long-term		1 Administrator and/andersing		
		nd as moderately impaired to decisions. The resident was		4. Administrator and/or designer randomly audit 22 resident roon		
		tensive assistance of one		required furnishings daily x 5 da		
		at of her activities of daily		three days a week x 3 weeks ar		
		as being dependent upon		monthly x 2 months. Results of		
		and personal hygiene.		audits will be reviewed by the fa		
				QAA Committee. Recommenda	ations will	1

Facility ID: VA0241

If continuation sheet Page 36 of 205

	S FOR MEDICARE &					D. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		E SURVEY PLETED
		495045	B. WING			C
NAME OF P	ROVIDER OR SUPPLIER	400040		STREET ADDRESS, CITY, STATE, ZIP CODE	05	/02/2019
		AND REHAB (RICHMOND)	2	125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 584	Continued From page 36 Observation was made of Resident #58's room on 4/30/19, at approximately 11:40 a.m.; Resident #58 was in her bed, awake. Resident #58 could only answer to her name. There was no hightstand or over bed table at this time. The room appeared bare and institutionalized. There was nothing on the walls and no nightstand to put her belongings on. The other resident in the room had a nightstand and an over bed table. The closet and dresser drawers were located at the foot of the bed on the other side of the room from Resident #58. A second observation was made of Resident #58's room on 4/30/19 at 3:47 p.m. The resident was in the bed. There was an over bed table next o the bed but no nightstand. An interview was conducted with CNA (certified hursing assistant) #4 on 5/1/19 at 1:14 p.m. When asked why Resident #58 did not have a hightstand, CNA #4 stated, "I've asked for one but will have to check on that and get back with you." When asked if Resident #58's two drawers, closet space and basin with her personal belongings was located in the wall unit on the		F 584	be discussed and implemented a needed. 5. The facility alleged date of col is June 11, 2019.		
	practical nurse) # 4 o asked if every resident table and a night star believe so." When as	ducted with LPN (licensed n 5/1/19 at 1:19 p.m. When nt should have an over bed nd, LPN #4 stated, "Yes, I ked why Resident #58 does d, LPN #4 stated, "We are				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		495045	B. WING				C 102/2019
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 584	on 5/1/19 at 1:23 p.m resident should have night stand, ASM #2 s The facility policy, "Re Personal Property" do "Resident's possession apparent value to oth respect. Resident hav personal possessions environment and sup maintaining their inde ASM #2, ASM #1, the ASM #3, the assisted director, were made a on 5/2/19 at 10.58 a.r	#2, the mobile administrator, . When asked if every an over bed table and a stated, "Yes." espect/Dignity/Right to have ocumented in part, ons, regardless of their ers, must be treated with ve the right to retain and use s to promote a homelike port each resident in opendence." e interim administration, and living facility executive aware of the above concern	F	584			
F 622 SS=D	y.html., (2) This information w following website: https://www.report.nif ctSheet.aspx?csid=10 Transfer and Dischar CFR(s): 483.15(c)(1)(§483.15(c)(1) Facility	ov/medlineplus/cerebralpals /as obtained from the n.gov/NIHfactsheets/ViewFa 00 ge Requirements (i)(ii)(2)(i)-(iii) and discharge- requirements-	F	622			5/23/19
	(i) The facility must per remain in the facility,						

Event ID: KD2K11

Facility ID: VA0241

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CON	ISTRUCTION	(X3) DA	NO. 0938-03
id plan of	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IG		CO	MPLETED
		495045	B. WING				C)5/02/2019
AME OF P	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP COD	•	15/02/2019
				2125 H	HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)	RICHMOND, VA 23228				
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETIO DATE
F 622	Continued From page	38	, E 6	22			
1 022	-		F 6	22			
		nt from the facility unless- scharge is necessary for the					
		the resident's needs					
	cannot be met in the						
		scharge is appropriate					
		's health has improved					
		ident no longer needs the					
	services provided by	-					
	(C) The safety of indi	viduals in the facility is					
:	endangered due to th	e clinical or behavioral					
	status of the resident	•					
		viduals in the facility would					
	otherwise be endang						
		failed, after reasonable and					
		pay for (or to have paid					
		edicaid) a stay at the facility. if the resident does not					
		paperwork for third party					
	payment or after the						
		I, denies the claim and the					
		ay for his or her stay. For a					
	-	es eligible for Medicaid after					
		, the facility may charge a					
		le charges under Medicaid;					
	or						
	(F) The facility cease						
		ot transfer or discharge the					
		peal is pending, pursuant to					
	§ 431.230 of this cha						
		ight to appeal a transfer or					
		the facility pursuant to § chapter, unless the failure to					
		would endanger the health					
		ent or other individuals in the					
	-	lust document the danger					
		or discharge would pose.					
	1	•		1			1

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	F DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION		NO. 0938-03
	CORRECTION	IDENTIFICATION NUMBER:	· · ·	G		OMPLETED
			_		-	С
		495045	B. WING			05/02/2019
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY,	STATE, ZIP CODE	
DONED				2125 HILLIARD ROAD		
ROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		RICHMOND, VA 2322	8	
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		(EACH CORF	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETIC DATE
F 622	Continued From page	<u>, 30</u>	F 6	22		
1 022			FO	22		
	When the facility trans	the circumstances specified				
	-)(A) through (F) of this				
		ust ensure that the transfer				
		nented in the resident's				
	medical record and a	ppropriate information is				
	communicated to the					
	institution or provider.					
	.,	he resident's medical record				
	must include:					
	• •	transfer per paragraph (c)(1)				
	(i) of this section.	agraph (c)(1)(i)(A) of this				
		esident need(s) that cannot				
		ots to meet the resident				
		e available at the receiving				
	facility to meet the ne	•				
	(ii) The documentatio	n required by paragraph (c)				
	(2)(i) of this section m					
	. ,	sician when transfer or				
	•	ry under paragraph (c) (1)				
	(A) or (B) of this secti					
		transfer or discharge is $p(x) = p(x) + p(x)$				
	this section.	agraph (c)(1)(i)(C) or (D) of				
		led to the receiving provider				
	must include a minim					
	(A) Contact informatio	-				
	responsible for the ca	re of the resident.				
		ntative information including				
	contact information					
	(C) Advance Directive					
		tions or precautions for				
	ongoing care, as appr (E) Comprehensive c					
	. ,	ry information, including a				
	copy of the resident's					
	consistent with §483.2					

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		MEDICAID SERVICES				<u>10. 0938-039</u>
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	· · · ·	TE SURVEY MPLETED
						С
		495045	B. WING		0	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 622	Continued From pag	e 40	F 6	22		
	any other documenta a safe and effective This REQUIREMEN	ation, as applicable, to ensure				
	review, and clinical r determined that the f the required docume receiving facility at th of 56 residents in the 48. The facility staff faile required documentat provided to the recei 48's facility-initiated f 04/18/19. The findings include: Resident # 48 was a 09/27/2018 and a re- with diagnoses that i	facility staff failed to ensure entation was provided to the ne time of a transfer for one e survey sample, Resident # d to evidence that all tion and information was ving provider for Resident # transfer to the hospital on dmitted to the facility on admission on 02/15/2019 ncluded but were not limited hronic obstructive pulmonary		The statements made on this correction are not an admission not constitute an agreement we alleged deficiencies cited here remain in compliance with all firstate regulations, the center has will take the actions set forth in following plan of correction corrected sallegation of complian alleged deficiencies cited have will be corrected by the date or indicated. F-622 It is the intended practice of this provide evidence that a resider documentation and information provided to a receiving provide facility initiated transfer to a horizon of the provide transfer to a horizon of transfer to a horizon of the provide transfer to a horizon of the provide transfer to a horizon of	n to and do ithin the in. To ederal and as taken or in the nstitutes the ce. All been or r dates is facility to nt's in was er upon a	
	Resident # 48's mos set), a quarterly asse (assessment referen coded Resident # 48 assessment for men of 0 - 15, 14 - being daily decisions. The nurse's "Progres for Resident # 48 do Received resident in on left side, ambulat	t recent MDS (minimum data essment with an ARD ice date) of 02/22/2019, as scoring a 14 on the staff tal status (BIMS) of a score cognitively intact for making ss Notes," dated 04/18/2019 cumented, "01:11 (1:11 a.m.) hallway, confused, leaning ing with unsteady gait, to exit setting off [sic] firearm [sic]		 Resident #48 no longer restfacility. Residents that the facility in transfer to the hospital have the to be affected. Licensed Nurses were resetthe Acute Care Transfer Docur Checklist, in order to make surprovide written documentation receiving provider upon a facilit transfer to a hospital. 	itiated a e potential ducated on mentation re to to the	

Facility ID: VA0241

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	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	CONSTRUCTION		O. 0938-039 E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG _		СОМ	PLETED
		1050.15					С
	ROVIDER OR SUPPLIER	495045	D. WING		TREET ADDRESS, CITY, STATE, ZIP CODE	05	6/02/2019
NAME OF P	ROVIDER OR SUPPLIER						
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETIO DATE
F 622	critical ammonia leve doctor) office called w order obtained to sen (emergency room). F aware. 911 called an 1:15 AM for ER [nam Review of the clinical (electronic health rec to evidence documen contact information of for the care of the res representative inform information, Advance special instructions of care, as appropriate, goals, all other neces copy of the resident's provided to the receiv Resident # 48's trans 04/18/2019. On 05/01/19 at 5:00 p ASM (administrative s administrator and AS nursing, for the requin Resident # 48's trans 4/18/19. On 05/02/19 at 8:05 a nursing stated they d documentation sent to Resident # 48's trans 4/18/19.	ed but short lived. Received I at 99H [high]. MD (medical with lab (laboratory) results, ad resident to ER RP (responsible party) made ad resident was picked up e of hospital]." I record and the EHR ord) for Resident # 48 failed htation that Resident # 48's f the practitioner responsible sident, resident ation including contact e Directive information, all r precautions for ongoing comprehensive care plan asary information, including a discharge summary was ving facility at the time of fer to the hospital on o.m., a request was made to staff member) # 2, mobile M # 4, the director of red documentation regarding fer to the hospital on	F	622	 Director of Nursing and/or designed will audit written documentation for an acute care transfer daily x 5 days, their days a week x 3 weeks and then mont x 2 months. Results of the QAA audits will be reviewed by the facility's QAA Committee. Recommendations will be discussed and implemented as neede The facility alleged date of complia is June 11, 2019. 	y n 3 thly s e d.	
		m., an interview was egistered nurse) #1. RN #1 e the information provided to					

Facility ID: VA0241

If continuation sheet Page 42 of 205

		ID HUMAN SERVICES MEDICAID SERVICES				F	NTED: 04/20/2022 ORM APPROVED 3 NO. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		ONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		495045	B. WING				C 05/02/2019
NAME OF P	ROVIDER OR SUPPLIER		•	STR	EET ADDRESS, CITY, STATE, ZIP CODE		
DROMED				212	5 HILLIARD ROAD		
PROMED	ICA SKILLED NURSING A	AND REHAB (RICHMOND)		RIC	HMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 622	hospital staff when a hospital. RN #1 state the situation going on vital signs, really anyl going on; why we are #1 confirmed the nurs contact information, r contact information, s providing ongoing can plan goals to the hosp nurse's evidence this each resident's hospithe information is doo When asked if the pro- document each item t stated she thought the transfer checklist or the sent, but some nurse RN #1 was asked if n every item document RN #1 stated, "For the available, yes." RN # are supposed to check transfer checklist and checklist. RN #1 state process." RN #1 was evidence the information provided for each tran the checklist in the cli "I don't guess you can the resident's acuity le but the information sh a copy of the checklist On 05/02/19 at appro- (administrative staff n administrator and ASI ASM # 3, executive d	resident is transferred to the ed, "We provide them with a; background information, thing pertinent to what's e sending the patient." RN sees provide physician esident representative special instructions for re, and comprehensive care pital staff. When asked how information is provided for tal transfer, RN #1 stated cumented in a progress note. ogress note should that is provided, RN #1 e verbiage written is that the ransfer information was 's document each item sent. urses are supposed to send ed on the transfer checklist. e most part, yes. If et was asked if the nurses ck off each item on the retain a copy of the ed, "Yes. That's the s asked how nurses can tion on the checklist is nsfer if there is no copy of inical record. RN #1 stated, n." RN #1 stated sometimes evel is an emergent situation nould be in a progress note if	F	622			

If continuation sheet Page 43 of 205

	-	ID HUMAN SERVICES MEDICAID SERVICES			FOF	ED: 04/20/202 RM APPROVEI O. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		TE SURVEY IPLETED
		495045	B. WING		0	C 5/02/2019
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		STREET ADDRESS, CITY, STATE, ZIP COD 2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
	References: (1) A condition in white to pump oxygen-rich efficiently. This cause throughout the body. obtained from the we https://medlineplus.go (2) Disease that make can lead to shortness was obtained from the https://www.nlm.nih.g (3) Low iron. This info the website: https://www.nlm.nih.g Notice Requirements CFR(s): 483.15(c)(3). §483.15(c)(3) Notice Before a facility trans- resident, the facility m (i) Notify the resident representative(s) of the the reasons for the m language and manne facility must send a cor representative of the Long-Term Care Omb (ii) Record the reason discharge in the resident	hdings. In was provided prior to exit. In was below to be an that is of breath. This information is website: gov/medlineplus/copd.html. In was obtained from gov/medlineplus/anemia.html In Before Transfer/Discharge -(6)(8) before transfer. fers or discharges a hust- and the resident's the transfer or discharge and hove in writing and in a ir they understand. The opy of the notice to a Office of the State budsman.	F 623			5/23/19

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	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(Y2) MILL T		ISTRUCTION	(V3) D	NO. 0938-03
	CORRECTION	IDENTIFICATION NUMBER:	` '				OMPLETED
							С
		495045	B. WING				05/02/2019
NAME OF PR	ROVIDER OR SUPPLIER			STREE	TADDRESS, CITY, STATE, ZIP COI	DE	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)	2125 HILLIARD ROAD RICHMOND, VA 23228				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
F 623	Continued From page	2 44	F 6	523			
		ce the items described in					
	paragraph (c)(5) of th						
	§483.15(c)(4) Timing	of the notice.					
		d in paragraphs (c)(4)(ii) and					
		the notice of transfer or					
	0 1	nder this section must be					
	resident is transferred	t least 30 days before the					
		ade as soon as practicable					
	before transfer or disc	-					
		viduals in the facility would					
	be endangered under	paragraph (c)(1)(i)(C) of					
	this section;						
	()	viduals in the facility would					
	this section;	r paragraph (c)(1)(i)(D) of					
	,	alth improves sufficiently to					
		ate transfer or discharge,					
	under paragraph (c)(1						
	(D) An immediate tran						
		ent's urgent medical needs,					
		I)(i)(A) of this section; or					
	(E) A resident has not days.	t resided in the facility for 30					
		ts of the notice. The written					
	notice specified in pair must include the follo	ragraph (c)(3) of this section					
	(i) The reason for tra						
		of transfer or discharge;					
	(iii) The location to wh						
	transferred or dischar						
		e resident's appeal rights,					
	-	ddress (mailing and email),					
	and telephone number						
	to obtain an appeal for	ts; and information on how					

Facility ID: VA0241

If continuation sheet Page 45 of 205

TATEMENT C	F DEFICIENCIES	MEDICAID SERVICES	, <i>,</i>	PLE CONSTRUCTION	(X3) DATE SURVEY	
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	B	COMPLETED	
		495045	B. WING		05/02/2019	
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	•	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)	2125 HILLIARD ROAD RICHMOND, VA 23228			
(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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLE E APPROPRIATE DAT	
F 623	Continued From page	e 45	F 62	23		
		and submitting the appeal				
	hearing request; (v) The name, address (mailing and email) and					
	telephone number of	the Office of the State				
	Long-Term Care Om					
	(vi) For nursing facilit and developmental d	y residents with intellectual				
	•	g and email address and				
	telephone number of	the agency responsible for				
	-	vocacy of individuals with lities established under Part				
	•	tal Disabilities Assistance				
		of 2000 (Pub. L. 106-402,				
	codified at 42 U.S.C.	• •				
	. , –	ty residents with a mental sabilities, the mailing and				
		lephone number of the				
	agency responsible for					
		als with a mental disorder Protection and Advocacy				
	for Mentally III Individ	-				
	§483.15(c)(6) Chang	es to the notice.				
		ne notice changes prior to				
	-	or discharge, the facility pients of the notice as soon				
		he updated information				
	becomes available.					
	§483.15(c)(8) Notice	in advance of facility closure				
	In the case of facility	closure, the individual who is				
		ne facility must provide				
	•	or to the impending closure gency, the Office of the				
	State Long-Term Car	e Ombudsman, residents of				
		sident representatives, as				
	-	e transfer and adequate				
	-	lents, as required at §				

Facility ID: VA0241

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TATEMENT (DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION	(X3) D	NO. 0938-039 ATE SURVEY OMPLETED
		495045	B. WING				C 05/02/2019
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		05/02/2019
					125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 623	Continued From page	e 46	Í F	623			
	483.70(I).			020			
		is not met as evidenced					
	by:						
	-	iew, facility document			The statements made on this plan of	of	
	review, and clinical re				correction are not an admission to a	nd do	
	determined that the fa	acility staff failed to provide			not constitute an agreement within the	ne	
	-	ons of a transfer for one of			alleged deficiencies cited herein. To		
	56 residents in the su	irvey sample, Resident # 48.			remain in compliance with all federa		
					state regulations, the center has take	en or	
	-	d to provide Resident # 48			will take the actions set forth in the	41	
		8's representative written I to notify the ombudsman of			following plan of correction constitute center's allegation of compliance. A		
	a facility-initiated tran	-			alleged deficiencies cited have been		
	Resident # 48.				will be corrected by the date or dates		
					indicated.	-	
	The findings include:						
	, i i i i i i i i i i i i i i i i i i i				F-623		
	Resident # 48 was ad	dmitted to the facility on					
		mitted on 02/15/2019 with			It is the intended practice of this faci	lity to	
		led but were not limited to			provide written notification of a		
		nic obstructive pulmonary			transfer/discharge to the resident,		
	disease (2), and aner	mia (<i>3)</i> .			representative, and the Ombudsmar	1.	
	Resident # 48's most	recent MDS (minimum data			1. Resident #48 no longer resides ir	n the	
	set), a quarterly asse	ssment with an ARD			facility.		
		ce date) of 02/22/2019,					
		as scoring a 14 on the staff			2. Residents that the facility initiated		
		al status (BIMS) of a score			transfer to the hospital have the pote	ential	
		cognitively intact for making			to be affected.		
	daily decisions.				2 Liconcod Nursee were re-educate	od on	
	The nurse's "Progress	s Notes," dated 04/18/2019			 Licensed Nurses were re-educate the Acute Care Transfer Documenta 		
		cumented, "01:11 (1:11 a.m.)			Checklist, in order to make sure that		
		hallway, confused, leaning			provide written notification to the	лоу	
		ng with unsteady gait, to exit			resident's responsible party upon a f	acility	
		setting off [sic] firearm [sic]			initiated transfer to a hospital.	,	
		ed but short lived. Received			· ·		
	critical ammonia leve	l at 99H. MD (medical			4. Director of Nursing and/or design	ee	
	doctor) office called v	vith lab (laboratory) results,			will audit written notification to the		

Facility ID: VA0241

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	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	PLE CONSTRUCTION		NO. 0938-03 ATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	1 ° ′	B	· · · ·	OMPLETED
			5.14/010			С
		495045	B. WING			05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COE 2125 HILLIARD ROAD)E	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETIC DATE
F 623	Continued From page	a //7	F 62	2		
1 020	order obtained to sen		F 02	resident's responsible party f	or any acute	
		RP (responsible party) made		care transfers daily x 5 days		
	aware. 911 called an	d resident was picked up		days a week x 3 weeks and t		
	1:15 AM for ER (nam	e of hospital)."		x 2 months. Social Services		
	Review of the clinical	record and the EUD		designee will audit written no the ombudsman for any acut		
		ord) for Resident # 48 failed		transfer to the hospital daily		
	•	tation that Resident # 48		then 3 days a week x 3 week		
		epresentative was provided		monthly x 2 months. The res	ults of the	
o tr C A a n F	written notification or			random audits will be reporte		
	transfer to the hospita	lent # 48's facility initiated al on 04/18/2019.		Committee for review and fol recommendations as indicate	•	
	ASM (administrative administrator and AS	red notifications regarding		5. The facility alleged date o is June 11, 2019.	f compliance	
	On 05/02/19 at 8:05 a	a.m., ASM # 4, director of				
		id not have the required				
		g Resident # 48's transfer to				
	On 5/2/19 at 11:44 p. conducted with ASM	(administrative staff				
	director). ASM #3 sta	isted living facility executive ated she completes a f resident discharges to the				
	ombudsman via fax. to the ombudsman is	ASM #3 stated the list faxed pulled from the list of				
		charged from the facility. resident transferred to the				
		on the same day would not				
	be documented on th	e list faxed to the				
		3 reviewed the April 2019 list				
	#48 was not on the list	man and confirmed Resident				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES					PRINTED: 04/20/202 FORM APPROVEI OMB NO. 0938-039
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495045	B. WING		C 05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228	
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETION TE APPROPRIATE DATE
F 623	Continued From page	e 48	F 62	23	
	confirmed resident/re transfer notification is transfer checklist. RI are supposed to check transfer checklist and checklist. RN #1 state process." RN #1 was evidence the informa provided for each trai the checklist in the cl "I don't guess you ca the resident's acuity I but the information sH a copy of the checklist On 05/02/19 at appro (administrative staff r administrator and AS ASM # 3, executive of facility, and ASM # 4, made aware of the fir No further information References: (1) A condition in whi to pump oxygen-rich	egistered nurse) #1. RN #1 sident representative s an item listed on the N #1 was asked if the nurses ck off each item on the I retain a copy of the ed, "Yes. That's the s asked how nurses can tion on the checklist is nsfer if there is no copy of inical record. RN #1 stated, n." RN #1 stated sometimes evel is an emergent situation nould be in a progress note if st cannot be found. eximately 3:30 p.m., ASM nember) # 1, the interim M # 2, mobile administrator, lirector of the assisted living director of nursing were			
	(2) Disease that mak can lead to shortness was obtained from th	ov/ency/article/000158.htm. es it difficult to breath that s of breath. This information			

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			0.00		OMB NO. 0938-
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING		с
		495045	B. WING		05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	05/02/2019
				2125 HILLIARD ROAD	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE
F 623	Continued From page	e 49	F 623	3	
	(3) Low iron. This info the website:	prmation was obtained from			
	https://www.nlm.nih.g	ov/medlineplus/anemia.html			
F 641 SS=D	Accuracy of Assessm CFR(s): 483.20(g)	ients	F 641		5/23/19
	resident's status. This REQUIREMENT by: Based on staff interv and clinical record re- facility staff failed to e accurate MDS (minim for two of 56 resident Resident #66 and Re- 1. The facility staff fai BIMS (brief interview assessment for Resid MDS (minimum data ARD (assessment ref	 accurately reflect the is not met as evidenced iew, facility document review view, it was determined the ensure a complete and hum data set) assessment s in the survey sample, sident #65. led to accurately code a for mental status) dent #66 on the quarterly set), assessment, with an ference date) of 3/12/19. 		The statements made on this plan of correction are not an admission to an not constitute an agreement within th alleged deficiencies cited herein. To remain in compliance with all federal state regulations, the center has take will take the actions set forth in the following plan of correction constitute center's allegation of compliance. All alleged deficiencies cited have been will be corrected by the date or dates indicated.	nd do e and on or s the i or
	65's MDS, a quarterly ARD (assessment ref was complete and ac section D of the asse	led to ensure Resident # / review assessment with an ference date) of 03/12/19 curate. Section C and ssment had columns -] instead of numbers.		F-641 It is the intended practice of the facilit that the assessments accurately refle the resident's status. 1. Resident #66 and Resident #65 st	ect
	The findings include:			reside in the facility.	
	12/4/2018. Diagnoses	admitted to the facility on s included but were not stolic heart failure (1),		2. Residents that have minimum data assessments have the potential to be affected.	

Facility ID: VA0241

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	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIP	PLEC	CONSTRUCTION		O. 0938-039
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:				1 Y	IPLETED
							С
		495045	B. WING			05	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER		- I	ST	REET ADDRESS, CITY, STATE, ZIP CODE		
				212	25 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RIC	CHMOND, VA 23228		
(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 B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 641	Continued From page	2 50	F 64	11			
		s on feet and peripheral		••			
	vascular disease (2).				3. Minimum Data Set staff,social		
					services, and the Interdisciplinary Tear	n	
	The most recent MDS	S (minimum data set), a			(IDT) were re-educated on ensuring th		
		t, with an ARD (assessment			all residents are assessed timely and a	are	
		2/19 failed to complete a			coded correctly.		
		IMS assess a residents					
		ake daily decisions) for			4. Administrator and/or designee will		
		n C 0100 failed to code Ild be conducted. Section C			audit MDSs daily x 5 days, then 3 days week x 3 weeks and the monthly x 2	sa	
		hether Resident #66's metal			months. The results of the random au	dite	
	status should be asse				will be reported to the QAA committee		
					review and follow up recommendations		
	On 05/02/19 at appro	oximately 09:51 a.m., a group			indicated.		
		ted with RN (registered					
		dinator, RN #4 RN, MDS			5. The facility alleged date of complian	nce	
		/I (other staff member) #3,			is June 11, 2019.		
		n asked what an MDS is,					
	the facility staff stated						
		sident." When asked who					
		v of an MDS assessment. ave a multi-disciplined					
		partments are responsible					
		the MDS. The different					
		n they are complete, then I					
	-	it." A group observation					
	was made of Resider	nt #66's most recent MDS					
		a quarterly assessment, with					
		reference date) of 3/12/19.					
		be of MDS was completed					
		#3 and RN #4 replied, "It is sked who is responsible for					
		sked who is responsible for BIMS assessment. RN #3					
		ces." When asked should					
		MS assessment for resident.					
		ed, "Yes." When asked why					
		was not completed. OSM #3					
		in March, and I saw that the					
	previous social worke	er did not complete it by the					

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	-	ID HUMAN SERVICES MEDICAID SERVICES	-			FORM): 04/20/2022 1 APPROVED 0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION			SURVEY LETED
		495045	B. WING		_		02/2019
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMED	CA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 641	print it off and bring it On 05/02/19 at appro- services note, dated 3 OSM #3. The social s part, "SS Quarterly Af- work) met with patien quarterly assessment and cooperative. Pati- indicating moderate c On 05/02/19 at appro- interview was conduct asked if a MDS assess OSM #3 stated, "I dor On 05/02/19 at appro- up interview was conduct assessment could be "Yes, when there is a needs to take place of MDS." When asked if MDS assessment with be modified to code h #3 replied, "No, not for that should be enough policies or procedures MDS assessment. RN (resident assessment On 05/02/19 at appro- (administrative staff m Administrator, ASM # and ASM #3, the Assi	put it in a progress note. I'll to you." ximately 10:00 a.m., social 3/13/19 was reviewed with services note documented in RD 3/12/19: SW (social t this date to complete Patient was alert, verbal, ent scored a BIM of 12, ognitive impairment." ximately 10:01 a.m., an ted with OSM #3. When ssment can be modified. n't think so." ximately 10:05 a.m., a follow ducted with RN #3 MDS as asked if a MDS modified. RN #3 stated, significant correction that r there was an error in the f Resident #66's quarterly h an ARD of 3/12/19 should ther BIMS assessment. RN or a BIMS, we wrote a note h." When asked what s are used to complete an N #3 replied, "The RAI	F 641				

If continuation sheet Page 52 of 205

		ND HUMAN SERVICES MEDICAID SERVICES				FO	ED: 04/20/202 RM APPROVE NO: 0938-039
TATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		495045	B. WING				C 05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
				212	25 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RIC	CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 641	Continued From pag	e 52	F	641			
	RAI Manual October for Section C0100	2018 - Coding Instructions					
		<i>w</i> for Mental Status Be tionale Health-related Quality					
		nts are able to attempt the ental Status (BIMS). o A					
		est is more accurate and					
		tion alone for observing					
		e Without an attempted					
		nterview, a resident might be his or her appearance or					
		- Structured interviews will					
	-	ight into the resident's					
		t will enhance good care.					
	Planning for Care o S						
		lentifying needed supports. o					
	-	tive interview is helpful for					
		elirium behaviors (C1310).					
		Code 0, no: if the interview					
		cted because the resident is bod; cannot respond verbally,					
	in writing, or using ar	· · ·					
		but not available. Skip to					
		ment of Mental Status.					
	CMS's RAI Version 3	.0 Manual CH 3: MDS Items					
	[C] October 2018 Pa	ge C-2 C0100: Should Brief					
		Status Be Conducted?					
		: if the interview should be					
		he resident is at least					
		od verbally, in writing, or d, and if an interpreter is					
	-	able. Proceed to C0200,					
	Repetition of Three V						
	-	2018 - Errors Identified After					
	the Encoding Period						
		the encoding and editing					
		cted within 14 days after					
	uentinying the errors.	. If the record in error is an					

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	OF DEFICIENCIES	MEDICAID SERVICES		LE CONSTRUCTION		10. 0938-03 re survey
	CORRECTION	IDENTIFICATION NUMBER:			· · ·	MPLETED
						С
		495045	B. WING		0	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E	
	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
				RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 641	Continued From page	e 53	F 64	1		
	-	, Death in Facility tracking	1 04			
	record, Discharge assessment, or PPS					
		i.e., MDS Item A0310A = 99),				
	then the record shou					
	submitted to the QIE	S ASAP system. The				
	correction process m	ay be more complex if the				
		OBRA comprehensive or				
		nt record (i.e., Item A0310A =				
		ficant versus Minor Errors in				
	-	RA Comprehensive or				
	Quarterly Assessmer					
	-	Quarterly assessment errors				
		ificant or minor errors. Errors ect the resident's clinical				
		n an inappropriate plan of				
		significant errors. All other				
		coding of MDS items are				
		ors. If the only errors in the				
		e or Quarterly assessment				
	are minor errors, the	n the only requirement is for				
	the record to be corre	ected and submitted to the				
	QIES ASAP system.					
	No further information	n was obtained prior to exit.				
	1. Heart failure (HF)	can be defined as the				
		o provide sufficient forward				
		erfusion and oxygenation				
		issues while maintaining				
		es. There are two major				
		by which this can occur.				
	?Systolic dysfunction cardiac contractile fu	i, in which there is impaired				
		nction n, in which there is abnormal				
	cardiac relaxation, st					
		obtained from the website:				
		com/contents/pathophysiolo				
		th-preserved-ejection-fractio				
	, J,		1	1		1

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		495045	B. WING _				C / 02/2019
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
PROMED	ICA SKILLED NURSING	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	EFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE
F 641	efault&display_rank= 2. The vascular syster blood vessels. It inclu- capillaries that carry I Arteries can become called atherosclerosis vessels and block blo Weakened blood ves bleeding inside the bo obtained from the we https://www.nlm.nih.g ases.html. 2. The facility staff fai 65's MDS, a quarterly ARD (assessment ref was complete and ac section D of the asse marked with dashes [Resident # 65 was ac 01/13/11, with a most 08/13/13, with diagnor not limited to hyperter (2), and major depress Resident # 65's most set), a quarterly asse (assessment reference Resident #65 as scor assessment for ment of 0 - 15. A progress documented by OSM	dTitle=2~150&usage_type=d 2 m is the body's network of ides the arteries, veins and blood to and from the heart. thick and stiff, a problem s. Blood clots can clog bod flow to the heart or brain. sels can burst, causing bdy.) This information was bsite: gov/medlineplus/vasculardise led to ensure Resident # v review assessment with an ference date) of 03/12/19 curate. Section C and ssment had columns -] instead of numbers. dmitted to the facility on trecent readmission on uses that included but were nsion (1), diabetes mellitus ssive disorder (3). recent MDS (minimum data ssment, with an ARD ce date) of 03/12/19, coded ing a [dash] on the brief al status (BIMS) of a score note dated 3/13/19 (other staff member) #3,	F	641			
	12, 12 indicating mod for daily decision mat	r, indicated a BIMS score of lerate cognitive impairment king. Resident # 65 was ktensive assistance of one					

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TATEMENT (OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		IO. 0938-039 E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		CO	IPLETED
		495045	B. WING			С
	ROVIDER OR SUPPLIER	495045		STREET ADDRESS, CITY, STATE, ZIP CODE	0	5/02/2019
	NOWDER OR SOLT EIER			2125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(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 COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 641	Continued From pag	e 55	F 64	1		
	staff member for acti independent with eat	vities of daily living and ing.				
recor quart mark and s [-] ins On 0 cond		of Resident #65's clinical the most recent MDS, a				
	quarterly assessmen marked as accepted	t dated 03/12/19, which was was incomplete. Section C plumns marked with dashes				
	[-] instead of number					
	conducted with RN (a.m., an interview was registered nurse) #3 MDS				
	assessment, RN #3	sked the purpose of an MDS stated, "An evaluation tool for ." When asked when it				
	administered based	#3 stated, "It should be on the type: five day, 14 day,				
	change in resident's	r when there are a significant status." When asked who is ring all parties involved				
	complete their sectio	n of the MDS assessment, /IDS team does but social				
		e for section C and section				
	with OSM (other staf director. When asked	.m., an interview conducted f member) #3, social service I her role in filling out the				
	responsible for section	SM #3 stated, "We are ons C. D, E, Q, and asked what the dashes [-]				
	meant on Resident # that the most recent	65's clinical record revealed MDS, a quarterly				
	assessed, there was	3/12/19, OSM #3 stated, "Not no social worker in house BIMS on a different date and				
	entered it in the resid	lent's progress note." When nodify the MDS assessment				

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		D HUMAN SERVICES				FORM	: 04/20/2022 APPROVED
STATEMENT (DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION		(X3) DATE COMP	LETED
		495045	B. WING		_	05/0	; 02/2019
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD ICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 641	OSM #3 stated, "No, When asked what refi follows for MDS asses "The RAI (Resident A manual." The Resident Assesss 1.16, October 2018, p following in part: "The an assessment might RN assessor, a high v at approximately the s days are needed to m other treatments. The these situations by de days for each Medica grace days allows clin ARDs". On 05/02/19 at appro (Administrative Staff N administrator, and AS nursing, were made a No further information References: 1. High blood pressu obtained from the well https://www.nlm.nih.g essure.html. 2. A chronic disease regulate the amount of information was obtai	I don't know how to do that." erence or policy the facility ssments, OSM #3 stated, ssessment Instrument) ment Manual 3.0, version og. 2-43 documents the re may be situations when be delayed (e.g., illness of volume of assessments due same time) or additional nore fully capture therapy or refore, CMS has allowed for efining a number of grace re assessmentThe use of nical flexibility in setting ximately 3:30 p.m., ASM Member) #2, the mobile M #4, the director of tware of the above findings. a was provided prior to exit.	F 641				

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		ID HUMAN SERVICES MEDICAID SERVICES			FORM APPRO OMB NO. 0938-0
TATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING		(X3) DATE SURVEY COMPLETED
		495045	B. WING		C 05/02/2019
NAME OF P	ROVIDER OR SUPPLIER	I	STRE	EET ADDRESS, CITY, STATE, ZIP CO	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		5 HILLIARD ROAD HMOND, VA 23228	
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE COMPLET E APPROPRIATE DATE
F 641	Continued From page 001214.htm.	9 57	F 641		
F 645 SS=D	blue, unhappy, miser Most of us feel this w short periods. Clinica disorder in which feel or frustration interfere or more. This informative website: https://medlineplus.go PASARR Screening f CFR(s): 483.20(k)(1)- §483.20(k) Preadmiss individuals with a mer with intellectual disab §483.20(k)(1) A nursi or after January 1, 19 (i) Mental disorder as (i) of this section, unle authority has determi independent physical performed by a perso State mental health a (A) That, because of condition of the indivi- the level of services p and (B) If the individual re services, whether the specialized services; (ii) Intellectual disabili- (k)(3)(ii) of this sectio- intellectual disability of authority has determi	-(3) sion Screening for ntal disorder and individuals ility. ng facility must not admit, on 89, any new residents with: defined in paragraph (k)(3) ess the State mental health ned, based on an and mental evaluation on or entity other than the uthority, prior to admission, the physical and mental dual, the individual requires provided by a nursing facility; quires such level of individual requires or ity, as defined in paragraph	F 645		5/23/19

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TATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	LIPLE CO	NSTRUCTION	(X3) D4	ATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	` '			· · ·	MPLETED
							С
		495045	B. WING				05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP COL	DE	
	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125	HILLIARD ROAD		
				RICH	IMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIJ TAG	x	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETIO DATE
F 645	Continued From page	<u>- 58</u>	F	645			
		dual, the individual requires		5-5			
		provided by a nursing facility;					
	(B) If the individual re	quires such level of					
	services, whether the						
	specialized services f	or intellectual disability.					
	§483.20(k)(2) Excepti section-	ions. For purposes of this					
		creening program under					
		s section need not provide					
		the case of the readmission					
		an individual who, after					
	being admitted to the						
	transferred for care in	•					
	(ii) The State may cho preadmission screeni						
	-	is section to the admission					
	to a nursing facility of						
		o the facility directly from a					
	hospital after receivin	g acute inpatient care at the					
	hospital,						
		sing facility services for the					
	the hospital, and	e individual received care in					
		physician has certified,					
		he facility that the individual					
		s than 30 days of nursing					
	facility services.						
	§483.20(k)(3) Definitions	on. For purposes of this					
		nsidered to have a mental					
		ual has a serious mental					
	(ii) An individual is co						
	intellectual disability i	f the individual has an					
	منطاط منام المنطم مالمات	as defined in §483.102(b)(3)		1			1

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		MEDICAID SERVICES					O. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED
		495045	B. WING			05	C 5/ 02/2019
NAME OF P	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	02/2013
				21	125 HILLIARD ROAD		
PROMED	CA SKILLED NURSING	AND REHAB (RICHMOND)			ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETIO DATE
F 645	Continued From page	e 59	E F	645			
	or is a person with a						
	described in 435.101						
		Γ is not met as evidenced					
	by:						
		view, facility document review			The statements made on this plan of		
		view, it was determined the			correction are not an admission to and		
	-	ensure one of 56 residents in			not constitute an agreement within the	;	
	the survey sample, (F	,			alleged deficiencies cited herein. To	and	
:	screening and reside	SARR (preadmission			remain in compliance with all federal a state regulations, the center has taker		
		nit review).			will take the actions set forth in the	101	
	The facility staff failed	d to have a Level I PASARR			following plan of correction constitutes	s the	
	completed for Reside				center's allegation of compliance. All		
	resident was evaluate	ed and receiving care and			alleged deficiencies cited have been o	or	
	services in the most i	integrated setting			will be corrected by the date or dates		
	appropriate for the re	sident's needs.			indicated.		
	The findings include:				F-645		
					It is the intended practice of the facility	∕ to	
		mitted to the facility on			ensure that a level 1 PASARR is		
		readmission on 3/27/18,			completed.		
		ncluded but were not limited			1 Posidont #02 resides in the facility	٨	
		sis [major mental disorder in sually detached from reality			 Resident #93 resides in the facility. level 1 PASARR was completed prior 		
	and has impaired per				exit of the survey team.		
		personal relationships (1)],					
	diabetes and high blo				2. Residents that are admitted to the		
					facility have the potential to be affecte	d.	
	The most recent MDS	. ,					
		assessment reference date			3. Admission Department and Social	d to	
		resident as scoring a "1" on /iew for mental status) score,			Services Department were re-educate ensure level 1 PASARRs are complete		
		it was severely impaired to					
		decisions. The resident was			4. Admission Director and/or designe	е	
		stensive assistance for most			will audit residents who are required to		
	of his activities of dai				have PASARRs to ensure that level 1		
		-			PASARRs are completed daily x 5 day		
		record failed to evidence a			and then 3 days a week x 3 weeks an		
	Level I PASARR.				then monthly x 2 months. The results	of	

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					()(0) 5	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495045	B. WING		С	
		495045		STREET ADDRESS, CITY, STATE, ZIP CODE	05/02/2019	
NAME OF PI	ROVIDER OR SUPPLIER			2125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE COMPLE	
F 645	Continued From page	e 60	F 64	5		
	A request was made 5:00 p.m. for a copy mobile administrator,	on 5/1/19 at approximately of the PASARR. ASM #2, the was given the list.	1 04.	the random audits will be report QAA Committee for review and recommendations as indicated.5. The facility alleged date of content	follow up	
	approximately 8:00 a review was signed ar			is June 11, 2019.		
	admissions director, f above. When asked in previous PASARR cc OSM #2 stated, "No, his record." When as every resident who n one completed, OSM request it from the ho are unable to obtain of	staff member (OSM) #2, the the one that signed the form				
	file. If they do not ha here." It's supposed t admissions process.' happened with Resid "We don't check one	ve one, we complete it o be completed during the				
	Disorder (MD) & Intel documented in part, ' requires that all appli nursing facilities be s mental disorders, inte related conditions. Th	ASARR Screening for Mental llectual Disability (ID)." 'The PASARR process cants to Medicaid-certified creened for possible serious ellectual disabilities and he initial screening is referred tion of individuals with MD or				

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	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	· · · ·	E SURVEY
CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		СОМ	PLETED
	495045	B. WING		05	C / 02/2019
ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
CA SKILLED NURSING A	AND REHAB (RICHMOND)				
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETIO DATE
		F 645			
condition, who would which must be condu-	then require PASARR, cted prior to admission to				
admission to the facili identify resident who	ty may result in the failure to have or may have MD, ID or				
should be retained in record."	the resident's medical				
administrator, ASM # and ASM #3, the assi director, were made a	1, the interim administration, sted living facility executive ware of the above concern				
No further information	was provided prior to exit.				
following website:					
y.html. Develop/Implement C CFR(s): 483.21(b)(1)	comprehensive Care Plan	F 656			5/23/19
§483.21(b)(1) The fac implement a compreh	ility must develop and ensive person-centered				
resident rights set for §483.10(c)(3), that in objectives and timefra	th at §483.10(c)(2) and cludes measurable ames to meet a resident's				
needs that are identifi assessment. The con describe the following	ed in the comprehensive nprehensive care plan must I -				
	CA SKILLED NURSING A SUMMARY ST/ (EACH DEFICIENC' REGULATORY OR L Continued From page who have or may hav condition, who would which must be conduct the facility. Failure to admission to the facilit identify resident who a related condition. A should be retained in record." ASM (administrative standard, ASM #3, the asside director, were made at on 5/2/19 at 10.58 a.r No further information (1) This information we following website: https://www.nlm.nih.g y.html. Develop/Implement CC CFR(s): 483.21(b)(1) §483.21(b) Comprehe §483.21(b) Comprehe §483.10(c)(3), that incomplete care plan for each reserves and timeframedical, nursing, and needs that are identifiant assessment. The com- describe the following (i) The services that at an and and and and and and and and and	Continued From page 61 who have or may have MD/ID or a related condition, who would then require PASARR, which must be conducted prior to admission to the facility. Failure to pre-screen residents prior to admission to the facility may result in the failure to identify resident who have or may have MD, ID or a related condition. A record of the prescreening should be retained in the resident's medical record." ASM (administrative staff member) #2, the mobile administrator, ASM #1, the interim administration, and ASM #3, the assisted living facility executive director, were made aware of the above concern on 5/2/19 at 10.58 a.m. No further information was provided prior to exit. (1) This information was obtained from the following website: https://www.nlm.nih.gov/medlineplus/cerebralpals y.html. Develop/Implement Comprehensive Care Plan	ROVIDER OR SUPPLIER S CA SKILLED NURSING AND REHAB (RICHMOND) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 61 F 645 who have or may have MD/ID or a related condition, who would then require PASARR, which must be conducted prior to admission to the facility. Failure to pre-screen residents prior to admission to the facility may result in the failure to identify resident who have or may have MD, ID or a related condition. A record of the prescreening should be retained in the resident's medical record." ASM (administrative staff member) #2, the mobile administrator, ASM #1, the interim administration, and ASM #3, the assisted living facility executive director, were made aware of the above concern on 5/2/19 at 10.58 a.m. F 656 No further information was provided prior to exit. (1) This information was obtained from the following website: https://www.nlm.nih.gov/medlineplus/cerebralpals y.html. F 656 Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1) F 656 §483.21(b)(1) S483.21(b)(1) F 656 §483.21(b)(1) S483.21(b)(2) and g483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain	COVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE 2125 HILLIARD ROAD STREET ADDRESS, CITY, STATE, 2P CODE 126 ASKILLED NURSING AND REHAB (RICHMOND) RICHMOND, VA 23228 SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTW MUST EE PRECEDED BY FULL REGULTORY OR LSC IDENTIFYING INFORMATION) D Continued From page 61 F 645 Who have or may have MD/ID or a related condition, who would then require PASARR, which must be conducted prior to admission to the facility. Failure to pre-screen residents prior to admission to the facility may result in the failure to identify resident who have or may have MD, ID or a related condition. A record of the prescreening should be retained in the resident's medical record." ASM (administrative staff member) #2, the mobile administrator, ASM #1, the interim administration, and ASM #3, the assisted living facility executive director, were made aware of the above concern on 5/2/19 at 10.58 a.m. F 656 No further information was provided prior to exit. F 656 (1) This information was obtained from the following website: https://www.nlm.nih.gov/medineplus/cerebralpals y.htmi. F 656 §483.21(b)(1) S483.21(b)(1) §483.21(b)(1) The facility must develop and implement a comprehensive Care Plans §483.310(c)(2), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - () The services that are to be furmished to	Continued From page 61 F 645 Who have or may have MD/ID or a related condition. A record of the prescencening should be relative to pre-screening should be relative to pre-screening should be relative to of the prescencening should be relative to administration, and ASM #3, the assisted living facility executive director, were made aware of the above concern on 5/2/19 at 0.58 a.m. No further information was obtained from the following website: F 656 CrR(F, 883.21(b)(1) F 656 Q433.21(b)(1) F 656 Q543.21(b)(1) F 656 Q643.21(b)(1) F 656 Q753.21(b)(1) F 656 Q7

Facility ID: VA0241

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04 FORM API OMB NO. 09	PROVE
TATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURV COMPLETE	
		495045	B. WING		C 05/02/2	019
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
PROMED	CA SKILLED NURSING	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE CON	(X5) MPLETIOI DATE
F 656	required under §483. (ii) Any services that under §483.24, §483 provided due to the re- under §483.10, include treatment under §483 (iii) Any specialized s- rehabilitative services provide as a result of recommendations. If findings of the PASAF rationale in the reside (iv)In consultation wite resident's representa (A) The resident's go- desired outcomes. (B) The resident's pre- future discharge. Face whether the resident' community was asse local contact agencie entities, for this purper (C) Discharge plans i plan, as appropriate, requirements set forth section. This REQUIREMENT by: Based on staff interv and clinical record re- facility staff failed to co the comprehensive co residents in the surve #26, #12, #17, #127, 1. The facility staff faile	I psychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required .25 or §483.40 but are not esident's exercise of rights ding the right to refuse 3.10(c)(6). ervices or specialized a the nursing facility will 'PASARR a facility disagrees with the RR, it must indicate its ent's medical record. h the resident and the tive(s)- als for admission and efference and potential for cilities must document s desire to return to the ssed and any referrals to s and/or other appropriate ose. n the comprehensive care in accordance with the h in paragraph (c) of this T is not met as evidenced view, facility document review view, it was determined the develop and/or implement are plan for six of 56 ey sample, Residents #93,	F 656	The statements made on this p correction are not an admission not constitute an agreement wit alleged deficiencies cited hereir remain in compliance with all fe state regulations, the center has will take the actions set forth in following plan of correction cons center's allegation of compliance alleged deficiencies cited have	to and do thin the n. To deral and s taken or the stitutes the ce. All	

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES				I	NTED: 04/20/202 FORM APPROVE B NO. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION		DATE SURVEY COMPLETED
		495045	B. WING				C 05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			125 HILLIARD ROAD		
		. ,		R	CICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 656	Continued From page	e 63	F	656			
		plan for the administration of			will be corrected by the date or dates indicated.	S	
	insulin (1) for Resider3. The facility staff facomprehensive careinsulin (1) for Resider	iled to implement the plan for the administration of			F-656 It is the intended practice of the facil develop and implement a comprehe person-centered care plan for each resident.		
	 4. The facility staff fa #17's comprehensive administration of diab 5. The facility staff fa 	etic medications.			1. Residents #93, #26, #12, #17, #1 and #72 comprehensive care plans reviewed and addressed prior to exit survey.	were	
	comprehensive care #127's oxygen use.	plan to address Resident			 Residents who receive insulin an oxygen and reside in the facility have potential to be affected. 		
	 The facility staff fa #72's comprehensive administration of oxy 				 Licensed Nurses and the Interdisciplinary Team (IDT) were re-educated on the development and 	d	
	The findings include:				implementation of comprehensive person-centered care plan for each	-	
		led to implement Resident care plan related to the the			resident who receive insulin and/or oxygen.		
	8/18/17 with a recent with diagnoses that in to: dementia, psychos which the person is u and has impaired per	ersonal relationships (1)], od pressure.			 Director of Nursing and/or design will audit care plans for residents wit orders for insulin and/or oxygen daily days and then 3 days a week x 3 we and then monthly x 2 months. The r of the random audits will be reported the QAA Committee for review and f up recommendations as indicated. The facility alleged date of compl is June 11, 2019. 	h new y x 5 eeks results d to follow	
	assessment with an a	assessment reference date resident as scoring a "1" on					

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		ID HUMAN SERVICES MEDICAID SERVICES					INTED: 04/20/2022 FORM APPROVED IB NO. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		ONSTRUCTION) DATE SURVEY COMPLETED
		495045	B. WING				C 05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER	1		STR	EET ADDRESS, CITY, STATE, ZIP COD)E	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)					
				RIC	HMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETION DATE
F 656	Continued From page		F	656			
		iew for mental status) score,					
	-	It was severely impaired to decisions. The resident was					
	coded as requiring ex of his activities of dail	ttensive assistance for most ly living. In Section N -					
		dent was coded as receiving jections during the look back					
	documented in part, " treat DM2 (diabetes r adverse effects." The documented, "Educar reason for use & (and	care plan dated, 8/18/17, 'Focus: Insulin therapy to nellitus type two). At risk for e "Interventions" te/review current mediation, d) administration needs with Report signs & symptoms of					
	"Insulin Glargine Solu	dated, 3/27/19, documented, ution (Lantus) inject 10 unit edtime for dm (diabetes					
	record) documented to On the following date medication as not add 4/5/19 - a "6" was doo	(medication administration the above physician order. s, the MAR documented the ministered as ordered: cumented. (The code on the o insulin per order.") - The					
	4/6/19 - a "6" was doo blood sugar was doo	cumented. The resident's					
	4/14/19 - a "9" was do the MAR for a "9" was resident's blood suga	ocumented as '90. ocumented. (The code on s "see progress note"). The ir was not documented. ocumented. The resident's					

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			0.00			10.0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	· · ·	TE SURVEY MPLETED
			A. BUILDING			С
		495045	B. WING		0	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI		5/02/2015
				2125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PRÉFIX TAG	, , , , , , , , , , , , , , , , , , ,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETIO DATE
F 656	Continued From pag	e 65	F 65	6		
	1.5	ocumented. The resident's	1 00			
	blood sugar was doc					
		ocumented. The resident's				
	blood sugar was doc					
		ocumented. The resident's				
	blood sugar was doc	umented as "114."				
	4/24/19 - a "6" was d	ocumented. The resident's				
	blood sugar was doc	umented as "98."				
	Review of the nurse'	s notes for the month of April				
	failed to evidence an	y documentation of the				
		in was held, notifying the				
		nsible party except on				
		. the nurse documented, "BS				
	(blood sugar) - 88 He	eld insulin tonight."				
	On 5/2/19 at 9:25 a.r					
		(licensed practical nurse) # 4				
		hat held the above ordered				
	, ,	l what Lantus is, LPN #4				
		acting." When asked if a Id Lantus, LPN #4 stated, "If				
		for it depends on what the				
	order says." When a	•				
	-	urse hold it, LPN #4 stated,				
		, you can call the doctor and				
		4 was asked to review the				
	above physician orde	er for Resident #93 and the				
		hy she didn't give the insulin				
		#4 stated, "It looks like it				
		s under 100 and usually we				
		or less than 100." When				
		order to hold if less than 100, Ma'am." When asked what				
		they hold a medication, LPN				
		illy contact the doctor and the				
		PN #4 was asked to review				
		the above dates. When				
	asked if she had doc					1

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	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MI II T		INSTRUCTION		NO. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	· · ·				OMPLETED
			-				С
		495045	B. WING				05/02/2019
NAME OF PF	ROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	Ē	
				2125	HILLIARD ROAD		
	CA SKILLED NORSING	AND REHAB (RICHMOND)		RICH	1MOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 656	Continued From page	e 66	F	656			
		and responsible party when					
		PN #4 stated, "It's not there.					
	I didn't do it." When a	sked the purpose of the					
		plan, LPN #4 stated, "It' how					
		sident." When asked if the					
	ryes."	ollowed, LPN #4 stated,					
	On 5/2/19 at 10:01 a.	m an interview was					
		#5, (one of the nurse's that					
		ed insulin). When asked					
	what Lantus is, LPN #	#5 stated, "Insulin." When					
		g or short acting insulin,					
		eve it's long acting." When					
		Id hold Lantus, LPN #5 pecific parameters on the					
		sed to." LPN #5 reviewed the					
		rs for Resident #93, MAR					
	and nurse's notes. W	hen asked if the physician					
		meters for this resident, LPN					
		#5 verified her initials on the					
		hy the insulin was held, LPN his blood sugar was low. I					
		that. I should have called the					
		or." When asked if she					
		N #5 stated, "No." When					
		the care plan, LPN #5					
		how to take care of the					
	patient." When asked	l if staff should care plan, LPN #5 stated,					
	"Yes."	care plan, LFN #5 stated,					
	The facility policy, "In	terdisciplinary Care					
	Planning" documente	d in part, "CARE					
	PLANNING - The pat	-					
		nat guides members of the					
		hcare team in how to meet nt's needs. It also identifies					
	- Harn Innivinital hatiar						

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		495045	B. WING				C 02/2019	
NAME OF PI	ROVIDER OR SUPPLIER		ł	S	TREET ADDRESS, CITY, STATE, ZIP CODE	•		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
F 656	should receiveOnce the staff must implem identified in the care p is not limited to: admi medications, performi participating in activiti According to Fundam Williams and Wilkins documented, "A writte communication tool a members that helps e careThe nursing car information about the and goals. It contains achieving the goals e and is used to direct of revise and update the there are changes in with new orders ASM (administrative s administrator, ASM # and ASM #3, the assi director, were made a on 5/2/19 at 10.58 a.r No further information (1) This information w following website: https://www.nlm.nih.g y.html. (2) This information w following website:	e the care plan is developed, ent the interventions olan. These may include, but nistering treatments and ing therapies and es with the patient." entals of Nursing Lippincott 2007 pages 65-77 en care plan serves as a mong health care team ensure continuity of re plan is a vital source of patient's problems, needs, a detailed instructions for stablished for the patient careexpect to review, e care plan regularly, when condition, treatments, and staff member) #2, the mobile 1, the interim administration, sted living facility executive aware of the above concern m. h was provided prior to exit. vas obtained from the ov/medlineplus/cerebralpals vas obtained from the n.gov/NIHfactsheets/ViewFa 20.	F	656				

Facility ID: VA0241

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	PF DEFICIENCIES	MEDICAID SERVICES		LE CONSTRUCTION		10. 0938-039 TE SURVEY		
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	MPLETED		
						С		
		495045	B. WING		0	5/02/2019		
NAME OF PF	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP COD		1 00/02/2010		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD				
				RICHMOND, VA 23228				
(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 CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETIO DATE		
F 656	Continued From pag	e 68	F 65	6				
		plan for the administration of	1 00					
	insulin (1) for Reside							
	Resident # 26 was admitted to the facility on							
	11/22/2016 with diag	noses that included but were						
		tia (2), depressive disorder						
	(3), dysphagia (4) an	id diabetes mellitus (5).						
	Resident # 26's most	t recent MDS (minimum data						
		essment with an ARD						
		ce date) of 02/08/19, coded						
		oring a 9 (nine) on the staff						
		tal status (BIMS) of a score						
		ing moderately impaired of aking daily decisions.						
		oded as requiring limited						
		aff member for activities of						
	daily living.							
	The physician's orde	r sheet (POS) dated						
		ril 2019 for Resident # 26						
	documented "Novolo							
		re meals for DM (diabetes						
	150. Order Date: 11	S (blood sugar) < (less than) /20/2018 "						
		ic medication administration ary 2019 for Resident # 26						
		ve physician's order for						
		ther review of the eMAR						
	revealed Novolog wa	as administered on the						
	following dates when was below 150:	n the resident's blood sugar						
	02/01/19 with blood s							
	02/02/19 with blood s	-						
	02/05/19 with blood s							
	02/08/19 with blood s 02/09/19 with blood s							

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 APPROVED 0. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_		C 02/2019
NAME OF PF	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE	-	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	record) dated March 2 documented the abov Novolog insulin. Furth revealed Novolog was resident's blood sugar On 03/02/19 with blood 03/03/19 with blood sugar 03/05/19 with blood sugar 03/10/19 with blood sugar 03/10/19 with blood sugar 03/16/19 with blood sugar 03/16/19 with blood sugar 03/21/19 with blood sugar 03/25/19 with blood sugar 03/25/19 with blood sugar 03/29/19 with blood sugar 03/30/19 with blood sugar 03/30/19 with blood sugar 03/30/19 with blood sugar 03/31/19 with blood sugar 03/31/19 with blood sugar 03/31/19 with blood sugar The eMAR (electronic record) dated April 20 documented the abov Novolog insulin. Furth revealed Novolog was following dates when was below 150: 04/05/19 with blood sugar 04/08/19 with blood sugar 04/10/19 with blood sugar 04/13/19 with blood sugar 04/16/19 with blood sugar	ugar of 97, ugar of 103 and ugar of 104. c medication administration 2019 for Resident # 26 re physician's order for her review of the eMAR is administered when the r was below 150: bd sugar of 114, ugar of 93 and 103, ugar of 136, ugar of 120 and 88, ugar of 120 and 88, ugar of 97, ugar of 91, ugar of 135, ugar of 130, ugar of 140, ugar of 140, ugar of 140, ugar of 140, ugar of 137. c medication administration 19 for Resident # 26 re physicians order for her review of the eMAR is administered on the the resident's blood sugar ugar of 112, ugar of 119, ugar of 98, ugar of 129 and 102,	F 656				
	04/21/19 with blood si 04/22/19 with blood si 04/22/19 with blood si	ugar of 101 and 144,					

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 APPROVED 0. 0938-0391
	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_	05/0	C 02/2019
NAME OF PR	OVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMEDIC	A SKILLED NURSING A	ND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE) CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	dated 11/23/2016 doc Endocrine System rela Diabetes." Under "Int "Administer medicatio Date Initiated 11/23/20 On 05/02/19 at 12:38 conducted with RN (re manager. When aske marks on the eMARs, (insulin) was given." // 26's physician's order March and April 2019 February, March and // administered with bloc the comprehensive car "The care plan gives and goals we have for comprehensive care. followed for the admir On 05/02/19 at approx (administrative staff m administrator and ASM ASM # 3, executive di facility, and ASM # 4, made aware of the fin No further information References: (1) With type 1 diabeted make insulin. Insulin is	ugar of 72, rr of 134 and ugar of 109. are plan for Resident # 12 umented, "Focus. ated to; insulin Dependent erventions" it documented, n per physician orders. 016." p.m., an interview was egistered nurse) # 6, unit ed to describe the check RN # 6 stated, "It means it After reviewing Resident # sheets dated February, and the eMARS dated April where the insulin was od sugars below 150 and are plan, RN # 6 stated, us a full view of the resident r the resident's Care plan is not being histration of insulin." kimately 3:30 p.m., ASM nember) # 1, the interim M # 2, mobile administrator, rector of the assisted living director of nursing were	F 656				

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		LETED	
		495045	B. WING				C 02/2019	
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG			ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 656	Without insulin, too m blood. If you have typ to take insulin. Type common type, can sta use insulin as it shoul with the need for insu pills. Along with meal activity, diabetes pills diabetes or gestationa glucose levels on targ available. Each works people take two or the people take two or the people take combinat contain two kinds of d tablet. Some people t information was obtai https://medlineplus.go (2) A loss of brain fun diseases. It affects m judgment, and behavit obtained from the wel https://medlineplus.go (3) Depression may b blue, unhappy, misera Most of us feel this was short periods. Clinica disorder in which feel or frustration interfere or more. This informa website: https://medlineplus.go (4) A swallowing disor obtained from the wel	uch glucose stays in your e 1 diabetes, you will need 2 diabetes, the most art when the body doesn't d. If your body can't keep up lin, you may need to take planning and physical help people with type 2 al diabetes keep their blood get. Several kinds of pills are is in a different way. Many ree kinds of pills. Some ion pills. Combination pills liabetes medicine in one ake pills and insulin. This ned from the website: by/diabetesmedicines.html. ction that occurs with certain emory, thinking, language, for. This information was bsite: by/ency/article/000739.htm. e described as feeling sad, able, or down in the dumps. ay at one time or another for al depression is a mood ings of sadness, loss, anger, with everyday life for weeks ation was obtained from the by/ency/article/003213.htm.	F	656				

If continuation sheet Page 72 of 205

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/20/2022 MAPPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		495045	B. WING				C / 02/2019
	ROVIDER OR SUPPLIER				IREET ADDRESS, CITY, STATE, ZIP CODE	•	
PROMED	ICA SKILLED NURSING	AND REHAB (RICHMOND)		R	ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	 (5) A chronic disease regulate the amount of information was obtain https://www.nlm.nih.g001214.htm. (6) A rapid acting hur to improve glycemic of with diabetes mellitus obtained from the we https://dailymed.nlm.im?setid=3a1e73a2-3 c5. 3. The facility staff fa comprehensive care insulin (1) for Resident # 12 was at 01/21/2019 with diagn not limited to malignat depressive disorder (gastroesophageal reficient # 12s most set), an admission as (assessment reference Resident # 12 as sco assessment for ment of 0 - 15, 14- being co daily decisions. Resident ar staff members for act 	in which the body cannot of sugar in the blood. This ined from the website: jov/medlineplus/ency/article/ man insulin analog indicated control in adults and children s. This information was bsite: nih.gov/dailymed/drugInfo.cf 0009-40d0-876c-b4cb2be56f willed to implement the plan for the administration of nt # 12. dmitted to the facility on noses that included but were int neoplasm of lung (2), 3), diabetes mellitus (4) drux disease (5), and recent MDS (minimum data asessment with an ARD be date) of 01/28/19, coded ring a 14 on the staff al status (BIMS) of a score ognitively intact for making dent # 12 was coded as nd not requiring set up by ivities of daily living.	F	656			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 MAPPROVED). 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			(X3) DATE COMP	SURVEY LETED
		495045	B. WING				C 02/2019
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STA	TE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BI CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
F 656	May hold if blood sug Date: 02/13/2019." The physician's order 2019 for Resident #12 (Insulin). Inject 5 unit a day for DM (diabete breakfast and dinner. less than 100. Order The eMAR (electronic record) dated Februal documented the abov Further review of the administered on 02/19	vo times a day for diabetes. ar is less than 100. Order sheet (POS) dated April 2 documented, "Novolin s subcutaneously two times as mellitus) give before May hold if blood sugar is Date: 03/26/2019." c medication administration ry 2019 for Resident # 12 re order for Novolin (Insulin). eMAR revealed Novolin was 5/19 with blood sugar of 75,	F 656				
	blood sugar of 85, 02, 94 and 77 and on 02/ 84. The eMAR (electronic record) dated April 20 documented the abow Novolin (Insulin). Fur revealed Novolin was with blood sugar of 97 of 96 and on 04/30/19 The comprehensive of dated 01/21/2019 doo Endocrine System rel Diabetes." Under "Int "Administer medicatio Date Initiated 01/21/2 On 05/02/19 at 12:38 conducted with RN (ref	re physician's order for ther review of the eMAR administered on 04/16/19 1, 04/29/19 with blood sugar 9 with blood sugar of 69. eare plan for Resident # 12 cumented, "Focus. ated to; insulin Dependent terventions" it documented, on per physician orders.					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	
		495045	B. WING				02/2019
NAME OF P	ROVIDER OR SUPPLIER		I	5	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 656	marks on the eMARS (insulin) was given." 12's physician's order April 2019, the eMAR where the insulin was sugars below 100 and plan, RN # 6 stated, " full view of the resider resident's comprehen- being followed for the On 05/02/19 at appro (administrative staff n administrator and ASI ASM # 3, executive d facility, and ASM # 4, made aware of the fir No further information References: (1) With type 1 diabet make insulin. Insulin i glucose get into your Without insulin, too m blood. If you have typ to take insulin. Type common type, can sta use insulin as it shoul with the need for insu pills. Along with meal activity, diabetes pills diabetes or gestationa glucose levels on targ available. Each works people take two or the people take combinat contain two kinds of c	 , RN # 6 stated, "It means it After reviewing Resident # sheets dated February and S dated February and April a dministered with blood d the comprehensive care The care plan gives us a nt and goals we have for the sive care. Care plan is not administration of insulin." ximately 3:30 p.m., ASM nember) # 1, the interim M # 2, mobile administrator, irector of the assisted living director of nursing were adings. n was provided prior to exit. es, your pancreas does not s a hormone that helps cells to give them energy. uch glucose stays in your e 1 diabetes, you will need 	F	656			

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-		ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DATE	
			A. BUILDI	NG _			C
		495045	B. WING			05/	/02/2019
NAME OF PROVIDER OR SU	PPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDICA SKILLED	NURSING	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
PREFIX (EACH	DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
 https://medi (2) Lung ca The lungs a breathe, air windpipe (tr flows throug cancer begi This informa https: https://medi (3) Depress blue, unhap Most of us f short period disorder in w or frustratio or more. Th website: https://medi (4) A chroni regulate the information https://www 001214.htm (5) Stomaci the esophag was obtained https://www (6) The term interchange the physica occur after 	was obtai ineplus.go ncer is ca re located goes thro achea), a gh tubes of ation was ineplus.go ion may b py, miser eel this w ls. Clinica which feel n interferen is information was obtai .nlm.nih.go n contents gus and ir ed from th .nlm.nih.go n "seizure ably with I findings an episod e brain.	ined from the website: by/diabetesmedicines.html. Incer that starts in the lungs. If in the chest. When you bugh your nose, down your nd into the lungs, where it called bronchi. Most lung cells that line these tubes. obtained from the website: by/ency/article/007270.htm. De described as feeling sad, able, or down in the dumps. ay at one time or another for al depression is a mood ings of sadness, loss, anger, with everyday life for weeks ation was obtained from the by/ency/article/003213.htm. in which the body cannot of sugar in the blood. This ined from the website: jov/medlineplus/ency/article/ to leak back, or reflux, into ritate it. This information e website: jov/medlineplus/gerd.html. " is often used "convulsion." A seizure is or changes in behavior that e of abnormal electrical This information was	F	656			

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	-	ID HUMAN SERVICES				FORM	M APPROVED
STATEMENT C	DF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	D. 0938-0391 SURVEY PLETED
		495045	B. WING				C / 02/2019
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)	-	:	STREET ADDRESS, CITY, STATE, ZIP CODE 2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
F 656	 (7) Is indicated to impadults and pediatric permellitus. This informative website: https://dailymed.nlm.rm?setid=82f1445c-b26 (8) The term "cutaneous means layers of the skin. For cyst is under the skin obtained from the we https://medlineplus.go 4. The facility staff fat #17's comprehensive administration of diabetes, he fibrillation, dementia of and anxiety disorder. (Minimum Data Set) with an ARD (Assess 2/1/19. The resident cognitively impaired in decisions. The reside total care for bathing; ambulation, dressing, independent for eatin bowel and bladder. A review of the clinicate and anxiety of the clinicate and anxiety and any any any any any any any any any any	bov/ency/article/003200.htm. prove glycemic control in patients with diabetes tion was obtained from the hih.gov/dailymed/drugInfo.cf 2c6-445a-82cf-ba8825fac77 bus" refers to the skin. a beneath, or under, all the r example, a subcutaneous . This information was bsite: bov/ency/article/002297.htm. iled to implement Resident care plan for the betic medications. mitted to the facility on phoses that included, but not igh blood pressure, atrial with behaviors, depression, The most recent MDS was a quarterly assessment ment Reference Date) of was coded as severely n ability to make daily life ent was coded as requiring supervision for transfers, , toileting and hygiene; was g, and was continent of	F	656			
		rders that were in effect for					

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 04/20/2022 MAPPROVED). 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í				(X3) DATE COMF	SURVEY LETED
		495045	B. WING					C 02/2019
NAME OF F	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STA	TE, ZIP CODE		
PROMED	ICA SKILLED NURSING	AND REHAB (RICHMOND)			125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD B CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
F 656	all or part of February 9/4/18 for Lantus (1) - order was discontinue dated 2/13/19 for Nov before meals, hold if I This order was discor A review of the Febru following: On 2/14/19 Novolog 3 units was g to be held if the blood The resident's blood a no evidence of physic medication was giver outside of parameters 2/15/19 - the morning was given. The medi blood sugar was less blood sugar was less blood sugar was 89. physician notification given when the blood parameters to give th On 2/19/19 - no evide being administered at left blank. On 2/25/19 Novolog 3 units was g to be held if the blood The resident's blood a no evidence of physic medication was giver outside of parameters A review of the clinical following physician or all or part of March 20	2019: An order dated 40 units at bedtime. This ed on 4/18/19. An order volog (2) Flexpen 3 units blood sugar is below 100. httinued on 2/27/19. ary 2019 MAR revealed the - the morning dose of given. The medication was I sugar was less than 100. sugar was 79. There was cian notification that the when the blood sugar was to give the medication. On dose of Novolog 3 units cation was to be held if the than 100. The resident's There was no evidence of that the medication was sugar was outside of e medication. ence of the Lantus 40 units to bedtime. The MAR was - the morning dose of given. The medication was sugar was 95. There was cian notification that the when the blood sugar was s to give the medication.	F	656				

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		MEDICAID SERVICES				O. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY
	CONTRECTION	IDENTIFICATION NOWDER.	A. BUILDING			
			5 M/NO			С
		495045	B. WING			5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE	
		AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
				RICHMOND, VA 23228		
(X4) ID	-	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)
PREFIX			PREFIX			COMPLETIO DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE DEFICIENCY)		
F 656	Continued From pag	e 78	F 65	6		
		/19. An order dated 2/27/19		-		
		its before meals. This order				
		3/5/19. An order dated				
		units before meals. This				
	order remained activ					
		C as of the survey.				
	A review of the Marc	h 2019 MAR revealed the				
	following: On 3/4/19	- lunchtime dose of Humalog				
		ere were no orders or				
		ne Humalog. The resident's				
		There was no evidence the				
	-	d of the Humalog being held				
		red to be held. On 3/6/19 -				
		of 6 units was held. There				
	were no orders or pa					
		nt's blood sugar was 83.				
	-	ice the physician was notified				
		held when it was not				
		On 3/10/19 - the morning				
		as held. There were no				
	-	to hold the Novolog. The				
		ar was 95. There was no				
	-	an was notified of the				
		when it was not ordered to be				
		o evidence of the Lantus 40				
		ered at bedtime. The MAR				
	•	15/19 - the morning Novolog				
		There were no orders or				
	parameters to hold the	ne Novolog. The MAR was				
		Nurse Notes." The notes				
	documented the bloc	od sugar was 79. There was				
		sician was notified of the				
		when it was not ordered to be				
		o evidence of the Lantus 40				
	units being administe	ered at bedtime. The MAR				
	-	27/19 - no evidence of the				
	Lantus 40 units beind	g administered at bedtime.				

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	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	· · ·	E SURVEY IPLETED
		495045	B. WING		0	C 5/02/2019
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETIOI DATE
F 656	was 72 and rechecked orders to hold the La evidence the physicia notified of the medica A review of the clinica following physician o all or part of March 2 for Lantus 40 units at discontinued on 4/18 for Novolog 6 units b remained active as o A review of the April 1 following: On 4/2/19 lunchtime Novolog 6 The MAR was left bla of the Lantus 40 units bedtime. The MAR w the morning dose of The blood sugar was or parameters to hold evidence the physicia Novolog being held w	bocumented the blood sugar ed to be 80. There were no ntus. There was no an or nurse practitioner was ation being held. al record revealed the rders that were in effect for 019: An order dated 9/4/18 a bedtime. This order was /19. An order dated 3/5/19 efore meals. This order f the survey. 2019 MAR revealed the - no evidence of the units being administered. ank. On 4/3/19 - no evidence is being administered at vas left blank. On 4/3/19 - Novolog 6 units was held. 117. There were no orders d the Novolog. There was no	F 656	DEFICIENCY)		
	sugar. There were n hold the Novolog. Th physician was notifie when it was not orde the lunchtime dose o The blood sugar was	e was no documented blood o orders or parameters to here was no evidence the d of the Novolog being held red to be held. On 4/11/19 - f Novolog 6 units was held. 99. There were no orders d the Novolog. There was no				

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		ND HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/20/2022 M APPROVED O. 0938-0391
STATEMENT O	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DAT	E SURVEY PLETED
		495045	B. WING			05	C 5/ 02/2019
NAME OF PI	ROVIDER OR SUPPLIER	I	I	s	STREET ADDRESS, CITY, STATE, ZIP CODE	1 00	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2	2125 HILLIARD ROAD		
				F	RICHMOND, VA 23228		-
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 656	Continued From page	e 80	F	656			
	7/27/18 for "Endocrin Dependent Diabetes, the interventions, "Ac physician orders" dat glucometer readings ordered" dated 2/12/2	olan revealed one dated e System related to; Insulin " This care plan included Iminister medication per ed 7/27/18, "Obtain and report abnormalities as 19, "Obtain Lab results as hysician of results" dated					
	the above findings of was no parameters o LPN #1 was informed administered when the parameters to hold it, being documented at when they should be plan documented to a ordered, and the abo regarding the administ	 #1. When informed about insulins held when there r orders to hold the insulin. d about the insulins being here were ordered and informed of insulins not all as being administered When asked if the care administer insulin as 					
	Staff Member) (Admi Administrator), ASM and ASM #4 (Director	M, ASM #1 (Administrative nistrator), ASM #2 (Mobile #3 (ALF Executive Director) r of Nursing) were made . No further information was of the survey.					
	diabetes (condition in	argine is used to treat type 1 which the body does not herefore cannot control the					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 MAPPROVED). 0938-0391
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_		C 02/2019
NAME OF P	ROVIDER OR SUPPLIER		5	STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	treat people with type which the body does it therefore, cannot com the blood) who need it diabetes. In people with glargine must be used (a short-acting insulin diabetes, insulin glarg another type of insulir for diabetes. Insulin g manmade version of It glargine works by rep normally produced by move sugar from the tissues where it is use the liver from producin Information obtained th https://medlineplus.go tml (2) Novolog - Insulin a diabetes (condition in produce insulin and th amount of sugar in the treat people with type which the body does it therefore cannot cont the blood) who need it diabetes. In patients w aspart is usually used unless it is used in an patients with type 2 di may be used with and oral medication(s) for short-acting, manmade Insulin aspart works b	e blood). It is also used to 2 diabetes (condition in not use insulin normally and, trol the amount of sugar in insulin to control their ith type 1 diabetes, insulin d with another type of insulin). In people with type 2 gine also may be used with n or with oral medication(s) largine is a long-acting, human insulin. Insulin lacing the insulin that is the body and by helping blood into other body ed for energy. It also stops ng more sugar. from ov/druginfo/meds/a600027.h aspart is used to treat type 1 which the body does not herefore cannot control the e blood). It is also used to 2 diabetes (condition in not use insulin normally and rol the amount of sugar in insulin to control their with type 1 diabetes, insulin I with another type of insulin, external insulin pump. In iabetes, insulin aspart also other type of insulin or with diabetes. Insulin aspart is a le version of human insulin. by replacing the insulin that by the body and by helping	F 656				

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DEPARTMENT OF HEALTH AND HU CENTERS FOR MEDICARE & MEDIC	-					FORM): 04/20/2022 MAPPROVED). 0938-0391
STATEMENT OF DEFICIENCIES (X1) P	ROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	· /		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
	495045	B. WING _			_	(05/	C 02/2019
NAME OF PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMEDICA SKILLED NURSING AND RI	EHAB (RICHMOND)			25 HILLIARD ROAD CHMOND, VA 23228			
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	BE PRECEDED BY FULL	ID PREFIX TAG	K	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
 F 656 Continued From page 82 tissues where it is used for the liver from producing mo Information obtained from https://medlineplus.gov/drugtml (3) Humalog - Insulin lispro diabetes (condition in which produce insulin and therefo amount of sugar in the bloo treat people with type 2 dial which the body does not us therefore cannot control the the blood) who need insulin diabetes. In patients with ty lispro is always used with a unless it is used in an exter patients with type 2 diabete be used with another type of medication(s) for diabetes. short-acting, manmade verse Insulin lispro works by replar normally produced by the b move sugar from the blood tissues where it is used for the liver from producing mo Information obtained from https://medlineplus.gov/drugtml 5. The facility staff failed to comprehensive care plan to #127's oxygen use. Resident #127 was admitte 04/04/19, with diagnoses th not limited to: hypertension diseases (CAD) (2), and de 	are sugar. ginfo/meds/a605013.h is used to treat type 1 in the body does not re cannot control the add). It is also used to betes (condition in the insulin normally and the amount of sugar in the to control their pe 1 diabetes, insulin nother type of insulin, nal insulin pump. In the insulin lispro may of insulin or with oral Insulin lispro is a sion of human insulin. acing the insulin that is ody and by helping into other body energy. It also stops are sugar. ginfo/meds/a697021.h the develop a to address Resident add to the facility on that included but were (1), coronary artery	F6	556				

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		ND HUMAN SERVICES MEDICAID SERVICES					NTED: 04/20/202 FORM APPROVE B NO. 0938-039
TATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		DNSTRUCTION	(X3)	DATE SURVEY COMPLETED
		495045	B. WING				C 05/02/2019
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		2125	EET ADDRESS, CITY, STATE, ZIP COD HILLIARD ROAD HMOND, VA 23228	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETIO DATE
F 656	The most recent MD2 assessment, an adm assessment reference the resident as scorir interview for mental s indicating severe cog decision-making. Th totally dependent upor members for all of ac Section O- Special tr resident was coded O On 04/30/19 at 2:36 a.m., an observation revealed the resident oxygen by nasal can concentrator. The ox flowmeter was obser one-and-half liter per Review of Resident # on 05/01/19 failed to care plan for the use The physician orders documented, "O2 (ox minute via (by) nasal hypoxia." On 05/02/19 1:54 p.r conducted with RN (m manager. When ask oxygen should have to address the use of "Yes." When asked to comprehensive care tool that displays a care sident's needs and	S (minimum data set) ission assessment, with an ee date of 04/15/19, coded ng a 7 on the BIMS (brief status) score of 0-15, 7 gnitive impairment for daily e resident was coded as on two or more staff ctivities of daily living. In eatments and programs, the C. oxygen therapy. p.m. and on 05/01/19 8:11 of the resident's room t was in bed receiving nula connected to an oxygen cygen concentrator ved set between one and minute. #127's electric clinical record evidence a comprehensive of oxygen. a dated 04/05/19 cygen) 2 (two) liters per cannula (4) every shift for m., an interview was registered nurse) #6, unit ed if residents receiving a comprehensive care plan f oxygen, RN #6 stated	F	556			

Facility ID: VA0241

If continuation sheet Page 84 of 205

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		495045	B. WING				C 102/2019
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
F 656	the comprehensive ca done by a collaboratio team, but the oxygen done by the nursing s existing care plan was she was asked if she for Resident #127's o do not see one." RN did not have a care pl When asked what pol facility follows for the plan, RN #6 stated sh Review of the facility planning" documenter comprehensive care p facility must develop a comprehensive perso patient that includes r timeframes to meet a mental, and psychoso identified in the comp comprehensive care p within 7 (seven) days comprehensive asses On 05/02/19 at appro (Administratior, and AS nursing, were made a No further information References:	are plan, RN #6 stated, "It is on of a multi-disciplinary care plan should have been staff." Resident #127's is reviewed with RN #6 and could evidence a care plan xygen use. RN #6 stated, "I #6 agreed that the resident lan for the use of oxygen. licies and procedures the development of the care he would need to check. policy, "Interdisciplinary care d in part under blanning requirements, "The and implement a on-center care plan for each measurable objectives and patient's medical, nursing, boal needs that are rehensive assessment A blan must be developed after completion of the ssment." ximately 3:30 p.m., ASM Member) #2, the mobile 5M #4, the director of tware of the above findings. n was provided prior to exit	F	656			

Facility ID: VA0241

If continuation sheet Page 85 of 205

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0.0938-0391
STATEMENT O	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	
		495045	B. WING				C 02/2019
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	05/	02/2019
					25 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		RI	CHMOND, VA 23228		
(X4) ID PREFIX TAG	(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 B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 656	 essure.html. 2. A common type of information was obtain https://www.nlm.nih.grydisease.html 3. A loss of brain function diseases. It affects mijudgment, and behavior obtained from the weat https://medlineplus.go 4. Tubing used to delite to 6 L/min. The nasal extend approx. 1 cm is connected to a common connected to the oxygen content is need the exact percentage patient varies with rest factors. This informative bisite: http://medical-dictionarsal+cannula. 6. The facility staff fa #72's comprehensive administration of oxygen content is need the distribution of the other staff fa affection of the staff fa affection of the facility for the staff fa affection of the staff fa affection of the staff fa affection of the facility for the staff fa affection of the staffection of the facility for the staffection of the staffection of the staffection of the facility for the staffection of the staffection	heart disease. This ned from the website: lov/medlineplus/coronaryarte stion that occurs with certain emory, thinking, language, ior. This information was bsite: bv/ency/article/000739.htm. iver oxygen at levels from 1 prongs of the cannula into each naris and are ion tube, which is then gen source. It is used to ich a slightly enriched eded, such as emphysema. e of oxygen delivered to the spiratory rate and other tion was obtained from the ary.thefreedictionary.com/na iled to implement Resident care plan for the gen. mitted to the facility on	F 6	556			
	The most recent MDS	S (minimum data set), a					

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES					RINTED: 04/20/2022 FORM APPROVED IB NO. 0938-0391	
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495045	B. WING				C 05/02/2019	
NAME OF P	ROVIDER OR SUPPLIER	•		STR	REET ADDRESS, CITY, STATE, ZIP CODE	•		
PROMED	CA SKILLED NURSING	AND REHAB (RICHMOND)			25 HILLIARD ROAD CHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 656	Medicare fourteen da (assessment reference the resident as having the BIMS (brief intervi indicating the resident impaired. Section OO #72's oxygen use. The physician order of "O2 (Oxygen) at 3 life cannula) to maintain then) 90%." Review of the MAR (fr record) for Resident # documented, "O2 (O2 via NC (nasal cannula >90%." The oxygen administered per the month of April. On 04/30/19 at appro observation was mad #72 was seated in he cannula attached to a oxygen concentrator between 2.5 and 3L/r On 04/30/19 at appro second observation v Resident #72's flow r concentrator was aga and 3L/min oxygen. On 04/30/19 at appro	by assessment, with an ARD ce date) of 3/17/19 coded g a score of 5 out of 15 on iew for mental status) it was severely cognitively 100 documented Resident dated 3/6/19 documented, ers per minute via NC (nasal O2 saturation > (greater medication administration #72 dated April 2019 kygen) at 3 liters per minute a) to maintain O2 saturation was documented as physician order during the eximately 1:44 p.m., an le of Resident #72. Resident er wheelchair wearing a nasal an oxygen concentrator. The flow rate was observed set min (liters/min) of oxygen. eximately 4:07 p.m., a vas made of Resident #72. ain wearing a nasal cannula an oxygen concentrator.	F	656				

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	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA					FORM APPROVED OMB NO. 0938-0391		
STATEMENT			, í			(X3) DATE COMF	E SURVEY PLETED	
		495045	B. WING				C / 02/2019	
NAME OF P	ROVIDER OR SUPPLIER			:	STREET ADDRESS, CITY, STATE, ZIP CODE	<u>.</u>		
PROMED	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE	
F 656	again wearing a nasa to an oxygen concent concentrator flow rate between 2.5 and 3L/m The care plan dated 3 "Administer oxygen a On 05/01/19 at appro- interview was conduct #5. When asked the p #5 stated, "It lets you the resident." When a be followed, RN #5 re- the care plan regardin was being followed. F would be an error." The facility policy, "Im Planning" documente plan is developed, the interventions identifie On 05/02/19 at appro (administrative staff in Administrator, ASM # and ASM #3, the Assi Executive Director we findings. No further information 1. Atrial fibrillation is of types of arrhythmias, rhythms. Atrial fibrillat much faster than norr lower chambers of the together. When this h	al cannula that was attached trator. The oxygen was again observed set nin oxygen. 3/18/19 documented, s per physician order." ximately 3:02 p.m., an ted with RN (register nurse) purpose of a care plan, RN know the plan of care for asked if the care plan should eplied, "Yes." When asked is ng Resident #72's oxygen RN #5 replied, "No, that terdisciplinary Care d in part, "Once the care e staff must implement the d in the care plan." ximately 1:00 p.m., ASM nember) #1, the Interim 2, the Mobile Administrator isted Living Facility (ALF) ere made aware of the n was provided prior to exit. one of the most common which are irregular heart tion causes the heart to beat mal, and the upper and e heart do not work	F	656	6			

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TATEMENT (DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495045	B. WING _				C 5/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		5/02/2015
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		212	25 HILLIARD ROAD		
				RIC	CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIZ TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETIOI DATE
F 656	Continued From page	e 88	F	656			
	blood to the lungs an	d body. This can make you					
	•	you may notice heart					
		pain. Blood also pools in the					
		es your risk of having a lications. This information					
	was obtained from th						
	https://www.nhlbi.nih	.gov/health-topics/atrial-fibrill					
	ation						
	2. Disease that make	es it difficult to breath that					
		s of breath). The two main					
		nchitis and emphysema.					
		OPD is long-term exposure itate and damage the lungs.					
		tte smoke. Air pollution,					
	chemical fumes, or d	ust can also cause it. This					
		ined from the website:					
F 657	Care Plan Timing and	gov/medlineplus/copd.html.	E 4	657			5/23/19
SS=D	CFR(s): 483.21(b)(2)			557			5/25/19
	§483.21(b) Compreh §483.21(b)(2) A com	ensive Care Plans prehensive care plan must					
	be-						
		7 days after completion of					
	the comprehensive a	ssessment. terdisciplinary team, that					
	includes but is not lin						
	(A) The attending phy						
		e with responsibility for the					
	resident. (C) A nurse aide with	responsibility for the					
	resident.						
	(D) A member of food	d and nutrition services staff.					
		cticable, the participation of					
		resident's representative(s). be included in a resident's					
		participation of the resident					

Facility ID: VA0241

If continuation sheet Page 89 of 205

TATEMENT (DF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION		ATE SURVEY
	CONTECTION	IDENTIFICATION NOWIDER.	A. BUILD		C		
		495045	B. WING				05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER	•	•				
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)	2125 HILLIARD ROAD				
				R	ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETIO DATE
F 657	Continued From page	2 89	F	657			
		resentative is determined		001			
	not practicable for the						
	resident's care plan.						
		staff or professionals in					
	or as requested by th	ined by the resident's needs					
		ised by the interdisciplinary					
		ssment, including both the					
	comprehensive and c	quarterly review					
	assessments.	is not met as evidenced					
	by:	is not met as evidenced					
	-	iew, clinical record review			The statements made on this plan of		
		review, it was determined			correction are not an admission to an		
	-	I to review or revise the care idents in the survey sample,			not constitute an agreement within th alleged deficiencies cited herein. To	е	
	Resident # 18 and #				remain in compliance with all federal	and	
					state regulations, the center has take		
		iled to update Resident #			will take the actions set forth in the		
	89's comprehensive				following plan of correction constitute		
	89's pain.	tions to alleviate Resident #			center's allegation of compliance. All alleged deficiencies cited have been		
					will be corrected by the date or dates		
		led to review and revise the			indicated.		
	-	plan to address Resident			F 057		
	#18'S AICD (automati	ic internal cardiac device).			F-657		
	The findings include:				It is the intended practice of this facili	ty to	
					review and/or revise the care plans o	f	
	-	iled to update Resident #			each resident after each assessment		
	89's comprehensive	care with current tions to alleviate Resident #			1. Resident #18 care plan was revise	no he	
	89's pain.	π			May 8, 2019 to reflect the care of AIC		
					Resident #89 care plan was revised of		
		dmitted to the facility on			May 20, 2019 to reflect diversional ar		
		noses that included but were			non-pharmacological intervention for	pain	
		prostatic hyperplasia (1),			management.		
	Darkincon's diagons ((2), and hypertension (3).					

Event ID: KD2K11

Facility ID: VA0241

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TATEMENT (DF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	NO. 0938-039 ATE SURVEY DMPLETED
	CONNECTION		A. BUILDING			C
		495045	B. WING			05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	DE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
F 657	Continued From page	e 90	F 65	7		
	Resident # 89's most	recent MDS (minimum data nge assessment with an		have the potential to be affect	sted.	
 	ARD (assessment ref coded Resident # 89	ference date) of 03/29/2019, as scoring a 3 (three) on the mental status (BIMS) of a		3. Licensed Nurses and the Interdisciplinary Team (IDT) educated on the care plan tir		
	score of 0 - 15, 3 (thro impaired of cognition	ee) - being severely for making daily decisions.		revision.	Ũ	
	assistance of one sta	oded as requiring extensive ff member for activities of D "Special Treatments,		4. Director of Nursing and/or will audit care plans for newly residents in regards to divers	y admitted	
		rams" coded Resident # 89		activities related to pain man newly admitted residents for results of the random audits	agement and AICD.The	
	The POS (physician's 03/31/2019 for Reside "Admit to (Name of H 03/18/2019."	ent # 89 documented,		reported to the QAA Commit and follow up recommendation indicated.	tee for review	
				5. The facility alleged date o	f compliance	
	documented, "Focus:			is June 11, 2019.		
		ate Initiated: 08/17/2018."				
	(gastro-intestinal) dist such [sic] nausea, co Initiated: 08/17/2018;					
	grimacing, crying, thr etc. Date Initiated: 08 medication per physic	s moaning, striking out, ashing, change in breathing, 3/17/2018: Administer pain cian order. Date Initiated:				
	frequently to position 08/17/2018, Notify ph	ge/assist to reposition of comfort. Date Initiated: iysician if pain worsening or if current				
		as become ineffective. Date				

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_		C 02/2019
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STA	ATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 657	care. After reviewing comprehensive care p care plan identified no interventions to addre RN # 6 stated, "Yes, t position of comfort." V only intervention that address Resident # 8 also has a stuffed dog comfort for him and h we bring him out to the are diversionary active interventions should b comprehensive care p 6 stated, "Yes." When comprehensive for participation of stated, "Yes." When c	n of Resident # 89's hospice Resident # 89's olan, RN #6 was asked if the on-pharmacological ass Resident # 89's pain. o reposition frequently to When asked if that was the was being used by staff to 9's pain, RN # 6 stated, "He g that he likes that provides e likes watching others so e nurse's station. These ities." When asked if these be a part of the olan for Resident # 89, RN # n asked if his care plan is in, RN # 6 stated, "No." neterdisciplinary Care d, "Care Planning: The a comprehensive tool that be interdisciplinary w to meet each individual so identifies the types and the patient should receive." mponents" it documented, specific, individualized vided by staff which will help goals. Interventions and livering patient care and care by staff. Just like re specific and measurable." ve Care Planning umented, "A comprehensive eviewed and revised by the after each assessment, nprehensive, quarterly and	F 657				

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/20/2022 MAPPROVED O. 0938-0391	
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495045	B. WING			05	C 5/02/2019	
NAME OF P	ROVIDER OR SUPPLIER	•	I	S	TREET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 657	 (administrative staff m administrator and AS ASM # 3, executive d facility, and ASM # 4, made aware of the fir No further information References: (1) An enlarged prost obtained from the we https://www.nlm.nih.g (2) High blood pressu obtained from the we https://www.nlm.nih.g (2) High blood pressu obtained from the we https://www.nlm.nih.g (2) High blood pressu obtained from the we https://www.nlm.nih.g 2. The facility staff fai comprehensive care resident's AICD (auto device) for Resident # Resident #18 was ad 10/21/15 with diagnon not limited to: periphe abnormal condition, in affecting blood vesse depression, amputatii pressure, cardiac arrh problem with the rate It means that your he slowly, or with an irre disease [There are m disease. The most co disease is narrowing 	eximately 3:30 p.m., ASM nember) # 1, the interim M # 2, mobile administrator, lirector of the assisted living director of nursing were ndings. In was provided prior to exit. This information was bsite: gov/medlineplus/enlargedpro ure. This information was bsite: gov/medlineplus/highbloodpr led to review and revise the plan to address the matic internal cardiac	F	657				

Facility ID: VA0241

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		MEDICAID SERVICES				IO. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	E CONSTRUCTION	· · · ·	E SURVEY IPLETED
		105015				С
		495045	B. WING			5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI	Ξ	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 657	Continued From page	e 93	F 657	7		
			1 007			
	the heart itself. This is called coronary artery disease and happens slowly over time. It's the					
		have heart attacks (3)],				
	atrial fibrillation [a condition characterized by					
	rapid and random co	ntraction of the atria of the				
		ar beats of the ventricles and				
	•	d heart output and frequently				
		atria (4)] and the presence of				
	automatic implantable					
	-	vices that restore a normal				
		an electric pulse or shock to				
	-	sed to prevent or correct an eat that is uneven or that is				
		Defibrillators can also restore				
		the heart suddenly stops.				
	-	an prevent sudden death				
	among people who h	•				
	life-threatening arrhy	-				
	implantable cardiove	rter defibrillators (ICDs),				
	which are surgically p	blaced inside your body (5)].				
		S (minimum data set)				
		ual assessment, with an				
		e date of 2/1/18, coded the				
	-	"13" on the BIMS (brief				
		status) score, indicating the of making daily cognitive				
		18 was coded as anywhere				
		ent to requiring extensive				
		If member for his activities				
		tion I - Active Diagnoses, it				
		resident had the presence				
	of automatic (implant	able) cardiac defibrillator.				
	Observation was made	de of Resident #18 on 5/1/19				
		sitting in his wheelchair in				
		shirt on. Further observation				
	-	red to be, a pacemaker in				

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	E SURVEY PLETED
		495045	B. WING				C / 02/2019
NAME OF P	ROVIDER OR SUPPLIER		1	S	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 657	knowledge of it. The comprehensive of revised on 2/27/19, de Cardiac disease relat (myocardial infarction (coronary artery disea- pressure) and Hx of a "Interventions" docum (FYI [for your informal Review of the clinical documented on the fa- automatic (Implantable Review of the physici- anything related to an resident's chest. On 5/1/19 at 1:45 p.m conducted with LPN (the nurse that cares fa- asked what type of de his chest, LPN #4 sta When asked if the nu do with it, LPN #4 sta When asked if the nu do with it, LPN #4 sta cardiology appointment takes him to. There's check to make sure it surveyor went to the nu- the resident's nightsta- stated, "We just check on unless they call to how often they are che- she'd have to check to surveyor went back to (registered nurse) #2,	ad, he stated he had no care plan dated, 12/2/15 and ocumented in part, "Focus: ed to Hx (history) of MI - heart attack), CAD ase), HTN (high blood atrial flutter, angina." The nented in part, "Pacemaker tion])." record revealed ace sheet, "Presence of le) cardiac defibrillator." an orders failed to reveal n implantable device in the	F	657			

Facility ID: VA0241

If continuation sheet Page 95 of 205

		MEDICAID SERVICES				O. 0938-039		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	· · ·	E SURVEY IPLETED		
		495045	B. WING		0	C 5/02/2019		
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP COD	•	00/02/2013		
PROMED	ICA SKILLED NURSING	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228				
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETIOI DATE		
F 657	resident has implante staff are checking it, checking the box, an RN #2 stated, "Yes, i is the situation we ge type of device and th the care plan, RN #2 when Resident #18 la appointment, RN #2 would need to check. On 5/1/19 at 3:45 p.m conversation with LP asked if there was an related to the device stated, "They were w On 5/1/19 at 4:38 p.m stated the cardiology resident has an AICE defibrillator) duel cha defibrillator and pace 2016. The family sch transports him to the scheduled appointme appointment was 1/2 was due for his annu the clinical record shu that the record indica missing the defibrillator it should be correct." should be doing to ca stated, "monitoring hi pressure. Monitor for asked about the mac nursing staff should be	ed in his chest, how often and where staff document d should there be an order, f we don't have an order, this it into. When asked if the e care needed should be on stated, "Yes." When asked ast had a cardiology and LPN #4 stated they n. (two hours after the initial N #4 and RN #2) RN #2 was by information to present for Resident #18, RN #2 orking on it."	F 657					

Facility ID: VA0241

If continuation sheet Page 96 of 205

			0/01 10			NO. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	· · ·	TE SURVEY MPLETED
			A. BUILDING			С
		495045	B. WING			5/02/2019
NAME OF P	ROVIDER OR SUPPLIER		I [STREET ADDRESS, CITY, STATE, ZIP CO		0/02/2013
				2125 HILLIARD ROAD		
PROMED	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	COMPLETION
F 657	Continued From page	e 96	F 65	57		
		nat is documented, RN #2				
	stated, "I will have to find that out." When asked if					
		reflect that, he has an				
		n device, RN #2 stated,				
		the care plan needs to be				
		y type of implanted device to be provided for Resident				
	#18's AICD, RN #2 st	•				
	On 5/2/19 at 11:17 a.	m., LPN #4 returned to this				
	surveyor and stated t					
	-	d told us we didn't have to				
		machine in the resident's				
	room. It's done autom	s the resident on his phone				
	and he pushes a butt					
		uld call the nursing home.				
		nately 11:30 a.m., RN #2				
	presented a letter dat					
		er documented in part,				
	"(Resident #18) has a	ne following device check				
		onths a remote check (this is				
		device at his residence) and				
		check. According to his				
		device check was 2/27/19				
		vice check was 7/25/17. His				
		te check is 5/15/19 and his				
		h (name of cardiologist) is ne his ICD will be checked				
		d if the facility should have				
	had this information a	-				
		e surveyor questioned it, RN				
	#2 stated, "Yes, Ma'a	m."				
	Monitoring - People v	vith ICDs require monitoring				
		me, generally every three to				
	six months. The device					

If continuation sheet Page 97 of 205

	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUC	TION		NO. 0938-039 ATE SURVEY
ND PLAN OF	CORRECTION	DENTIFICATION NUMBER:		G		ົ່ແ	MPLETED
		495045	B. WING				С
	ROVIDER OR SUPPLIER	495045			ESS, CITY, STATE, ZIP COD		05/02/2019
		AND REHAB (RICHMOND)		2125 HILLIAR		-	
				RICHMOND,	VA 23228		
(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 CO EACH CORRECTIVE ACTION OSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETIO DATE
F 657	Continued From page	e 97	F 65	57			
	examined with a spec		1.00				
	•	laced on the area of the					
	chest where the ICD is located. ICD manufacturers have developed technology to						
		e this evaluation from their					
	-	net or over the telephone.					
	This is called home o	r remote monitoring.					
		the device can be reviewed					
		aining battery life, lead programmed settings,					
	-	nocks provided, and obtain					
		ype of rhythm disturbances					
	treated. Home monitor						
	-	ing the ICD. Typically, the ery night and alerts are sent					
		ler if they meet certain					
		example, if the battery					
		ed, then an alert will be sent					
		e clinic where these alerts					
	a patient has sympto	ely during business hours. If					
		ician or nurse in the device					
	clinic. (6)						
	ASM (administrative	staff member) #2, the mobile					
		1, the interim administration,					
		isted living facility executive aware of the above concern					
	on 5/2/19 at 10.58 a.						
	No further information	n was obtained prior to exit.					
		ry of Medical Terms for the , 5th edition, Rothenberg and					
	Chapman, page 447.	-					
	(2) This information v	was obtained from the					
	following website:	vas oblaineu nom line					

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/20/202 FORM APPROVE OMB NO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		495045	B. WING		05/02/2019
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)	STREET ADDRESS, CITY, STATE, ZIP CODE 2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 657	Continued From page	98	F 657		
F 658 SS=D	meta?v%3Aproject=n medlineplus-bundle& (4) Barron's Dictionar Non-Medical Reader, Chapman, page 55. (5) This information w following website: https://www.nhlbi.nih. rs. (6) This information w following website: https://www.uptodate ardioverter-defibrillato h=implantable-cardio 20the%20basics⊤ d_link. Services Provided Me CFR(s): 483.21(b)(3)	th.gov/vivisimo/cgi-bin/query- nedlineplus&v%3Asources= query=Heart+disease y of Medical Terms for the 5th edition, Rothenberg and vas obtained from the gov/health-topics/defibrillato vas obtained from the .com/contents/implantable-c ors-beyond-the-basics?searc verter-defibrillators-beyond% icRef=15665&source=relate eet Professional Standards (i)	F 658		5/23/19
	by: Based on staff interv review, and clinical re determined the facility professional standard	is not met as evidenced iew, facility document ecord review, it was y staff failed to follow		The statements made on this plan of correction are not an admission to and not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal a	•

Event ID: KD2K11

Facility ID: VA0241

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OLITICI		MEDICAID SERVICES	-			D. 0938-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	· · ·	SURVEY PLETED
		405045				С
		495045	B. WING		05	/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	CTION	(X5)
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)		COMPLETIO DATE
F 658	Continued From pag	e 99	F 65	58		
		edications for two of 56		state regulations, the center has t	aken or	
		ey sample, Resident #93 and		will take the actions set forth in th		
	Resident #12.			following plan of correction consti		
				center's allegation of compliance.		
		ility staff documented		alleged deficiencies cited have be		
		te Transfer Document		will be corrected by the date or da	ates	
		8/19, without indicating the		indicated.		
		ion was completed on the		F 050		
		imentation made was a late		F-658		
	entry.			It is the intended practice of the fa	acility to	
	2. The facility staff fa	ailed to clarify Resident #		follow Professional Standards of I		
	-	ed parameters for Novolog		for Documentation in the Clinical		
		when and if the insulin should		Record and administration of med	dication.	
	be held based on the	e residents blood sugar of				
	100.			1. Resident #93 had late entry or		
				Acute Care Transfer Documentat		
	The findings include:			checklist placed on May 21, 2019		
				Resident #12 had clarification of i		
		Imitted to the facility on		order completed on May 17, 2019).	
		t readmission on 3/27/18,		2. Regidente who regeive inquire	and	
		ncluded but were not limited sis [major mental disorder in		2. Residents who receive insulin residents who are acutely transfe		
		usually detached from reality		the hospital and reside in the facil		
	and has impaired pe			the potential to be affected.	inty flatte	
		personal relationships (1)],				
	diabetes and high bl			3. Licensed Nurses and the		
				Interdisciplinary Team (IDT) were		
		S (minimum data set)		re-educated on the Professional		
		assessment reference date		Standards of Practice for Docume	entation	
		resident as scoring a "1" on		in the Clinical Record.		
		view for mental status) score,		A Director of Nursing and/or day	ianoo	
		nt was severely impaired to decisions. The resident was		 Director of Nursing and/or des will audit residents with acute card 		
		xtensive assistance for most		transfers for late entry documenta		
		ily living. In Section N -		residents with new insulin orders		
		ident was coded as receiving		days and then 3 days a week x 3		
		jections during the look back		and the monthly x 2 months. The		
	period.			of the random audits will be repor		

Facility ID: VA0241

If continuation sheet Page 100 of 205

	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIP	PLE CONSTRUCTION	OMB NO. 0938-0 (X3) DATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,		COMPLETED
					С
		495045	B. WING		05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228	
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BECOMPLETTHE APPROPRIATEDATE
F 658	Continued From page	e 100	F 65	58	
		al record was completed on		the QAA Committee for rev up recommendations as in	
	5/1/19. A document,	"Acute Transfer Document			
		8/19, documented check owing items: Resident		5. The facility alleged date is June 11, 2019.	of compliance
		heet, current medication list			
	· · ·	ication administration			
		t Lab (laboratory) Results onths). There were no check			
		ced Directives, Bed Hold			
	Policy, Current Care	Plan, Notification of transfer.			
		document was requested on			
	5/1/19 at approximate	ely 5:00 p.m. to ASM nember) #2, the mobile			
	administrator.	$\frac{1}{2}$ $\frac{1}$			
		ument was received on			
		om ASM #2. Upon review of noted the document had			
	· · ·	marks now appeared next			
	to: Advanced Directiv	ves, Bed Hold Policy, Current			
	Care Plan, Notificatio	on of transfer.			
	On 5/2/19 at 10:58 a.	.m. ASM #2, ASM #1, the			
		and ASM #3, the assisted			
	, <u> </u>	e director, were made aware altered document. ASM #2			
		e the director of nursing look			
	into this and get back				
	On 5/2/19 at 12:03 p.	.m., an interview was			
		# 4, the director of nursing.			
		s surveyor that on the			
		manager was preparing the team and when she noticed			
		being there she questioned			
	the nurse who sent the	ne resident to the hospital on			
		ent the unchecked items with			
	une resident. The hur	se that sent the resident to			

If continuation sheet Page 101 of 205

		MEDICAID SERVICES				IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		TE SURVEY MPLETED
			AL BOILDING			С
		495045	B. WING		0	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
				RICHMOND, VA 23228		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETIO DATE
F 658	Continued From page	e 101	F 65	58		
		ead, checked the boxes, and				
	failed to initial or date the late entry. When asked					
	what should have been done, ASM #4 stated, "It could have been checked with a date and initials					
	or a late entry could have been made in the					
	clinical record."					
	The facility policy, "R	equirements and Guidelines				
		ontent" failed to evidence				
	anything related to la record or falsification	te entries in the clinical of a record.				
		on is found in Lippincott's				
	Fundamentals of Nur 237): "The client reco	rsing 5th edition (2007, page				
		nt's health status and care				
		nurses and other healthcare				
	team members canno	•				
		ventions involving a client accurate and complete				
	•	time of care is essential.				
	,	been excellent, but the				
	documentation must	prove it."				
	Lippincott Manual of	Nursing Practice 10th				
		ndards of Practice General				
	-	ation from the protocol ed in the patient's chart with				
	clear, concise statem	-				
		d reasons for the care				
	· •	ny apparent deviation. This e time the care is rendered				
		time may lead to a less than				
		of the specific events."				
		staff member) #2, the mobile				
		1, the interim administration,				
	and ASM #3, the ass director, were made a	isted living facility executive				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DATE COMP	
		495045	B. WING				02/2019
NAME OF PI	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	·	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 658	Continued From page on 5/2/19 at 10.58 a.r		F	658			
	(1) This information w following website:						
	12's physician ordere insulin to determine w	iled to clarify Resident # d parameters for Novolog /hen and if the insulin should residents blood sugar of					
	01/21/2019 with diagr not limited to maligna	Imitted to the facility on noses that included but were nt neoplasm of lung (3), 4), diabetes mellitus (5) lux disease (6), and					
	set), an admission as (assessment reference Resident # 12 as scol assessment for menta of 0 - 15, 14- being co daily decisions. Resid	al status (BIMS) of a score ognitively intact for making dent # 12 was coded as id not requiring set up by					
	"Novolin (Insulin). Inj	sident # 12 documented, ect 5 units subcutaneously r diabetes. May hold if					

Facility ID: VA0241

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TATEMENT (OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIF	PLE CONSTRUCTION		10. 0938-03 TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	· /	G		MPLETED
		405045	B. WING			С
	ROVIDER OR SUPPLIER	495045	B. WING	STREET ADDRESS, CITY, STATE, ZIP COD	•	5/02/2019
				2125 HILLIARD ROAD	E	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETIO DATE
F 658	Continued From page	e 103	F 65	58		
		r sheet (POS) dated April	1 00			
		12 documented, "Novolin				
	, , , ,	ts subcutaneously two times				
		es mellitus) give before . May hold if blood sugar is				
	less than 100. Order					
	The eMAR (electronic	c medication administration				
		ary 2019 for Resident # 12				
		n (Insulin). Inject 5 units				
		times a day for diabetes. gar is less than 100." Further				
	review of the eMAR r	-				
		5/19 with blood sugar of 75,				
		od sugar of 91, 02/20/19 with 2/27/19 with blood sugar of				
	u	/28/19 with blood sugar of				
	84.	0				
	The eMAR (electroni	c medication administration				
	, ,	019 for Resident # 12				
		n (Insulin). Inject 5 units				
	-	times a day for DM (diabetes breakfast and dinner. May				
		less than 100." Further				
	review of the eMAR r					
		6/19 with blood sugar of 91, sugar of 96 and on 04/30/19				
	with blood sugar of 6					
		care plan for Resident # 12				
	dated 01/21/2019 do	cumented, "Focus. lated to; insulin Dependent				
		iterventions" it documented,				
	"Administer medication	on per physician orders.				
	Date Initiated 01/21/2	2019."				
	On 05/02/19 at 12:38	p.m., an interview was				
	conducted with RN (r	registered nurse) # 6, unit				
	I manager When ask	ed to describe the check	1	1		1

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES				F	ITED: 04/20/202 ORM APPROVEI NO. 0938-039
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		DNSTRUCTION	(X3) [OATE SURVEY OMPLETED
		495045	B. WING				C 05/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP COD	DE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			5 HILLIARD ROAD HMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 658	marks on the eMARS was given." After rev physician's order she 2019 and the eMARS where the insulin was sugars below 100, RI word 'May' it should h reason there are para negative outcomes. negative effects from blood sugar below 100 On 05/02/19 at appro (administrative staff n administrator and AS ASM # 3, executive of facility, and ASM # 4, made aware of the fin According to "Lippinc Practice", Eighth Edit Wilkins, pg. 15, read: Although you cannot you think is unsafe, y medical order, either. physician, discuss yo appropriateorders. of and nursing personnet No further informatio References: (1) With type 1 diabe make insulin. Insulin glucose get into your Without insulin, too m blood. If you have typ to take insulin. Type	 RN # 6 stated, "It means it riewing Resident # 12's ets dated February and April 5 administered with blood N # 6 stated, "Based on the nave been clarified." The ameters is to avoid a Resident has not had receiving the insulin with the no." eximately 3:30 p.m., ASM nember) # 1, the interim M # 2, mobile administrator, lirector of the assisted living director of nursing were notings. ott Manual Of Nursing ion: by Lippincott Williams & "Inappropriate Orders: 2. automatically follow an order ou cannot just ignore a b Call the attending ur concerns with him, obtain c. Notify all involved medical el d. Document clearly." n was provided prior to exit. tes, your pancreas does not is a hormone that helps cells to give them energy. nuch glucose stays in your pe 1 diabetes, you will need 	F	658			

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE	
		495045	B. WING	ING			C 02/2019
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	05/	02/2019
					2125 HILLIARD ROAD		
PROMED	CA SKILLED NURSING A	AND REHAB (RICHMOND)			RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 658	use insulin as it shoul with the need for insu pills. Along with meal activity, diabetes pills diabetes or gestationa glucose levels on targ available. Each works people take two or the people take combinat contain two kinds of or tablet. Some people to information was obtai https://medlineplus.go (2) Blood sugar, or glu found in your blood. It eat, and is your blood. It found in your blood. It eat, and is your blood. It is the lungs are located breathe, air goes thro windpipe (trachea), at flows through tubes of cancer begins in the of This information was https: https://medlineplus.go (4) Depression may blood. Clinicat disorder in which feel or frustration interfered of the stration in	d. If your body can't keep up lin, you may need to take planning and physical help people with type 2 al diabetes keep their blood get. Several kinds of pills are is in a different way. Many ree kinds of pills. Some ion pills. Combination pills liabetes medicine in one ake pills and insulin. This ned from the website: ov/diabetesmedicines.html. ucose, is the main sugar t comes from the food you s main source of energy. icose to all of your body's y. This information was bsite:	F	65	8		

If continuation sheet Page 106 of 205

		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/20/2 FORM APPRO OMB NO. 0938-0
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED C
		495045	B. WING		05/02/2019
iame of Pf	ROVIDER OR SUPPLIER	l		STREET ADDRESS, CITY, STATE, ZIP CO	
ROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228	
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULD BE COMPLET IE APPROPRIATE DATE
	Continued From page	e 106	F 65	8	
	website:				
	https://medlineplus.ge	ov/ency/article/003213.htm.			
		s to leak back, or reflux, into ritate it. This information			
	was obtained from th				
	(6) The term "seizure	" is often used "convulsion." A seizure is			
		or changes in behavior that			
	occur after an episod	e of abnormal electrical			
	activity in the brain.				
	obtained from the we https://medlineplus.ge	ov/ency/article/003200.htm.			
	(7) The term "seizure	" is often used			
		"convulsion." A seizure is			
	the physical findings	or changes in behavior that			
	-	e of abnormal electrical			
	activity in the brain. obtained from the we				
		ov/ency/article/003200.htm.			
		ous" refers to the skin.			
		s beneath, or under, all the			
	-	r example, a subcutaneous . This information was			
	obtained from the we				
	https://medlineplus.ge	ov/ency/article/002297.htm.			
F 684 SS=E	Quality of Care CFR(s): 483.25		F 68	4	5/23/19
	§ 483.25 Quality of c				
	-	ndamental principle that nt and care provided to			
		ed on the comprehensive			
		dent, the facility must ensure			

Facility ID: VA0241

If continuation sheet Page 107 of 205

	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE : COMPI	
		495045	B. WING			05/) 2/2019
	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	03/0	JZ/Z015
					25 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			ICHMOND, VA 23228		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFI	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	DATE
F 684	Continued From pag	ue 107	E E	684			
		e treatment and care in					
		fessional standards of					
		hensive person-centered					
	care plan, and the re	•					
	•	T is not met as evidenced					
	•	on, staff interview, facility			The statements made on this plan of		
		d clinical record review it was			correction are not an admission to and	do	
		ty staff failed to ensure one of			not constitute an agreement within the	uu	
		s, (Resident #89), received			alleged deficiencies cited herein. To		
	-	accordance with professional			remain in compliance with all federal an	nd	
		omprehensive care plan.			state regulations, the center has taken		
					will take the actions set forth in the		
	The facility staff failed to ensure continuity of care				following plan of correction constitutes t	the	
	and collaboration with	th hospice care services for			center's allegation of compliance. All		
	Resident # 89.				alleged deficiencies cited have been or		
					will be corrected by the date or dates		
	The findings include	:			indicated.		
		idmitted to the facility on			F-864		
		gnoses that included but were			It is the intended practice of the facility		
	•	prostatic hyperplasia (1),			ensure continuity of care and collaborat		
	Parkinson's disease	(2), and hypertension (3).			with hospice care services in accordance with professional standards.	ce	
		t recent MDS (minimum data					
		ange assessment with an			1. Resident #89 hospice evaluation and	d	
		eference date) of 03/29/2019,			progress notes were placed in the		
		as scoring a 3 (three) on the mental status (BIMS) of a			resident's chart on May 2, 2019.		
		ree) - being severely			2. Residents who are being followed by		
		n for making daily decisions.			hospice and reside in the facility have the	he	
		oded as requiring extensive			potential to be affected.		
		aff member for activities of					
		O "Special Treatments,			3. Licensed Nurses and the		
		grams" coded Resident # 89			Interdisciplinary Team (IDT) were		
	as "K. Hospice Care	e."			re-educated on the collaboration with		
					hospice care services in accordance wi	th	
	The POS (physician	's order sheet) dated	1		professional standards.		

		MEDICAID SERVICES				<u>O. 0938-03</u>
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>,</i>		· · ·	E SURVEY PLETED
		495045	B. WING		C 05/02/2019	
AME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 684	Continued From page	• 108	F 684	1		
	documented, "Focus: Date Initiated: 04/04/2 it documented, "Admi physician orders. Allo feelings, etc. Assist p advanced directive ch Initiated: 04/04/2019: Date Initiated: 04/04/2019. Date Initiated: 04/04/2019. comprehensive care p documented, "Focus: verbalization of pain r pain/osteoarthritis. D Under "Interventions" (gastro-intestinal) dist such [sic] nausea, con Initiated: 08/17/2018; expressions of pain a grimacing, crying, thra etc. Date Initiated: 08 medication per physic 08/17/2019, Encourage frequently to position 08/17/2018, Notify ph frequency/intensity is	are plan for Resident # 89 Hospice/Palliative care. 2019." Under "Interventions" nister medication per ow patient/family to discuss patient or surrogate to make noices as needed. Date Honor advance directive. 2019; Hospice staff to visit to nce, and/or evaluation. Date " Further review of the olan for Resident # 89 Pain evidenced by related to knee ate Initiated: 08/17/2018." it documented, "Report GI tress secondary to analgesia nstipation, diarrhea. Date Report nonverbal s moaning, striking out, ashing, change in breathing, 8/17/2018: Administer pain cian order. Date Initiated: ge/assist to reposition of comfort. Date Initiated: ysician if pain worsening or if current is become ineffective. Date		 4. Director of Nursing and/or des will audit hospice residents to ense evaluations and progress notes a readily available on the resident's. These audits will be done daily x and then 3 days a week x 3 week then monthly x 2 months. The readily available for review and for recommendations as indicated. 5. The facility alleged date of consis June 11, 2019. 	sure re chart. 5 days and sults of d to the bllow up	
	(electronic health reco to evidence the "(Nan Comprehensive Admi	record and the EHR ord) for Resident # 89 failed ne of Hospice) Nursing ssion Assessment, (Name plinary Plan of Care, (Name				

Facility ID: VA0241

If continuation sheet Page 109 of 205

	-	D HUMAN SERVICES MEDICAID SERVICES	_			FORM): 04/20/2022 A APPROVED). 0938-0391
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED
		495045	B. WING		_		。 02/2019
NAME OF PI	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE	-	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	EPLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 684	for Resident # 89 date 05/01/19 failed to evid visits from (Name of H On 05/01/19 at 10:18 made to RN (registere on station six, for the initial evaluation and H Resident # 89. RN # clinical record and stat them in his clinical red (Name of Hospice) re them faxed to the faci hospice notes should 89's clinical record, R so." When asked how the staff of Resident # stated, "I'm usually he	e Visit Notes." s nursing "Progress Notes" ed 03/18/19 through dence documentation of Hospice) nurse. a.m., a requested was ed nurse) # 6, unit manager hospice notes, hospice hospice care plan for 6 reviewed Resident # 89's ated that she does not have cord and she would call garding the notes and have lity. When asked if the be a part of the Resident # N # 6 stated, "I would think w the hospice nurse informs # 89's hospice care, RN # 6 ere when the hospice nurse	F 684				
	any changes or any n available she will tell to On 05/01/19 at 1:50 p was conducted with th member) # 11, (Name OHM # 10, (Name of asked to describe how documentation is prov Resident # 89, OSM # printed every two wee nurse to bring them to visit." When asked all missing evaluation fro nurses notes, OSM # have the evaluation a	the charge nurse." o.m., a telephone interview ne OHM (other staff e of Hospice) nurse and Hospice) secretary. When w the hospice vided to the facility for # 10 stated, "The notes are eks and they are given to the o the facility on their next					

Facility ID: VA0241

If continuation sheet Page 110 of 205

ATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DAT	E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	IPLETED
						С
		495045	B. WING			5/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COE	DE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
F 684	Continued From page	- 110	E 00			
г 004	Continued From page		F 68	4		
		be note from each visit." with OSM # 10 and OSM #				
	11, RN # 6 reviewed Resident # 89's clinical					
		e documentation. RN # 6				
		inable to locate any of the				
		on for Resident # 89 and this				
	was conveyed to OS then stated that she v	M #10 and #11. OSM # 11				
		esident # 89 to the facility				
		o speak to RN # 6 to obtain				
	the facility's fax numb	ber.				
	On 05/01/19 at 2:20 r	o.m., ASM (administrative				
	staff member) # 2, mobile administrator, provided					
	this surveyor with a th					
		e of Hospice) for (Resident #				
	, ,	here the binder came from RN # 6 would explain and				
	that she was just info	•				
	surveyor.	Ũ				
	On 05/01/19 at appro	oximately 2:22 p.m., a brief				
		cted with RN # 6. When				
		me of Hospice) binder for				
	Resident # 89 came f					
	desk."	the binder at the front				
	Review of the (Name	of Hospice) binder for				
	Resident # 89 reveale					
	"(Name of Hospice) N	Nursing Comprehensive				
	Admission Assessme					
	"(Name of Hospice) I Care" dated 03/18/19	nterdisciplinary Plan of				
		, Nursing Clinical Notes" dated				
	03/20/19 through 04/2	-				
	"(Name of Hospice) I	Hospice Aide Visit Notes"				
	dated 03/20/19 throu	ab 01/01/10	1			

Facility ID: VA0241

If continuation sheet Page 111 of 205

	S FOR MEDICARE &					IO. 0938-039	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	· · ·	TE SURVEY MPLETED	
	CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING				
						С	
		495045	B. WING		0	5/02/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE		
		AND REHAB (RICHMOND)		2125 HILLIARD ROAD			
PRONIEDI	ICA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	E APPROPRIATE	COMPLETION DATE	
F 684	Continued From page	e 111	F 684	4			
	-	a.m., an interview was					
		6 regarding the continuity of					
	care and collaboration of Resident # 89's hospice care. When asked how often Resident # 89 is						
		e nurse, RN # 6 stated,					
		n asked if the statement she					
	made the previous da	ay regarding the					
		he hospice nurse, "When					
	the hospice nurse is I	here she will verbally tell me					
		esident before she leave or					
	the charge nurse if I'r	n not available" was an					
	accurate account, RN	I # 6 stated "Yes." When					
	asked if verbal comm	unication once a week and					
	not having weekly do	cumentation from hospice					
	provide comprehensi	ve communication and					
		dent # 89's hospice care,					
		's not comprehensive					
		llaboration." When asked					
		ed communication and					
		e established when there					
	- ·	notes, RN # 6 stated, "We					
		em weekly." After reviewing					
	-	prehensive care plan, RN #6					
	was asked if the care						
		interventions to address					
		RN # 6 stated, "Yes, to					
		to position of comfort."					
		as the only intervention that aff to address Resident #					
		ted, "He also has a stuffed					
		provides comfort for him					
		others so we bring him out					
	-	These are diversionary					
		ed if these interventions					
		e comprehensive care plan					
	-	I # 6 stated, "Yes." When					
		is comprehensive for pain,					
	-	When asked if Resident #					

Facility ID: VA0241

If continuation sheet Page 112 of 205

	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	PLE CONSTRUCTION		IO. 0938-039
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:		<u> </u>	CON	MPLETED
						С
		495045	B. WING		0	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETIO DATE
F 684	Continued From page	e 112	F 68	34		
		care and if the nurse from				
		ad attended the care plan				
		ed, "Yes on April 16 and no				
	-	as not there." When asked if				
	-	ould be involved in the				
		plan review meeting to				
		ty of care, RN # 6 stated,				
		why it was important for the in involved in attending the				
		RN # 6 stated, "Because they				
		re and ordered medications				
		he rapport with the family				
	and they can provide	a complete picture of the				
	resident's care."					
	When asked about in	formation in the three ring				
	When asked about information in the three ring binder that documented, "(Name of Hospice) for					
	(Resident # 89)" that	, , ,				
) at 2:20 p.m., RN # 6 stated,				
		pice care plan, nurse and				
	nurse aide notes." W					
		n the facility, RN # 6 stated,				
		able prior to it being provide was asked to describe the				
		ess required to establish the				
		d collaboration with hospice				
	•	ed, "The hospice nurse does				
		hey visit and it would be				
	given to the charge n	urse and a note would be				
		nurse that the hospice nurse				
	was in to visit and it w	-				
	-	would be noted, any new				
	orders. That informa	and/or any changes in tion would then be				
		er staff, the on-coming				
		n asked if this this process				
	-	or Resident # 89, RN # 6				
	reviewed the hospice	e notes and the facility				
	prograag potos and a	stated, "No." After reviewing	1			

Facility ID: VA0241

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-	S FOR MEDICARE &					O. 0938-039	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION		E SURVEY	
ND PLAN OF	CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING	3	CON		
						С	
		495045	B. WING		0	5/02/2019	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	Ε		
				2125 HILLIARD ROAD			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CC	RRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLETIO	
F 684	Continued From page 113		F 68	4			
1 001			1 00				
		ntation for Resident # 89, RN had the names and contact					
		ospice personnel involved in dent # 89. RN # 6 stated,					
	· ·	she had instructions on how					
		e's 24-hour on-call system,					
		just have the main contact					
	number."	Just have the main contact					
	The "Nursing Facility	Agreement" with the (Name					
		anuary 1, 2016" documented,					
	. ,	The initial term of this					
		ar and it begins on the date					
		his agreement will renew					
		itional one year terms unless					
	-	to section 12." Under "4.8					
	-	mented, "Hospice will					
		lity on a coordinated Plan of					
		ly between Hospice and					
		ce Patient's written Plan of					
		oth the most recent Hospice					
		escription of the services					
		to attain or maintain the					
	Hospice Patient's hig	hest practicable physical,					
	mental, and psychos	ocial well-being. Facility will					
		lescribed in this Agreement					
		acility's protocols, policies					
		e extent they are consistent					
		ls, policies and procedure,					
	-	of Care for each Hospice					
		es to abide by patient care					
		e medicine established by					
		porate with the Hospice					
		n prior to decisions for					
		tic procedures." Under "4.9					
		cumented, "Facility and					
		and maintain complete lospice Patients receiving					

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES				M APPROVE D. 0938-039
TATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING		COMF	E SURVEY PLETED
		495045	B. WING		C 05/02/2019	
NAME OF P	ROVIDER OR SUPPLIER	•	STR	EET ADDRESS, CITY, STATE, ZIP CO	DDE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		5 HILLIARD ROAD HMOND, VA 23228		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETIO DATE
F 684	Agreement and will in progress notes, author and other pertinent in documents of service be filed and maintaine Facility will provide H clinical record upon re documents for service be filed and maintaine Hospice office. Facilit have access to the H maintained by the oth patient care and finan the Agreement. Access records will be provid business and each pat notice to the other of records." On 05/02/19 at appro (administrative staff m administrator and ASI ASM # 3, executive d facility, and ASM # 4, made aware of the fir No further information References: (1) An enlarged prost obtained from the we https://www.nlm.nih.g statebph.html. (2) High blood pressu	active all treatments, brizations, physician orders formation. Copies of all as provided by Hospice will ed in the Facility chart. ospice with a copy of the equest. Originals of all es provided by Hospices will ed by Hospice at the ity and Hospice will each ospice Patient's records are party for verification of neial information pertinent to ess to Hospice Patient's ed during routine hours of arty will give reasonable its intent to review such eximately 3:30 p.m., ASM nember) # 1, the interim M # 2, mobile administrator, lirector of the assisted living director of nursing were ndings. In was provided prior to exit. eate. This information was bsite: gov/medlineplus/enlargedpro	F 684			

Facility ID: VA0241

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		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLF (CONSTRUCTION		<u>0. 0938-039</u> E SURVEY
ID PLAN OF CORRE		IDENTIFICATION NUMBER:	· /			· /	PLETED
						С	
		495045	B. WING			05	/02/2019
AME OF PROVIDE	R OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDICA SK	ILLED NURSING A	AND REHAB (RICHMOND)			25 HILLIARD ROAD ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 686 Cont	inued From page	9 115	F 6	686			
F 686 Treat		event/Heal Pressure Ulcer	F 6	86			5/23/19
§483Baseresid(i) Aprofepressulcerdemo(ii) AnecewithpromnewThisby:Baseclinicfacilititreatuprofehealifor olResidThe fundeprevecontaThe fResid01/13	ent, the facility marked in the facility marked in the facility marked is unless the indiversion of the indi	re ulcers. hensive assessment of a nust ensure that- s care, consistent with los of practice, to prevent loes not develop pressure vidual's clinical condition ey were unavoidable; and essure ulcers receives and services, consistent idards of practice, to vent infection and prevent			The statements made on this plan of correction are not an admission to and not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal ar state regulations, the center has taken will take the actions set forth in the following plan of correction constitutes is center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated. F-686 It is the intended practice of the facility provide the necessary treatment and services, consistent with professional standards of practice, to promote healir and prevent infection of a pressure inju	nd or the to	

Event ID: KD2K11

Facility ID: VA0241

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	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY	
	F CORRECTION	IDENTIFICATION NUMBER:	. ,		COMPLETED	
			A. DOILDING		с	
		495045	B. WING		05/02/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
				2125 HILLIARD ROAD		
PROMED	ICA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLÉTIC	
E 000	Continued From page 116					
F 686	15	e 116	F 686			
	disorder (4).			1. Resident #65 still resides in the	e facility.	
	set), a quarterly asse	recent MDS (minimum data ssment with an ARD ce date) of 03/12/19, failed		2. Residents with pressure ulcers the potential to be affected.	have	
	mental status (BIMS) as being totally deper for activities of daily I Conditions)" coded R "Stage 3 - Full thickn Subcutaneous fat ma tendon or muscle is r present but does not tissue loss. May inclu- tunneling." Under "M	ay be visible but bone, not exposed. Slough may be obscure the depth of the		 Wound care nurse was re-educ May 1, 2019 regarding a non-steri dressing change to include use of barrier. Licensed Nurses were re-educated on the procedure of non-sterile dressing changes inclu use of a barrier. Director of Nursing and/or designing will audit 2 residents who have pre- ulcer dressing changes for use of daily x 5 days and then 3 days a work 	le a uding gnee essure barriers	
	care." The annual M (assessment reference Resident # 65 as sco interview for mental s	DS assessment with an ARD ce date) of 12/12/18 coded ring a 13 on the brief status (BIMS) of a score of 0 itively intact for making daily		 then monthly x 2 months. The residue the random audits will be reported QAA Committee for review and fol recommendations as indicated. 5. The facility alleged date of commis June 11, 2019. 	sults of I to the Ilow up	
	observation was cond nurse) # 8, the wound dressing change on F Resident # 65 was ly assessed Resident # clean barrier sheet or over-the-bed-table af then placed the clear on the over-the-bed-t pair of gloves, RN # 8 boot from Resident #	On 05/02/19 at approximately 8:50 a.m., an observation was conducted of RN (registered nurse) # 8, the wound care nurse, performing a dressing change on Resident # 65's right heel. Resident # 65 was lying in his bed; RN # 8 assessed Resident # 65 for pain and set up a clean barrier sheet over Resident # 65's over-the-bed-table after disinfecting it. RN # 8 then placed the clean dressings and treatments on the over-the-bed-table. After donning a clean pair of gloves, RN # 8 removed the Prevalon (5) boot from Resident # 65's right foot and placed it under his calf, then removed the old gauze wrapped around Resident # 65 ankle and heel.				

If continuation sheet Page 117 of 205

		MEDICAID SERVICES				IO. 0938-039
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	· · · ·	
IND PLAN OF	- CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G	CO	MPLETED
						С
		495045	B. WING		O	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	DE	
				2125 HILLIARD ROAD		
PROMEDI	ICA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION		COMPLETION
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY		DATE
					,	
E 696	Continued From non	- 447	F 00			
F 686	- 15		F 68	36		
		sident # 65 yelled in pain,				
		topped the process, asked				
		t, Resident # 65 stated yes.				
		a vile of normal saline,				
		65 the he would apply the				
		d and the bandage to loosen				
		skin. Without pacing a				
	clean barrier under R					
		red the saline over the				
	-	and slowly removed the				
		ent # 65's heel. Observation				
	-	ed the saline running over Id bandage and running on				
		ed sheet that was over his				
		bandage was removed, RN				
		cribe the wound. RN # 8				
		4.2 millimeters long and 4.3				
		6 granulation tissue, small				
		no odor, painful to the touch,				
		Observation of the bed				
	-	# 65's right heel revealed				
		from the saline poured over				
		contained a small amount a				
	· ·	e wound measurements,				
	0	ent # 65's right heel directly				
	-	e mattress where the wound				
		nen cleaned the wound with				
	a clean four-by-four o	auze with clean saline,				
		on the wet area on the bed,				
	1 ·	nt, medihoney (6) from the				
		pplied it to the wound,				
		heel back in the same				
	position on the bed, r	etrieved a clean dressings				
	and wrapped the wou	ind. RN # 8 placed Resident				
	# 65's right foot back	into the Prevalon boot				
		rea on the bed and covered				
	Resident # 65's legs	with a blanket. Further				
	observation failed to	evidence RN # 8 changing				
	the fitted sheet on Pe	sident # 65's bed or				

Facility ID: VA0241

If continuation sheet Page 118 of 205

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 MAPPROVED). 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_		C 02/2019
NAME OF PF	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 686	or a another nurse ch area on the sheet. On 05/02/19 at 2:29 p conducted with RN # regarding infection co care. RN #8 was ask procedures are implet RN # 8 stated, "The u between tasks, keepin secure supplies/treatr using sanitizing wipes use clean barriers suc brief as a barrier to ke was asked about prov keeping Resident # 66 contaminated area on below his heel during provided. RN # 8 state clean barrier under th come in and help hold sheet should have be mattress wiped down. The facility's policy "D Sterile (Clean) docum procedure towel (wou under area for treatme. On 05/02/19 at appro. (administrator and ASI ASM # 3, executive d facility, and ASM # 4, made aware of the fin	A (certified nursing assistant) ange it, and left the wet o.m., an interview was 8, the wound care nurse ntrol practices during wound ed what infection control mented during wound care. Ise of gloves, wash hands ing items in zip lock bags to ments from the environment, a to clean the work surfaces, ch as a clean towel or clean eep the bed clean." RN #8 <i>v</i> iding a clean barrier and 5's heel from touching the in Resident # 89's bed and the wound care, he ed, "I should have used a e foot or had someone d up his foot and the bed en cleaned and the "" Dressing Change: Non mented, "11. Place ind drape) or clean towel ent." ximately 3:30 p.m., ASM member) # 1, the interim M # 2, mobile administrator, irector of the assisted living director of nursing were	F 686				
	No further information	was provided prior to exit.					

Facility ID: VA0241

If continuation sheet Page 119 of 205

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		495045	B. WING				C / 02/2019
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 686	 information was obtain https://www.nlm.nih.gisease.html. (2) Depression may be blue, unhappy, misera Most of us feel this was short periods. Clinicat disorder in which feel or frustration interferer or more. This information website: https://medlineplus.got (3) Low blood pressure taken from the website https://medlineplus.got (4) A chronic disease regulate the amount of information was obtain https://www.nlm.nih.gi001214.htm. (5) Was specifically diproblem of patient mode offloadid dermasuede fabric im so it remains fully offle patient is moving. The from the website: https://www.medline.com/protectors-by-Sage-Field (6) Honey can become 	hat seriously affects a ry out daily activities). This ned from the website: ov/medlineplus/alzheimersdi e described as feeling sad, able, or down in the dumps. ay at one time or another for al depression is a mood ings of sadness, loss, anger, with everyday life for weeks ation was obtained from the ov/ency/article/003213.htm. re. This information was	F	686			

If continuation sheet Page 120 of 205

		ID HUMAN SERVICES			FORM APPROVE OMB NO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING		(X3) DATE SURVEY COMPLETED
		495045	B. WING		C 05/02/2019
NAME OF P	ROVIDER OR SUPPLIER	1	STRE	EET ADDRESS, CITY, STATE, ZIP CO	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		5 HILLIARD ROAD HMOND, VA 23228	
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ION SHOULD BE COMPLETIO HE APPROPRIATE DATE
F 686	characteristics of hom from remaining alive some bacteria that re as the type that cause This explains why bo infants given honey by problem, medical-grad example) is irradiated spores. Medical-grad to have consistent ge experts also suggest should be collected fr germs and not treated the nectar should be been treated with pes was obtained from th https://medlineplus.ge Bowel/Bladder Incom CFR(s): 483.25(e)(1) §483.25(e) Incontinent §483.25(e)(1) The fact resident who is contin admission receives s maintain continence to condition is or becom not possible to mainta §483.25(e)(2)For a re incontinence, based of comprehensive assest ensure that- (i) A resident who ent indwelling catheter is resident's clinical con catheterization was m	ssing. Fortunately, there are ney that prevent these germs or reproducing. However, produce using spores, such es botulism, can remain. tulism has been reported in by mouth. To solve this de honey (Medihoney, for d to inactivate the bacterial e honey is also standardized erm-fighting activity. Some that medical-grade honey from hives that are free from d with antibiotics, and that from plants that have not sticides. This information e website: ov/druginfo/natural/738.html. tinence, Catheter, UTI -(3) nce. cility must ensure that nent of bladder and bowel on ervices and assistance to unless his or her clinical nes such that continence is ain. esident with urinary on the resident's ssment, the facility must ters the facility without an not catheterized unless the adition demonstrates that	F 686	DEFICIENC	Y) 5/23/19

Facility ID: VA0241

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		ND HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 // APPROVED). 0938-0391
STATEMENT C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495045	B. WING _				C 02/2019
NAME OF PF	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	•	
				21	25 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RI	CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)		(X5) COMPLETION DATE
F 690	Continued From page	e 121	F 6	690			
	indwelling catheter or	subsequently receives one					
	U	val of the catheter as soon					
	as possible unless the	e resident's clinical condition					
		theterization is necessary;					
	and						
	• •	incontinent of bladder treatment and services to					
		infections and to restore					
	continence to the exte						
	§483.25(e)(3) For a r						
	incontinence, based of						
	•	ssment, the facility must t who is incontinent of bowel					
		treatment and services to					
	restore as much norn						
	possible.						
	This REQUIREMENT by:	「 is not met as evidenced					
	Based on observatio	n, staff interview and clinical			The statements made on this plan of		
		determined that facility staff			correction are not an admission to and	do	
		opriate treatment and			not constitute an agreement within the		
		ubic catheter for one of 56			alleged deficiencies cited herein. To	nd	
		ey sample, Residents # 127.			remain in compliance with all federal a state regulations, the center has taken		
	The facility staff failed	d to prevent Resident # 127's			will take the actions set forth in the	01	
		and tubing from resting on			following plan of correction constitutes	the	
	the floor.				center's allegation of compliance. All		
	The findings include:				alleged deficiencies cited have been of will be corrected by the date or dates	r	
	Posidont #107 was -	dmitted to the facility on			indicated.		
		dmitted to the facility on oses that included but were			F-690		
		ension (1), coronary artery			It is the intended practice of the facility	to	
	diseases (CAD) (2), a				ensure that a resident has appropriate services and treatment for foley cathet		
	The most recent MDS	S (minimum data set)					
		ission assessment, with an			1. Resident #127 foley bag and tubing		
		e date of 04/15/19, coded			were immediately changed on May 1,		

Event ID: KD2K11

Facility ID: VA0241

If continuation sheet Page 122 of 205

		MEDICAID SERVICES					O. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	1 Y /	E SURVEY IPLETED
		495045	B. WING			0	C 5/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			25 HILLIARD ROAD CHMOND, VA 23228		
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 690	Continued From page	e 122	F 69	90			
	interview for mental s	ig a 7 on the BIMS (brief tatus) score of 0-15, 7			2019 after having contact with the floo		
	decision-making. The	nitive impairment for daily e resident was coded as ent upon two or more staff			2. Residents that have foley catheter and reside in the facility have the pote to be affected.		
	Section H "Bladder a	activities of daily living. nd Bowel" Resident # 127 dwelling catheter (including			3. Nursing staff was re-educated on catheter care to include keeping the		
		5] and nephrostomy tube)."			bag/tubing off of the floor.		
	Resident #127's roon resting in bed. Furthe urinary catheter colle	m., an observation of n revealed the resident r observation revealed a ction bag hanging on the bed with the urine collection			4. Director of Nursing and/or designed will audit residents with foley catheter ensure bag/tubing is not resting on th floor This will be done daily x 5 days then 3 days a week x 3 weeks and th	s to e and	
		r. The resident's bed was			monthly \dot{x} 2 months. The results of the random audits will be reported to the Committee for review and follow up	e	
	Resident #127's roon	m., an observation of n revealed the resident r observation revealed a			recommendations as indicated.5. The facility alleged date of complia	ance	
	urinary catheter colle	ction bag hanging on the bed with the urine collection			is June 11, 2019.		
	Resident #127's room #7. Observation reve	o.m., an observation of n was conducted with LPN caled a urinary catheter					
	touching the floor. When	e urine collection bag nen asked if the urinary					
	stated, "No." when as	be touching the floor, LPN #7 sked where the urinary be positioned when the					
	resident is in bed, LP the level of the reside	N stated, "It should be below ent but not on the floor, that raised Resident #127's bed					
	to get the urinary cath	neter bag off the floor. When y catheter bag should not be					

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT C	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		495045	B. WING				02/2019
NAME OF PF	ROVIDER OR SUPPLIER	L	I	5	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 690	Review of the facility Indwelling catheter" of Check the tubing is n or positioned above to the floor. Place bag if According to Lippinco Practice, Eighth Edition and Urinary Disorders Closed Urinary Drains (urinary tract infection acquired organisms to cross-contamination. off the floor to preven On 05/02/19 at appro (Administrative Staff I administrator, and AS nursing, were made a No further information References: 1. High blood pressur obtained from the we https://www.nlm.nih.g essure.html. 2. A common type of information was obtai https://www.nlm.nih.g rydisease.html 3. A loss of brain func	stated, "to prevent infection." policy titled "catheter care: locumented in part, "16. ot kinked, looped, clamped, he level the bladder and off in catheter dignity bag." Att Manual of Nursing on 2006, chapter 21, Renal is, page 757, "Maintaining a age System: Many UTI's is) are due to extrinsically ransmitted by 2. c. Keep the drainage bag t bacterial contamination". ximately 3:30 p.m., ASM Member) #2, the mobile SM #4, the director of aware of the above findings. in was provided prior to exit re. This information was bisite: lov/medlineplus/highbloodpr heart disease. This ned from the website: lov/medlineplus/coronaryarte	F	690			
		emory, thinking, language,					

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TATEMENT C	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G	COMPLETED
		495045	B. WING		C 05/02/2019
NAME OF PF	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP CODE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228	
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETION
F 690	Continued From page	- 12 <u>4</u>	F 69	00	
	judgment, and behav obtained from the we	ior. This information was			
	5. A suprapubic cather your bladder. It is inset through a small hole a catheter because you (leakage), urinary retourinate), surgery that or another health pro- obtained from the we https://medlineplus.go 00145.htm	eter (tube) drains urine from erted into your bladder in your belly. You may need ou have urinary incontinence ention (not being able to made a catheter necessary, blem. This information was bsite: py/ency/patientinstructions/0			
F 695 SS=D	Respiratory/Tracheos CFR(s): 483.25(i)	stomy Care and Suctioning	F 69	95	5/23/19
	The facility must ensure needs respiratory car care and tracheal suc care, consistent with practice, the compre- care plan, the resider and 483.65 of this su This REQUIREMENT by:	nd tracheal suctioning. ure that a resident who re, including tracheostomy ctioning, is provided such professional standards of nensive person-centered nts' goals and preferences,		The statements made on this plan	of
	document review, and was determined the for respiratory care and so professional standard residents in the surver Resident #127.	d clinical record review, it acility staff failed to provide services consistent with ds of practice for two of 56 ey sample, Resident #72 and		correction are not an admission to not constitute an agreement within alleged deficiencies cited herein. remain in compliance with all feder state regulations, the center has ta will take the actions set forth in the following plan of correction constitu	and do the To al and ken or utes the
		led to provide oxygen sicians order for Resident		center's allegation of compliance. alleged deficiencies cited have bee	

Event ID: KD2K11

Facility ID: VA0241

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STATEMENT (DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION	(X3) DAT	IO. 0938-039 TE SURVEY MPLETED
		495045	B. WING _		C 05/02/2019		
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	1 00	5/02/2013
				21	25 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RI	ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 695	Continued From page	o 195		205			
1 035		e 125	FC	695			
	#72.				will be corrected by the date or dates indicated.		
		ailed to ensure Resident #			F 005		
	127's nasal cannula manner when not in t	was stored in a sanitary			F-695 It is the intended practice of the facility	to	
		use.			provide respiratory care and services	10	
	The findings include:				consistent with professional standards	of	
					practice.		
	1. The facility staff fail	iled to provide oxygen					
	according to the phys	sicians order for Resident			1. Resident #72 had oxygen tubing		
	#72.				replaced on May 1, 2019. Resident #1		
					had oxygen adjusted to 3 liters on May	1,	
		Imitted to the facility on			2019.		
		tted on 3/5/19. Diagnoses t limited to: atrial fibrillation			2 Pasidants that are an avuran and		
		ve pulmonary disease			Residents that are on oxygen and reside in the facility have the potential t	to	
	(COPD) (2), anemia				be affected.	10	
		S (minimum data set), a			3. Nursing staff were re-educated on		
		ay assessment, with an ARD			respiratory care and services consister		
		ce date) of 3/17/19 coded			with professional standards of practice.		
		g a score of 5 out of 15 on <i>r</i> iew for mental status)			4 Director of Nursing and/or designed		
	,	nt was severely cognitively			 Director of Nursing and/or designee will audit residents who are on oxygen 		
	-	100 documented Resident			daily x 5 days and then 3 days a week	x 3	
	#72's oxygen use.				weeks and then monthly x 2 months. T results of the random audits will be		
	The physician order (dated 3/6/19 documented,			reported to the QAA Committee for rev	iew	
		ers per minute via NC (nasal			and follow up recommendations as		
		O2 saturation >90%."			indicated.		
	Review of the resider	nts MAR (medication			5. The facility alleged date of complian	nce	
	administration record				is June 11, 2019.		
		xygen) at 3 liters per minute					
		a) to maintain O2 saturation					
	>90%." Oxygen was						
	administered during t						
	On 04/30/10 at appre	oximately 1:44 p.m., an					

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 04/20/2022 MAPPROVED). 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING _			_		C 02/2019
NAME OF PI	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			25 HILLIARD ROAD ICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 695	 #72 was seated in her cannula attached to a oxygen concentrator is between 2.5 and 3L/m On 04/30/19 at appropriate second observation with the second observation with the second observation with the second magnitude second observation was attached to a Resident #72 oxygen again set between 2.5 On 04/30/19 at appropriate observation was mad (licensed practical nuragin wearing a nasa to an oxygen concent concentrator flow rate and 3L/min oxygen. On 04/30/19 at appropriate observation was mad (licensed practical nuragin wearing a nasa to an oxygen concent concentrator flow rate and 3L/min oxygen. On 04/30/19 at appropriate observation was conduct practical nurse) #6. Li oxygen concentrator flow rate and 3L/min oxygen. On 04/30/19 at appropriate observation was conduct practical nurse) #6. Li oxygen concentrator for the knob until the mid the liter per minute lim. When asked where site to the line. LPN #6 resite the line. On 05/01/19 at appropriate observation was conduct was conduct when asked how RN #5 replied, "You siten go to the machine. 	e of Resident #72. Resident r wheelchair wearing a nasal in oxygen concentrator. The flow rate was observed set nin (liters/min) oxygen. ximately 4:07 p.m., a vas made of Resident #72. ain wearing a nasal cannula an oxygen concentrator. concentrator flow rate was 5 and 3L/min oxygen. ximately 04:09 p.m., a third e of Resident #72 with LPN rse) #6. Resident #72 was I cannula that was attached rator. The oxygen- e was again set between 2.5 ximately 04:10 p.m., an ted with LPN (licensed PN #6 was asked how an flow meter should be set. you look the MD's (medical et down to eye level and turn dle of the ball floats up to the the doctor ordered." hould the ball be in relation plied, "It should sit on top of ximately 3:02 p.m., an ted with RN (register nurse) an oxygen flow meter is set. hould check the MD's order, the get down eye level and	F 6	95				
PROMEDI (X4) ID PREFIX TAG	CA SKILLED NURSING A SUMMARY ST, (EACH DEFICIENC) REGULATORY OR I Continued From page observation was mad #72 was seated in he cannula attached to a oxygen concentrator i between 2.5 and 3L/n On 04/30/19 at appro second observation was Resident #72 was again that was attached to a Resident #72 was again to n 04/30/19 at appro- interview was conduce the knob until the mid the liter per minute lin When asked where sit to the line. LPN #6 re the line." On 05/01/19 at appro- interview was conduce #5. When asked how RN #5 replied, "You sithen go to the machin the mac	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	21 RI	25 HILLIARD ROAD ICHMOND, VA 23228 PROVIDER'S (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BI ICED TO THE APPROPRIA		COM

Facility ID: VA0241

If continuation sheet Page 127 of 205

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DATE COMP	
		495045	B. WING				02/2019
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE
F 695	Continued From page the line that was order According to the facili policy "For oxygen co cord, turn on and set rate." According to the Perfipage 19 for the oxyge Resident #72's bedsid flowmeter, locate the the flowmeter. Next, t ball rises to the line. N L/min line prescribed. On 05/02/19 at appro (administrative staff m Administrator, ASM # and ASM #3, the Assi Executive Director we findings. No further information 1. Atrial fibrillation is o types of arrhythmias,	e 127 red." ties oxygen administration incentrator, plug in power flow meter to correct flow ecto2 Series user manual en concentrator that was at de, "To properly read the prescribed flowrate line on urn the flow know until the Now center the ball on the		695	DEFICIENCY)		
	much faster than norr lower chambers of the together. When this h chambers do not fill c blood to the lungs and feel tired or dizzy, or palpitations or chest p heart, which increase stroke or other compl was obtained from the	nal, and the upper and e heart do not work appens, the lower ompletely or pump enough d body. This can make you you may notice heart pain. Blood also pools in the s your risk of having a ications. This information					

Facility ID: VA0241

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	-	ID HUMAN SERVICES				FORM	/ APPROVED
							0.0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	LETED
			A. DOILD				C
		495045	B. WING				02/2019
NAME OF PI	ROVIDER OR SUPPLIER		I	;	STREET ADDRESS, CITY, STATE, ZIP CODE		
	CA SKILLED NURSING A	AND REHAB (RICHMOND)		:	2125 HILLIARD ROAD		
TROMEDI					RICHMOND, VA 23228		
(X4) ID			ID		PROVIDER'S PLAN OF CORRECTION	-	(X5) COMPLETION
PREFIX TAG		Y MUST BE PRECEDED BY FULL _SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/		DATE
					DEFICIENCY)		
			1				
F 695	Continued From page	e 128	F	695	5		
	2 Diagona that make	s it difficult to breath that					
		s of breath). The two main					
		nchitis and emphysema.					
		OPD is long-term exposure					
		itate and damage the lungs.					
		tte smoke. Air pollution, ust can also cause it. This					
	information was obtai						
	https://www.nlm.nih.g	ov/medlineplus/copd.html.					
	2 The facility staff fa	iled to ensure Resident #					
	-	vas stored in a sanitary					
	manner when not in u	-					
	D						
		dmitted to the facility on ses that included but were					
		ension (1), coronary artery					
	diseases (CAD) (2), a						
		(minimum data ant)					
	The most recent MDS	s (minimum data set) ssion assessment, with an					
		e date of 04/15/19, coded					
		g a 7 on the BIMS (brief					
		tatus) score of 0-15, 7					
		nitive impairment for daily e resident was coded as					
	totally dependent upo						
		tivities of daily living. In					
		eatments and programs, the					
	resident was coded C	. охуден шегару.					
	04/30/19 11:42 a.m.,	an observation of Resident					
	#127's room revealed	l a nasal cannula (4) oxygen					
	device on the floor un	covered.					
	On 04/30/19 at 2·36 r	o.m. and on 05/01/19 8:11					
	a.m., an observation						
	revealed the resident						

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If continuation sheet Page 129 of 205

		D HUMAN SERVICES MEDICAID SERVICES					FORM): 04/20/2022 MAPPROVED). 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>'</i>		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING _			-		C 02/2019
NAME OF PF	ROVIDER OR SUPPLIER			SI	TREET ADDRESS, CITY, STA	ATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	ND REHAB (RICHMOND)			125 HILLIARD ROAD ICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BI ICED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
F 695	Continued From page	: 129	F 6	95				
	oxygen by nasal cann concentrator.	ula connected to an oxygen						
	Resident #127's room sitting on his bed finis	n.m., an observation of a revealed the resident hing his breakfast. Resident vas observed resting on the						
	process of storing res specifically a nasal ca #7 stated, "It should b the resident's name, r When asked if the na- the floor uncovered, L asked why a nasal ca	7. When asked about the						
		dated 04/05/19 ygen) 2 (two) liters per cannula every shift for						
		127's electric clinical record evidence a comprehensive of oxygen.						
	administration." Docu completion of procedu	ure, "2. When oxygen not in ing and nasal cannula or						
	No further information	was provided prior to exit.						
	Reference:							

Facility ID: VA0241

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				NO. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			TE SURVEY MPLETED
		495045	B. WING		C	C)5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
				RICHMOND, VA 23228		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETIOI DATE
F 695	Continued From page	ə 130	F 69	5		
	obtained from the we	re. This information was bsite: jov/medlineplus/highbloodpr				
		heart disease.This ined from the website: jov/medlineplus/coronaryarte				
	diseases. It affects m judgment, and behav obtained from the we	ction that occurs with certain emory, thinking, language, ior. This information was bsite: ov/ency/article/000739.htm.				
	to 6 L/min. The nasal extend approx. 1 cm connected to a comm connected to the oxy treat conditions in wh	iver oxygen at levels from 1 prongs of the cannula into each naris and are non tube, which is then gen source. It is used to ich a slightly enriched eded, such as emphysema.				
	The exact percentage patient varies with re- factors. This informa website:	e of oxygen delivered to the spiratory rate and other tion was obtained from the ary.thefreedictionary.com/na				
F 697 SS=D	Pain Management CFR(s): 483.25(k)		F 69	7		5/23/19
	provided to residents consistent with profes	agement. ure that pain management is who require such services, ssional standards of practice, erson-centered care plan,				

Facility ID: VA0241

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						O. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION G	· · · ·	E SURVEY IPLETED
		495045	B. WING		05	C 5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETIO DATE
F 697	Continued From pag	e 131	F 69	97		
	and the residents' go This REQUIREMEN by:	als and preferences. T is not met as evidenced				
	Based on resident ir clinical record review facility staff failed to one of 56 residents in Residents # 12. The facility staff faile non-pharmacologica administering as nee Resident #32. The findings include: Resident # 12 was a	d to implement l interventions prior to oded pain medication to dmitted to the facility on		The statements made or correction are not an adm not constitute an agreem alleged deficiencies cited remain in compliance with state regulations, the cen will take the actions set fo following plan of correction center's allegation of com alleged deficiencies cited will be corrected by the d indicated. F- 697	nission to and do ent within the herein. To h all federal and iter has taken or orth in the on constitutes the upliance. All have been or	
	not limited to malignation	noses that included but were ant neoplasm of lung (1), (2), diabetes mellitus (3) flux disease (4), and		It is the intended practice ensure that non-pharmac intervention is provided p administration of PRN pa	cological rior to	
	set), an admission as (assessment referen Resident # 12 as sco	t recent MDS (minimum data ssessment with an ARD ce date) of 01/28/19, coded pring a 14 on the staff		1. Resident #12 medicat administration record and were reviewed.	documentation	
	of 0 - 15, 14- being c daily decisions. Res being independent a	tal status (BIMS) of a score ognitively intact for making ident # 12 was coded as nd not requiring set up by		2. Residents that are ord medication and reside in the potential to be affecte	the facility have ed.	
	"J0600 Pain Intensity your worst pain over ten scale, with zero b	tivities of daily living. Section /. Ask resident "Please rate the last 5 days on a zero to being no pain and ten as the magine" coded Resident # 12		3. Licensed Nurses were the pain process and non-pharmacological inte provided prior to the adm PRN pain medication.	rventions are	
		p.m., an observation of LPN		4. The Director of Nursin designee will audit medic		

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	· ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G	C
		495045	B. WING		05/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE
PROMED	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULD BE COMPLETIC TE APPROPRIATE DATE
F 697	pain level. Resident a walked out of Resident medication cart, obtai back into Resident # he was receiving Rox administered the medic Further observation fa attempting non-pharm prior to administering Resident # 12. The "Physician's Orde "04/30/2019" docume 5MG (milligram) (Oxy tablet by mouth every metastatic cancer of t 01/21/2019. Start Da The eMAR (electronic record) dated "Apr (A above physician's ord revealed Roxicodone the following dates ar follows: 04/09/19 at 10:16 a.m 04/15/19 at 5:05 p.m. 04/17/19 at 2:24 p.m and at 6:27 p.m. with 04/19/19 at 4:40 p.m. 04/23/19 at 3:55 p.m. 04/29/19 at 6:29 p.m. 04/30/19 at 4:15 p.m.	rse) # 5 revealed she 2's room and asked him his # 12 stated, "Nine." LPN # 5 ht # 12's room, went to her ned a pain medication, went 12's room informed him that icodone and then lication to the resident. ailed to evidence LPN # 5 hacological interventions the pain medication to er Sheet" dated nted, "Roxicodone Tablet codone) (6). Give 1 (one) 6 (six) hours as needed for he brain. Order Date: te: 01/21/2019." c medication administration pril) 2019" documented the ler. Review of the eMAR 5mg was administered on ad times with pain level of three, , with a pain level of four	F 6		ocumentation use of ention prior to daily x 5 days weeks and he results of ported to the and follow up ted.

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	F DEFICIENCIES	MEDICAID SERVICES		PLE CONSTRUCTION		IO. 0938-03	
	CORRECTION	IDENTIFICATION NUMBER:			· · ·	IPLETED	
						С	
		495045	B. WING		0	5/02/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD			
				RICHMOND, VA 23228			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETIO DATE	
F 697	Continued From page	<u>- 133</u>	F 69	70			
		s progress notes and the	103				
		dent # 12 dated 04/01/19					
	through 04/30/19 faile						
	documentation of nor						
	interventions prior to Roxicodone on the da						
	Roxicodone on the da	ales above.					
	The comprehensive of	care plan for Resident # 12					
	dated 01/21/2019 do						
	-	ancer with brain mets					
	. ,	tiated: 01/21/2019" Under					
		umented, "Encourage/Assist ly to position of comfort.					
	Date Initiated: 01/21/						
	On 04/20/10 at 2:59	o m. on interview was					
	-	o.m., an interview was lent # 12. When asked					
		esident # 12 stated, "I					
		my side" and he pointed to					
	-	asked if the staff try to					
	· · ·	positioning or using hot or					
		ore administering the pain # 12 stated, "No they just					
	give me the medication						
	0- 05/00/40 -+ 40-00	· · · · · · · · · · · · · · · · · · ·					
		a.m., an interview was # 5. LPN #5 was asked to					
		for administering as needed					
		N # 5 stated, "Ask the					
		evel zero to ten, with ten					
	U	ne eMAR and the last time					
		in medication and make stered, if it's available					
	administer it, reasses						
		ur, try non-pharmacological					
	approaches before g	iving the medication." When					
	asked where staff do						
	non-pharmacological # 5 stated, "It is docu	approaches attempted, LPN					

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	-	D HUMAN SERVICES MEDICAID SERVICES					FORM): 04/20/2022 MAPPROVED). 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING _			_		C 02/2019
NAME OF PI	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	ND REHAB (RICHMOND)			125 HILLIARD ROAD ICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	<	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 697	Resident # 12 on 04/3 When asked if she att non-pharmacological administering the med "No I didn't." After rev Resident # 12 dated 0 LPN # 5 was asked if approaches had been administration of Roxi that she didn't see it of say that it was being a On 05/02/19 at appro- (administrative staff m administrator and ASI ASM # 3, executive d facility, and ASM # 4, made aware of the fin No further information References: (1) Lung cancer is can The lungs are located breathe, air goes thro windpipe (trachea), an flows through tubes of cancer begins in the of This information was https: https://medlineplus.go	ministered Roxicodone to 30/19, LPN # 5 stated, "Yes." empted approaches before dication, LPN # 5 stated, viewing the eMAR notes for 04/09/19 through 04/30/19, non-pharmacological a attempted before the icodone. LPN # 5 stated locumented and couldn't attempted. ximately 3:30 p.m., ASM nember) # 1, the interim M # 2, mobile administrator, irector of the assisted living director of nursing were	F	\$97 				

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 0 FORM AF OMB NO. 09	PROVE
STATEMENT C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SUR COMPLETE C	
		495045	B. WING		05/02/2	2019
NAME OF PF	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C		.010
		AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
FROMEDI	SA SKILLED NORSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE CC	(X5) DMPLETION DATE
F 697	Continued From page	e 135	F 69	97		
		ation was obtained from the				
	https://medlineplus.g	ov/ency/article/003213.htm.				
	the esophagus and ir	s to leak back, or reflux, into rritate it. This information				
	was obtained from th https://www.nlm.nih.g	ne website: gov/medlineplus/gerd.html.				
	(4) The term "seizure					
	the physical findings	"convulsion." A seizure is or changes in behavior that le of abnormal electrical				
	activity in the brain.	This information was				
		ov/ency/article/003200.htm.				
	(5) The term "seizure	e" is often used "convulsion." A seizure is				
	č	or changes in behavior that				
	activity in the brain.					
	obtained from the we https://medlineplus.g	ov/ency/article/003200.htm.				
		e-release oral formulation of pride indicated for the				
	management of mod	erate to severe pain where analgesic is appropriate.				
	This information was	obtained from the website:				
	, ,	nih.gov/dailymed/drugInfo.cf bb4-4a93-a35b-6eebff7b8e53				
F 757 SS=E	Drug Regimen is Fre CFR(s): 483.45(d)(1)	e from Unnecessary Drugs)-(6)	F 75	57	5/2	3/19
	§483.45(d) Unnecess Each resident's drug	sary Drugs-General. regimen must be free from				

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES					RM APPROVEI NO. 0938-039	
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		TE SURVEY	
		495045	B. WING			C 05/02/2019		
NAME OF PI	ROVIDER OR SUPPLIER	•	•	S	STREET ADDRESS, CITY, STATE, ZIP CODE	•		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2	2125 HILLIARD ROAD			
TROMEDI				F	RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 757	Continued From page	e 136	Í F	757				
		An unnecessary drug is any		101				
	§483.45(d)(1) In exce duplicate drug therap	essive dose (including y); or						
	§483.45(d)(2) For exc	cessive duration; or						
	§483.45(d)(3) Withou	it adequate monitoring; or						
	§483.45(d)(4) Withou use; or	It adequate indications for its						
	§483.45(d)(5) In the p consequences which reduced or discontinu	indicate the dose should be						
		mbinations of the reasons (d)(1) through (5) of this						
	This REQUIREMENT	「 is not met as evidenced						
	review, clinical record a complaint investiga facility staff failed to e regimen for two of 56	iew, facility document d review and in the course of tion, it was determined the ensure the medication a sampled residents, esident #17) were free from			The statements made on this plar correction are not an admission to not constitute an agreement within alleged deficiencies cited herein. remain in compliance with all feder state regulations, the center has ta will take the actions set forth in the	and do the To ral and iken or		
	Resident # 26's when was below the physic	iled administered insulin to n the resident's blood sugar cian ordered parameter of s in February, March and			following plan of correction constitu center's allegation of compliance. alleged deficiencies cited have bee will be corrected by the date or date indicated.	All en or		
	2. The facility staff ad Resident #17 when th	dministered insulin to ne resident's blood sugar sian prescribed parameter of			F-757 It is the intended practice of the fac ensure that each resident's drug re			

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STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DAT	O. 0938-039 E SURVEY PLETED
		495045	B. WING		05	C 5/02/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP (<i></i>
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 757	Continued From pag 100, on three occasi	e 137 ons in February 2019.	F 757	must be free from unnecessary o	drugs.	
	 11/22/2016 with diag not limited to dement (2), dysphagia (3) and Resident # 26's most set), a quarterly asset (assessment referen Resident # 26 as sco assessment for ment of 0 - 15, 9 (nine)-be cognition intact for m Resident # 26 was co assistance of one sta daily living. The physician's order February, March, Ap documented "Novolo subcutaneously befor mellitus). Hold for B 150. Order Date: 11. The eMAR (electroniti record) dated Februard documented the abo Novolog insulin. Fur revealed Novolog wat 	s admitted to the facility on noses that included but were tia (1), depressive disorder ad diabetes mellitus (4). t recent MDS (minimum data essment with an ARD ce date) of 02/08/19, coded oring a 9 (nine) on the staff tal status (BIMS) of a score ing moderately impaired of naking daily decisions. oded as requiring limited aff member for activities of r sheet (POS) dated ril 2019 for Resident # 26 og (6). Inject 5 units re meals for DM (diabetes S (blood sugar) < (less than) /20/2018." ic medication administration ary 2019 for Resident # 26 ve physician's order for ther review of the eMAR as administered on the in the resident's blood sugar sugar of 98, sugar of 68,		 Resident #26 was audited for sugar parameters related to insu- Resident #17 was audited for blo parameters related to insulin usa Residents that are on insulin reside in the facility have the pot be affected. Licensed Nurses were re-edu following all prescribers orders to blood sugar parameters. Director of Nursing and/or de will audit medication administrati records and progress notes for 5 residents on insulin daily x 5 day then 3 days a week x 3 weeks a monthly x 2 months. The results random audits will be reported to Committee for review and follow recommendations as indicated. The facility alleged date of co is June 11, 2019. 	lin usage. bod sugar age. and cential to ucated on princlude signee ion so and nd then so of the princlude	

If continuation sheet Page 138 of 205

						IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	E CONSTRUCTION	· · ·	E SURVEY
			A. BUILDING			
		495045	B. WING			С
		495045			0	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMED	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
	1			RICHMOND, VA 23228		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETIOI DATE
F 757	Continued From pag	ie 138	F 757			
	02/11/19 with blood					
	02/16/19 with blood					
	02/20/19 with blood					
	02/25/19 with blood	•				
		5				
	The eMAR (electron	ic medication administration				
	record) dated March	2019 for Resident # 26				
	documented the abo	ve physician's order for				
	Novolog insulin. Fur	ther review of the eMAR				
	revealed Novolog wa	as administered when the				
	resident's blood suga	ar was below 150:				
	On 03/02/19 with blo	U				
		sugar of 93 and 103,				
	03/05/19 with blood	•				
	03/10/19 with blood	-				
	03/11/19 with blood	•				
	03/16/19 with blood					
	03/17/19 with blood					
	03/19/10 with blood					
	03/21/19 with blood	0				
		sugar of 11 and 144,				
	03/29/19 with blood	-				
	03/30/19 with blood 03/31/19 with blood	•				
		sugar of 137.				
	The eMAR (electron)	ic medication administration				
		019 for Resident # 26				
		ve physicians order for				
		ther review of the eMAR				
		as administered on the				
		n the resident's blood sugar				
	was below 150:	5				
	04/05/19 with blood	sugar of 112,				
	04/08/19 with blood	sugar of 114,				
	04/10/19 with blood	sugar of 119,				
	04/12/19 with blood					
	04/13/19 with blood					
		sugar of 129 and 102,				
		sugar of 101 and 144,				

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM): 04/20/2022 MAPPROVED). 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /				(X3) DATE COMP	SURVEY LETED
		495045	B. WING			-		C 02/2019
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STA	ATE, ZIP CODE	-	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			125 HILLIARD ROAD			
				R	CHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B ICED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 757	Continued From page 04/22/19 with blood s 04/29 with blood suga 04/30/19 with blood suga Endocrine System rel Diabetes." Under "Int "Administer medicatio Date Initiated 11/23/2 On 05/02/19 at 12:38 conducted with RN (re manager. When aske marks on the eMARs, (insulin) was given." <i>J</i> 26's physician's order March and April 2019 February, March and administered with blood 6 stated, "The reason avoid a negative outch had negative effects f with the blood sugar to The facility policy, "Me Injections" documented Open MAR to patient practitioner medication DOCUMENTATION: I complaints and subse including communication	 a 139 ugar of 95, ugar of 72, ar of 134 and ugar of 109. are plan for Resident # 12 cumented, "Focus. ated to; insulin Dependent terventions" it documented, on per physician orders. 016." p.m., an interview was egistered nurse) # 6, unit ed to describe the check , RN # 6 stated, "It means it After reviewing Resident # sheets dated February, and the eMARS dated April where the insulin was od sugars below 150, RN # there are parameters is to omes. Resident has not rom receiving the insulin below 150." edication Administration: ed in part, "Procedure: 1. record and review medical n order against medication dications; draw ordered into syringeSUGGESTED Jnusual observation and/or equent interventions 		757				
	of medication and rea	ly indicated. Patient refusal ison with medical cation for guidance, as						

Facility ID: VA0241

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		MEDICAID SERVICES				O. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	· · ·	E SURVEY PLETED
		495045	B. WING			С
	ROVIDER OR SUPPLIER	495045	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	05	/02/2019
NAME OF P	ROVIDER OR SUPPLIER			2125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETIO DATE
F 757	Continued From page	e 140	F 75	7		
	In "Fundamentals of Nursing" 6th edition, 2005; Patricia A. Potter and Anne Griffin Perry; Mosby, Inc; Page 419. "The physician is responsible for directing medical treatment. Nurses are obligated to follow physician's orders unless they believe the orders are in error or would harm clients."					
	believe the orders are in error or would harm					
	On 05/02/19 at appro (administrative staff n	oximately 3:30 p.m., ASM nember) # 1, the interim M # 2, mobile administrator,				

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		X3) DATE COMF	SURVEY PLETED
		495045	B. WING					C 02/2019
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	E	(X5) COMPLETION DATE
F 757	facility, and ASM # 4, made aware of the fir	irector of the assisted living director of nursing were	F	75	7			
	References: (1) A loss of brain fun diseases. It affects m judgment, and behavi obtained from the wel https://medlineplus.go (2) Depression may b blue, unhappy, misera Most of us feel this was short periods. Clinica disorder in which feel or frustration interfere or more. This informat website: https://medlineplus.go (3) A swallowing disor obtained from the wel https://www.nlm.nih.g sorders.html. (4) A chronic disease regulate the amount of information was obtai https://www.nlm.nih.g 001214.htm.	ction that occurs with certain emory, thinking, language, ior. This information was bsite: bv/ency/article/000739.htm. we described as feeling sad, able, or down in the dumps. ay at one time or another for al depression is a mood ings of sadness, loss, anger, with everyday life for weeks ation was obtained from the bv/ency/article/003213.htm. rder. This information was bsite: ov/medlineplus/swallowingdi in which the body cannot of sugar in the blood. This ned from the website: ov/medlineplus/ency/article/						
	to improve glycemic of	control in adults and children . This information was						

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		(X1) PROVIDER/SUPPLIER/CLIA		ECONSTRUCTION	· · ·	E SURVEY PLETED	
IND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			C	
		495045	B. WING			/02/2019	
NAME OF PI	ROVIDER OR SUPPLIER	•	5	STREET ADDRESS, CITY, STATE, ZIP CO			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228			
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE	
F 757	Continued From page	e 142	F 757				
		nih.gov/dailymed/drugInfo.cf 009-40d0-876c-b4cb2be56f					
	was below the physic	dministered insulin to ne resident's blood sugar sian prescribed parameter of ons in February 2019.					
	7/27/18, diagnoses in to, diabetes, high bloc dementia with behavi disorder. The most re Set) was a quarterly a (Assessment Referen resident was coded a impaired in ability to r The resident was code bathing; supervision f dressing, toileting and	mitted to the facility on included, but are not limited od pressure, atrial fibrillation, iors, depression, and anxiety ecent MDS (Minimum Data assessment with an ARD ince Date) of 2/1/19. The as severely cognitively make daily life decisions. ded as requiring total care for for transfers, ambulation, d hygiene; was independent ontinent of bowel and					
	all or part of February 9/4/18 for Lantus (1) order was discontinue dated 2/13/19 for Nov	rders that were in effect for / 2019: An order dated 40 units at bedtime. This ed on 4/18/19. An order volog (2) Flexpen 3 units blood sugar is below 100.					
	A roview of the Eabru	ary 2019 MAR revealed the					

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		D HUMAN SERVICES MEDICAID SERVICES					FORM): 04/20/2022 MAPPROVED). 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION		(X3) DATE COMF	SURVEY LETED
		495045	B. WING			_		C 02/2019
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 757	blood sugar was less blood sugar was 79. physician notification given when the blood parameters to give th 2/15/19 - the morning was given. The medi blood sugar was less blood sugar was 89. physician notification given when the blood parameters to give th 2/25/19 - the morning was given. The medi blood sugar was less blood sugar was less blood sugar was 95. physician notification given when the blood parameters to give th A review of the care p 7/27/18 for "Endocrim Dependent Diabetes. the interventions, "Ad physician orders" date glucometer readings ordered" dated 2/12/1	cation was to be held if the than 100. The resident's There was no evidence of that the medication was sugar was outside of e medication. dose of Novolog 3 units cation was to be held if the than 100. The resident's There was no evidence of that the medication was sugar was outside of e medication. dose of Novolog 3 units cation was to be held if the than 100. The resident's There was no evidence of that the medication was sugar was outside of e medication.	F	757				
	-	M, an interview was ¢1. When asked about the Ilins administered when						

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				CONCEPTION		
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SUI COMPLET	
					с	
		495045	B. WING		05/02/	2019
NAME OF PI	ROVIDER OR SUPPLIER	•	S	IREET ADDRESS, CITY, STATE, ZIP COD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		25 HILLIARD ROAD ICHMOND, VA 23228		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETIO DATE
F 757 Continued From page 144 there were ordered parameters to hold it, LPN #1 stated that it should have been held and the physician should be notified that it was not held. When asked if the care plan documented to administer insulin as ordered and the above		F 757				
	errors were made reg	garding the administration of plan being followed, LPN #1				
	Staff Member) (Admi Administrator), ASM and ASM #4 (Directo	M, ASM #1 (Administrative nistrator), ASM #2 (Mobile #3 (ALF Executive Director) r of Nursing) were made . No further information was of the survey.				
	diabetes (condition in produce insulin and t amount of sugar in the treat people with type which the body does therefore, cannot con the blood) who need diabetes. In people w glargine must be use (a short-acting insulin diabetes, insulin glarg another type of insuli for diabetes. Insulin g manmade version of glargine works by rep	argine is used to treat type 1 a which the body does not herefore cannot control the se blood). It is also used to e 2 diabetes (condition in not use insulin normally and, atrol the amount of sugar in insulin to control their vith type 1 diabetes, insulin d with another type of insulin n). In people with type 2 gine also may be used with n or with oral medication(s) glargine is a long-acting, human insulin. Insulin blacing the insulin that is y the body and by helping				

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	S FOR MEDICARE &					D. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	СОМ	E SURVEY PLETED
		495045	B. WING			C / 02/2019
AME OF PF	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZI		
ROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
				RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETIO DATE
F 757	Continued From page	a 145	F 75	7		
1 /0/	Information obtained					
		ov/druginfo/meds/a600027.h				
	(2) Novolog - Insulin :	aspart is used to treat type 1				
		which the body does not				
	•	herefore cannot control the				
		e blood). It is also used to				
		e 2 diabetes (condition in not use insulin normally and				
	-	rol the amount of sugar in				
		insulin to control their				
	diabetes. In patients	with type 1 diabetes, insulin				
		with another type of insulin,				
		n external insulin pump. In				
		iabetes, insulin aspart also other type of insulin or with				
	-	diabetes. Insulin aspart is a				
	.,	de version of human insulin.				
	•	by replacing the insulin that				
		by the body and by helping				
	move sugar from the	-				
		ed for energy. It also stops ng more sugar. Information				
	https://medlineplus.go tml	ov/druginfo/meds/a605013.h				
		y produced by the body and				
		ar from the blood into other is used for energy. It also				
	stops the liver from p					
	Information obtained					
		ov/druginfo/meds/a697021.h				
	tml					
F 760 SS=E	Residents are Free o CFR(s): 483.45(f)(2)	f Significant Med Errors	F 76	0		5/23/19
	The facility must ensu					

Facility ID: VA0241

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TATEMENT (DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DAT	O. 0938-039 E SURVEY PLETED
		495045	B. WING			05	C 5/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	
				21	125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		R	ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 760	Continued From page	e 1/6		760			
1 700		nts are free of any significant		/00			
	medication errors.	Γ is not met as evidenced					
	by:	in the state of th					
		view, facility document d review and in the course of			The statements made on this plan of correction are not an admission to and		
		tion, it was determined the			not constitute an agreement within the		
		ensure three of 56 residents			alleged deficiencies cited herein. To	-	
		cant medication errors,			remain in compliance with all federal a	and	
	Residents # 93, #26	and #17.			state regulations, the center has taker		
					will take the actions set forth in the		
	-	eld Resident #93's prescribed			following plan of correction constitutes	s the	
		sician order on multiple			center's allegation of compliance. All		
	occasions in April 20	19.			alleged deficiencies cited have been o	or	
					will be corrected by the date or dates		
	2. The facility staff fa				indicated.		
		Ilin and administered insulin nen the resident's blood			F 760		
	sugar was below the				F-760		
		multiple dates in February,			It is the intended practice of the facility	v to	
	March and April 2019				ensure that residents are free of any	y 10	
					significant medication errors.		
	3. The facility staff a	dministered insulin to			5		
		he residents blood sugar			1. Resident #93, #26, and #17 nurse		
		cian prescribed parameter of			notified the physician of medication er	rors	
		ons in February 2019, and			prior to exit of survey.		
		nsulin as ordered on multiple					
	occasions in Februar	y, March and April 2019.			2. Residents that receive insulin and		
	The findings include:				reside in the facility have the potential be affected.	to	
	1. The facility staff he	eld Resident #93's insulin			3. Licensed Nurses were re-educated	d on	
		rder on multiple occasions in			following physician orders related to		
	April 2019.				insulin to include blood sugar parame	ters.	
	Resident #93 was ad	lmitted to the facility on			4. Director of Nursing and/or designe	е	
		readmission on 3/27/18,			will audit medication administration		
	with diagnoses that in	ncluded but were not limited			records of 5 residents currently on ins	ulin	
	to: dementia, psycho	sis [major mental disorder in			daily x 5 days and then 3 days a weel	< x 3	

Facility ID: VA0241

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STATEMENT	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION		D. 0938-039 E SURVEY
	F CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	PLETED
		495045	B. WING			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	05	/02/2019
		AND REHAB (RICHMOND)	:	2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 760	 which the person is u and has impaired per responses and interp diabetes and high blo The most recent MDS assessment with an a of 4/3/19, coded the n the BIMS (brief intervindicating the resident make daily cognitive coded as requiring exist of his activities of dail Medications, the resident five days of insulin inperiod. The physician order of "Insulin Glargine Soluti insulin used to treat of subcutaneously at be mellitus)." The April 2019 MAR record) documented 	sually detached from reality rceptions, thinking, ersonal relationships (1)], ood pressure.	F 760		e r review S	
	medication as not ad physician: 4/5/19 - a "6" was dou MAR for a "6" was 'n resident's blood suga 4/6/19 - a "6" was dou blood sugar was doou 4/7/19 - a "6" was dou blood sugar was doou 4/14/19 - a "9" was dou the MAR for a "9" wa resident's blood suga	ministered as ordered by the cumented. (The code on the o insulin per order.") - The ir was documented as "97." cumented. The resident's umented as "96." cumented. The resident's				

Facility ID: VA0241

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TATEMENT (OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DAT	0. 0938-039
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IG	COM	PLETED
		495045	B. WING		05	C 5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		02/2019
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
F 760	blood sugar was doct 4/22/19 - a "6" was doct 4/23/19 - a "6" was doct 4/23/19 - a "6" was doct 4/23/19 - a "6" was doct blood sugar was doct 4/24/19 - a "6" was do blood sugar was doct Review of the nurse's failed to evidence any reason the insulin was or notification to the r 4/16/19 at 11:58 p.m. reason insulin was he physician, "BS (blood tonight." The comprehensive of documented in part, ' treat DM2 (diabetes r adverse effects." The documented, "Educar reason for use & (and patient &/or family. F adverse reactions." On 5/2/19 at 9:25 a.m. conducted with LPN of	documented. bocumented. The resident's umented as "106." bocumented. The resident's umented as "68." bocumented. The resident's umented as "114." bocumented. The resident's umented as "98." as notes for the month of April y documentation of the s held, physician notification esponsible party except on the nurse documented the eld but no notification to the I sugar) - 88 Held insulin care plan dated, 8/18/17, 'Focus: Insulin therapy to nellitus type two). At risk for e "Interventions" te/review current mediation, d) administration needs with Report signs & symptoms of	F 7			
	stated, "Insulin, long nurse should ever ho there are parameters order says." When as parameters, can a nu	what Lantus is, LPN #4 acting." When asked if a ld Lantus, LPN #4 stated, "If for it depends on what the sked if there are no urse hold it, LPN #4 stated, , you can call the doctor and				

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		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	PLE CONSTRUCTION		IO. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	`,		· · ·	MPLETED
						С
		495045	B. WING		0	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 COR	SHOULD BE	(X5) COMPLETIOI DATE
F 760	Continued From page	e 149	F 7	60		
	above physician order for Resident #93 and the MAR. When asked why she didn't give the insulin on those dates, LPN #4 stated, "It looks like it (the blood sugar) was under 100 and usually we have orders to hold for less than 100." When asked if she had an order to hold if less than 100, LPN #4 stated, "No, Ma'am." When asked what staff should do when they hold a medication, LPN #4 stated, "We usually contact the doctor and the responsible party." LPN #4 was asked to review her nurse's notes for the above dates. When asked if she had documentation that she contacted the doctor and responsible party when she held the insulin, LPN #4 stated, "It's not there. I didn't do it."					
	held the above order what Lantus is, LPN a asked if it's long actir LPN #5 stated, "I beli asked if a nurse shou stated, "If there are s orders we are suppose above physician order and nurse's notes. W ordered specific para #5 stated, "No." LPN MAR. When asked w #5 stated, "Because shouldn't have done	#5, (one of the nurse's that ed insulin). When asked #5 stated, "Insulin." When ng or short acting insulin, ieve it's long acting." When ald hold Lantus, LPN #5 pecific parameters on the sed to." LPN #5 reviewed the ers for Resident #93, MAR then asked if the physician imeters for this resident, LPN #5 verified her initials on the thy the insulin was held, LPN his blood sugar was low. I that. I should have called the ror." When asked if she				
	The facility policy, "M Injections" document	ledication Administration: ed in part, "Procedure: 1. record and review medical				

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES					FORM): 04/20/2022 / APPROVED). 0938-0391
STATEMENT C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •		E CONSTRUCTION		(X3) DATE COMF	SURVEY LETED
		495045	B. WING					C 02/2019
NAME OF PF	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP	CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD			
					RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	TION SHOULD BI		(X5) COMPLETION DATE
F 760	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		F	760				
	tml.2. The facility staff fa administration of insu	iled to hold the lin and administered insulin						

If continuation sheet Page 151 of 205

						IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	E CONSTRUCTION	· · ·	E SURVEY IPLETED
						С
		495045	B. WING		0	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 760	Continued From pag	e 151	F 760			
	to Resident # 26's wi	hen the resident's blood				
	sugar was below the					
	parameter of 150 on multiple dates in February, March and April 2019.					
	Resident # 26 was a	dmitted to the facility on				
		noses that included but were				
		tia (1), depressive disorder				
	(2), dysphagia (3) an	id diabetes mellitus (4).				
	Resident # 26's mos	t recent MDS (minimum data				
		essment with an ARD				
		ce date) of 02/08/19, coded				
		oring a 9 (nine) on the staff tal status (BIMS) of a score				
		ing moderately impaired of				
	cognition intact for m	aking daily decisions.				
		oded as requiring limited				
	daily living.	aff member for activities of				
	The physician's orde					
	documented "Novolo	ril 2019 for Resident # 26				
		re meals for DM (diabetes				
		S (blood sugar) < (less than)				
	150. Order Date: 11	/20/2018."				
	The eMAR (electroni	ic medication administration				
	record) dated Februa	ary 2019 for Resident # 26				
		ve physician's order for				
	-	ther review of the eMAR as administered on the				
		the resident's blood sugar				
	was below 150:	(00				
	02/01/19 with blood s 02/02/19 with blood s					
	02/02/19 with blood s					
	02/08/19 with blood s	•				

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			()(0) 100 70-0			IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	ECONSTRUCTION		E SURVEY IPLETED
			A. BUILDING			0
		495045	B. WING			С
	ROVIDER OR SUPPLIER	400040		STREET ADDRESS, CITY, STATE, ZIP CODE		5/02/2019
NAME OF F	ROVIDER OR SOFFLIER			2125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
()(4) ID	SLIMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COF	PRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETIO DATE
F 760	Continued From pag	e 152	F 760			
	02/09/19 with blood					
	02/11/19 with blood s					
	02/16/19 with blood sugar of 97, 02/20/19 with blood sugar of 103 and					
	02/25/19 with blood	•				
		ic medication administration				
	, ,	2019 for Resident # 26				
		ve physician's order for				
	-	ther review of the eMAR as administered when the				
	resident's blood suga					
	On 03/02/19 with blo					
	03/03/19 with blood	u				
	03/05/19 with blood					
	03/10/19 with blood					
	03/11/19 with blood s					
	03/16/19 with blood	sugar of 97,				
	03/17/19 with blood :	sugar of 91,				
	03/19/10 with blood	sugar of 135,				
	03/21/19 with blood	•				
	03/25/19 with blood					
	03/29/19 with blood					
	03/30/19 with blood					
	03/31/19 with blood	sugar of 137.				
	The eMAR (electroni	c medication administration				
		019 for Resident # 26				
		ve physicians order for				
		her review of the eMAR				
		as administered on the				
	following dates wher was below 150:	n the resident's blood sugar				
	04/05/19 with blood	sugar of 112,				
	04/08/19 with blood					
	04/10/19 with blood	-				
	04/12/19 with blood					
	04/13/19 with blood					
	04/13/19 With blood :	sugar of 101,				

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			0			O. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	· · /	E SURVEY IPLETED
						С
		495045	B. WING		0	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
PROMED	ICA SKILLED NURSING	AND REHAB (RICHMOND)		25 HILLIARD ROAD CHMOND, VA 23228		
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 760	Continued From pag	e 153	F 760			
	04/21/19 with blood s 04/22/19 with blood s 04/27/19 with blood s 04/29 with blood sug 04/30/19 with blood s	sugar of 72, ar of 134 and				
	dated 11/23/2016 do Endocrine System re Diabetes." Under "In	lated to; insulin Dependent terventions" it documented, on per physician orders.				
	conducted with RN (n manager. When ask marks on the eMARs (insulin) was given." 26's physician's orde March and April 2019 February, March and administered with blo 6 stated, "The reason avoid a negative outo	 ⁸ p.m., an interview was registered nurse) # 6, unit ed to describe the check ⁶ RN # 6 stated, "It means it After reviewing Resident # r sheets dated February, ⁹ and the eMARS dated ¹ April where the insulin was bod sugars below 150, RN # n there are parameters is to comes. Resident has not from receiving the insulin below 150." 				
	Injections" document Open MAR to patient practitioner medication label3. Prepare me amount of medication DOCUMENTATION: complaints and subs- including communication	itions with medical Ily indicated. Patient refusal				

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/20/2022 M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		495045	B. WING				C / 02/2019
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		-
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		21	25 HILLIARD ROAD		
				RI	CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 760	Continued From page	e 154	F	760			
	necessary."						
	Patricia A. Potter and Inc; Page 419. "The directing medical trea obligated to follow ph	ysician's orders unless they					
	 believe the orders are in error or would harm clients." NOVOLOG- insulin aspart injection, solution: "INDICATIONS AND USAGE: NOVOLOG is a rapid acting human insulin analog indicated to improve glycemic control in adults and children with diabetes mellitus. WARNINGS AND PRECAUTIONS:5.3 Hypoglycemia: Hypoglycemia is the most common adverse effect of all insulin therapies, including NOVOLOG. Severe hypoglycemia can cause seizures, may lead to unconsciousness, may be life threatening or cause death. Hypoglycemia can impair concentration ability and reaction time; this may place an individual and others at risk in situations where these abilities are important (e.g. driving or operating other machinery)." Risk Mitigation Strategies for Hypoglycemia. Self-monitoring of blood glucose plays an essential role in the prevention and management of hypoglycemia " (7) On 05/02/19 at approximately 3:30 p.m., ASM (administrative staff member) # 1, the interim administrator and ASM # 2, mobile administrator, ASM # 3, executive director of the assisted living 						

Facility ID: VA0241

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DEPARTMENT OF HEALTH A CENTERS FOR MEDICARE &				FOR	M APPROVED 0. 0938-0391		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G	СОМ	E SURVEY PLETED		
	495045	B. WING			C 5/02/2019		
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
PROMEDICA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228				
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)			HOULD BE	(X5) COMPLETION DATE		
F 760 Continued From page	ge 155	F 76	60				
No further information	on was provided prior to exit.						
 diseases. It affects in judgment, and beha obtained from the with https://medlineplus.g (2) Depression may blue, unhappy, mise Most of us feel this is short periods. Clinic disorder in which feed or frustration interfe or more. This inform website: https://medlineplus.g (3) A swallowing dis obtained from the withtps://www.nlm.nih sorders.html. (4) A chronic diseass regulate the amount information was obt https://www.nlm.nih 001214.htm. (6) A rapid acting hu to improve glycemic with diabetes mellitu obtained from the withtps://dailymed.nlm 	gov/ency/article/000739.htm. be described as feeling sad, erable, or down in the dumps. way at one time or another for cal depression is a mood elings of sadness, loss, anger, re with everyday life for weeks nation was obtained from the gov/ency/article/003213.htm. order. This information was ebsite: .gov/medlineplus/swallowingdi e in which the body cannot t of sugar in the blood. This ained from the website: .gov/medlineplus/ency/article/ uman insulin analog indicated c control in adults and children us. This information was						

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 APPROVED 0. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495045	B. WING		_		C 02/2019
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	TATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	ND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	Continued From page	9 156	F 76	60			
	 (7) This information wwebsite: https://dailymed.nlm.rm?setid=3a1e73a2-3 c5#i4i_warnings_pred 44cd-8028-c744ee1cd 3. The facility staff ac Resident #17 when the was below the physica 100, on three occasion failed to administer in occasions in February Resident #17 was add 7/27/18 with the diagon diabetes, high blood p dementia with behavior diabetes, high blood p dementia with behavior disorder. The most re Set) was a quarterly at (Assessment Referent resident was coded at impaired in ability to r The resident was coded at impaired in	as obtained from the hih.gov/dailymed/drugInfo.cf 009-40d0-876c-b4cb2be56f cautions_id_4bc7c883-0765- 4853 dministered insulin to he residents blood sugar ian prescribed parameter of ns in February 2019, and sulin as ordered on multiple y, March and April 2019. mitted to the facility on hoses of but not limited to pressure, atrial fibrillation, ors, depression, and anxiety ecent MDS (Minimum Data assessment with an ARD the Date) of 2/1/19. The s being severely cognitively nake daily life decisions. ed as requiring total care for or transfers, ambulation, d hygiene; was independent ontinent of bowel and					
	bedtime. This order v						

Facility ID: VA0241

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 APPROVED 0. 0938-0391		
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	PLE CONSTRUCTION	-	(X3) DATE SURVEY COMPLETED			
		495045	B. WING				C 02/2019		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S	STATE, ZIP CODE				
				2125 HILLIARD ROAD					
PROMEDI	CA SKILLED NURSING A	ND REHAB (RICHMOND)		RICHMOND, VA 23228	1				
(X4) ID		TEMENT OF DEFICIENCIES	ID		'S PLAN OF CORRECTION	_	(X5)		
PREFIX TAG	(Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	`	ECTIVE ACTION SHOULD BI ENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE		
F 760	Continued From page 4/18/19.	157	F 76	60					
	units before meals, ho	9 for Novolog (2) Flexpen 3 old if blood sugar is below discontinued on 2/27/19.							
	A review of the Februation following:	ary 2019 MAR revealed the							
	was given. The medi blood sugar was less blood sugar was 79.	•							
	was given. The medi blood sugar was less blood sugar was 89.								
		of the Lantus 40 units bedtime. The MAR was							
	was given. The medi blood sugar was less blood sugar was 95.	-							

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		ID HUMAN SERVICES			PRINTED: 04/20/202 FORM APPROVE
TATEMENT (S FOR MEDICARE & DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
		495045	B. WING	,	С
	ROVIDER OR SUPPLIER	495045	D. WING	STREET ADDRESS, CITY, STATE, ZIP	05/02/2019
	ROVIDER OR SUPPLIER			2125 HILLIARD ROAD	CODE
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228	
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLETION THE APPROPRIATE DATE DATE
F 760	Continued From page	e 158	F 76	50	
	MARCH 2019:				
	A review of the clinica following physician or all or part of March 20	rders that were in effect for			
	An order dated 9/4/18 bedtime. This order 4/18/19.	3 for Lantus 40 units at was discontinued on			
		19 for Humalog (3) 6 units rder was discontinued on			
		9 for Novolog 6 units before mained active as of the			
	A review of the March following:	n 2019 MAR revealed the			
	held. There were no hold the Humalog. T was 92. There was r	se of Humalog 6 units was orders or parameters to he resident's blood sugar to evidence the physician umalog being held when it e held.			
	There were no orders Novolog. The reside	Novolog of 6 units was held. s or parameters to hold the nt's blood sugar was 83. ce the physician was notified held when it was not			
	held. There were no	y Novolog of 6 units was orders or parameters to ne resident's blood sugar			

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 APPROVED 0. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_		C 02/2019
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMED	ICA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	EPLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	 was 95. There was n was notified of the Not was not ordered to be 3/10/19 - no evidence being administered at left blank. 3/15/19 - the morning held. There were no hold the Novolog. Th "Other/See Nurse Not documented the blood no evidence the phys Novolog being held w held. 3/17/19 - no evidence being administered at left blank. 3/27/19 - no evidence being administered at coded as "Other/See documented the blood rechecked to be 80. hold the Lantus. The physician or nurse pra medication being held A review of the clinical following physician or all or part of March 20 	o evidence the physician wolog being held when it a held. e of the Lantus 40 units t bedtime. The MAR was Novolog of 6 units was orders or parameters to e MAR was coded as tes." The notes d sugar was 79. There was ician was notified of the then it was not ordered to be e of the Lantus 40 units t bedtime. The MAR was Nurse Notes." The notes d sugar was 72 and There were no orders to re was no evidence the actitioner was notified of the d.	F 760				

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		MEDICAID SERVICES		LE CONSTRUCTION		<u>D. 0938-039</u> E SURVEY	
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	PLETED	
					С		
		495045	B. WING		05	/02/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)	2125 HILLIARD ROAD RICHMOND, VA 23228				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO T		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETIOI DATE		
F 760	Continued From page 4/18/19.	e 160	F 76	0			
	An order dated 3/5/19 for Novolog 6 units before meals. This order remained active as of the survey.						
	A review of the April 2 following:	2019 MAR revealed the					
		of the lunchtime Novolog 6 red. The MAR was left					
		of the Lantus 40 units being me. The MAR was left					
	held. The blood suga orders or parameters was no evidence the	dose of Novolog 6 units was ar was 117. There were no to hold the Novolog. There physician was notified of the when it was not ordered to be					
	was held. There was sugar. There were n hold the Novolog. Th	e dose of Novolog 6 units s no documented blood o orders or parameters to here was no evidence the d of the Novolog being held red to be held.					
	was held. The blood no orders or paramet There was no eviden	ne dose of Novolog 6 units sugar was 99. There were ters to hold the Novolog. ce the physician was notified held when it was not					

If continuation sheet Page 161 of 205

		MEDICAID SERVICES				IO. 0938-039	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	· · · ·	TE SURVEY MPLETED	
	CONNECTION	IDENTIFICATION NUMBER.	A. BUILDING	3			
					С		
		495045	B. WING		0	5/02/2019	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
DOMEDI				2125 HILLIARD ROAD			
PRONIEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SH REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APP DEFICIENCY)			COMPLETIO			
	Continued From pag	e 161	F 76	50			
		plan revealed one dated					
		ne System related to; Insulin					
		." This care plan included					
	physician orders" dat	dminister medication per					
		and report abnormalities as					
	0 0	19, "Obtain Lab results as					
		nysician of results" dated					
	7/27/18.	lysician of results dated					
	On 5/2/19 at 11:06 A	M, an interview was					
	conducted with LPN	#1. LPN #1 was asked					
	about the above findi	ings of insulins being held					
	when there was no p	arameters or orders to hold					
	it. LPN #1 stated that	at it should have been					
		he nurse felt it was not safe					
		notify the physician of the					
	•	if the physician wants to hold					
		e order for it. She stated a					
		medication without an order.					
		ne above findings of insulins					
	administered when the						
		, LPN #1 stated that it should					
		the physician should be					
		ot held. When asked about					
	the above findings of	5					
		being administered when #1 stated that there is no					
		done or not, so if it wasn't					
	•	't done. She stated that the					
		facility uses is difficult to					
		it needs to be clearer for					
		d. She stated the system					
		elect if a medication was					
		etc. She stated that blood					
	S	onitor on the computer.					
	-	are plan documented to					
		ordered, and the above					

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	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY IPLETED
		495045	B. WING			С
NAME OF P	ROVIDER OR SUPPLIER	433043		TREET ADDRESS, CITY, STATE, ZIP COE		5/02/2019
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRI PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE API DEFICIENCY)		N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
F 760	insulin, then was the stated it was not. On 5/2/19 at 11:20 Al Staff Member) (Admin Administrator), ASM a and ASM #4 (Director	parding the administration of care plan followed, LPN #1 M, ASM #1 (Administrative histrator), ASM #2 (Mobile #3 (ALF Executive Director) r of Nursing) were made . No further information was	F 760			
	diabetes (condition in produce insulin and the amount of sugar in the treat people with type which the body does therefore, cannot con the blood) who need diabetes. In people we glargine must be used (a short-acting insulin diabetes, insulin glarg another type of insulin for diabetes. Insulin g manmade version of glargine works by rep normally produced by move sugar from the tissues where it is use the liver from produci Information obtained	ed for energy. It also stops ng more sugar.				

Facility ID: VA0241

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	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION		IO. 0938-039 E SURVEY	
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	IPLETED	
						С	
		495045	B. WING		05/02/2019		
NAME OF PR	ROVIDER OR SUPPLIER		:	STREET ADDRESS, CITY, STATE, ZIP COD	E		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG			I SHOULD BE	(X5) COMPLETION DATE			
F 760	Continued From pag	e 163	F 760				
		therefore cannot control the					
	amount of sugar in the blood). It is also used to						
		e 2 diabetes (condition in					
		not use insulin normally and					
		trol the amount of sugar in in insulin to control their					
	,	with type 1 diabetes, insulin					
	-	d with another type of insulin,					
		n external insulin pump. In					
		diabetes, insulin aspart also					
	-	other type of insulin or with					
		r diabetes. Insulin aspart is a de version of human insulin.					
		by replacing the insulin that					
		by the body and by helping					
		blood into other body					
		sed for energy. It also stops					
	the liver from produc						
	Information obtained						
	tml	jov/druginfo/meds/a605013.h					
	(3) Humalog - Insulin	n lispro is used to treat type 1					
		n which the body does not					
		therefore cannot control the					
		ne blood). It is also used to					
		e 2 diabetes (condition in					
		not use insulin normally and					
		trol the amount of sugar in in insulin to control their					
	,	with type 1 diabetes, insulin					
		I with another type of insulin,					
		n external insulin pump. In					
		diabetes, insulin lispro may					
		r type of insulin or with oral					
		betes. Insulin lispro is a de version of human insulin.					
	-						
	Insulin lisoro works r	by replacing the insulin that is					

Facility ID: VA0241

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CENTER	S FOR MEDICARF &	MEDICAID SERVICES			FORM APPROVE OMB NO. 0938-039		
ATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495045	B. WING		C 05/02/2019		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)	2125 HILLIARD ROAD RICHMOND, VA 23228				
(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 COMPLETIO		
F 760	Continued From page		F 760				
	tissues where it is us the liver from produci Information obtained	c					
F 772 SS=D	Lab Services Not Pro CFR(s): 483.50(a)(1)		F 772	2	5/23/19		
	laboratory services to residents. The facility and timeliness of the (iv) If the facility does services on site, it mu obtain these services meets the applicable this chapter. This REQUIREMENT	cility must provide or obtain o meet the needs of its o is responsible for the quality services. The not provide laboratory ust have an agreement to from a laboratory that requirements of part 493 of This not met as evidenced					
	record review, and fa was determined the f that expired laborator available for resident medication supply roo	use in one of three oms inspected.		The statements made on this plan of correction are not an admission to an not constitute an agreement within the alleged deficiencies cited herein. To remain in compliance with all federal state regulations, the center has take will take the actions set forth in the	d do e and n or		
	laboratory supplies w use in the 600 Unit m	d to ensure that expired vere not available for resident nedication supply room.		following plan of correction constitutes center's allegation of compliance. All alleged deficiencies cited have been of will be corrected by the date or dates	or		
	room. The inspection	1 an inspection was 00's medication supply າ of Unit #600's medication d that two Universal Viral		F-772 F-772 It is the intended practice of the facilit ensure that expired laboratory supplie are not available for resident use.	-		

Facility ID: VA0241

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TATEMENT	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULTIPL	E CONSTRUCTION	OMB NO. 0938-03
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
		495045	B. WING		C 05/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SH		
F 772	Continued From page	e 165	F 772	2	
	 772 Continued From page 165 expiration date of 12/2018 were in the laboratory collection basket and available for resident use. On 5/1/19 at 1:45 PM an interview was conducted with LPN (Licensed Practical Nurse) #3. LPN #3 was asked about the process staff follows for the maintenance of the medication room. LPN #3 stated, "The medical supply personnel clean the room nightly." When LPN #3 was asked about the process for expired items, LPN #3 stated, "The expired items are removed and not stored in the medication room." On 5/1/19 at 1:38 PM an interview was conducted with LPN #2. When LPN #2 was asked if expired laboratory supplies in the medication supply room could be used for residents'. LPN #2 stated, "If it is in the bucket and they grab it, they could use it on a resident. But that is not what I do. I check the dates before I use anything." A review of the facility's policy "Storage and Expiration Dating of Drugs, Biologicals, Syringes, and Needles with a revision date of 8/2018 documented in part, "ProcedureHave not been retained longer than recommended by manufacturer or supplier guidelinesNursing Center personnel should inspect nursing station 			 Upon notification from surveyor expired laboratory supplies were and discarded immediately from medication supply room. Residents that reside in the fat have the potential to be affected. Licensed Nurses were re-educe ensuring expired lab supplies are available for resident use. Director of Nursing and/or des will audit medication rooms to en- expired laboratory supplies are no available for resident use daily x and then 3 days a week x 3 week then monthly x 2 months. The re the random audits will be reported QAA Committee for review and for recommendations as indicated. The facility alleged date of cor is June 11, 2019. 	removed cility cated on not signee sure ot 5 days s and sults of d to the ollow up
	storage areas for pro regularly scheduled b On 5/2/19 at 4:02 PM Member) #1 (Interim (Mobile Administrator Nursing), and ASM # were made aware of According to applicab	per storage compliance on a basis" 1, ASM (Administrative Staff Administrator), ASM #2), ASM #4 (Director of 3 (Education Department) the findings.			

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/20/20 FORM APPROVE OMB NO. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING		(X3) DATE SURVEY COMPLETED
		495045	B. WING		C 05/02/2019
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)	212	EET ADDRESS, CITY, STATE, ZIP CC 5 HILLIARD ROAD HMOND, VA 23228	
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULD BE COMPLETION TE APPROPRIATE DATE
	 § 493.1252 Standard instruments, reagents (d) Reagents, solution materials, calibration supplies must not be exceeded their expira or are of substandard No further information the survey. (1) Universal Viral Tra Culture Swabs provide environment for appli Culture Swabs provide environment for appli Culture Swabs include swabs to ensure that of contamination. Cult both wet and dry swa obtained from the we https://www.quickmed . Food Procurement,Si CFR(s): 483.60(i)(1)(1)(1) §483.60(i) Food safe The facility must - §483.60(i)(1) - Procur approved or consider state or local authorit (i) This may include for from local producers, and local laws or regu (ii) This provision doe facilities from using p gardens, subject to co safe growing and foo 	: Test systems, equipment, s, materials, and supplies.(4) ns, culture media, control materials, and other used when they have ation date, have deteriorated, d quality. In was provided by the end of ansport Media and Swabs: de a safe and sterile cators to be transported in. de housing for individual the swab's specimen is free lature Swabs are available in abs. This information was bsite: dical.com/culture-swabs.html tore/Prepare/Serve-Sanitary 2) ty requirements. re food from sources red satisfactory by federal, ies. ood items obtained directly subject to applicable State ulations. es not prohibit or prevent roduce grown in facility ompliance with applicable	F 772		5/23/19

Facility ID: VA0241

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STATEMENT (OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED	
		495045	B. WING			C 5/02/2019	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		5/02/2015	
				2125 HILLIARD ROAD			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228			
(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 O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 812	Continued From page	e 167	F8	312			
	from consuming food	s not procured by the facility.					
	serve food in accorda standards for food se	prepare, distribute and ance with professional rvice safety. is not met as evidenced					
	Based on observatio document review, it w facility staff failed to s	n, staff interview and facility vas determined that the store and prepare food in essional standards of food		The statements made on correction are not an adm not constitute an agreeme alleged deficiencies cited remain in compliance with state regulations, the cent	nission to and do ent within the herein. To n all federal and		
	discarded on before t	led to ensure hair was		will take the actions set for following plan of correction center's allegation of com alleged deficiencies cited will be corrected by the dat indicated.	n constitutes the pliance. All have been or		
	The findings included 1. The facility staff fai discarded on before t	led to ensure food was		F-812 It is the intended practice store and prepare food in professional standards of safety.	accordance with		
	observation was mad the kitchen with OSM the Food Service Mar	imately 11:05 a.m., an le of the dry storage room in l (other staff member) #4, nager. An observation was ag of cereal with a hand ker dated 3/23/19.		 Upon notification of su staff immediately dispose items and hair and beards immediately covered. 	d of expired food		
	On 4/30/19 at approx observation was mad in the kitchen with OS Manager. Four cartor	imately 11:07 a.m., an le of the reach in refrigerator SM #4, the Food Service ns of fat free skim milk dated be past the expiration date.		 Residents that reside i have the potential to be a Dietary staff were educ and sanitary practices. 	ffected. cated on safe		
	On 4/30/19 at approx	imately 11:10 a.m., an		4. Food Service Director will audit food service are			

Facility ID: VA0241

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TATEMENT (OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	. ,	LE CONSTRUCTION	(X3) DATE	
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			PLETED
		495045	B. WING			02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 812	Continued From page	e 168	F 81	2		
	in the kitchen with OS Manager. Multiple ca were found to be pass dated, 4/23/2019. On 4/30/19 at approxi- interview was conduct asked how open dry #4 replied, "When we hand written sticker to throw it out. We keep it's been opened or w manufacturer's expira- the bag of cereal sho OSM #4 replied "Yes should be stored, OS check the expiration of reach in refrigerator. do that. It's my respo- done. We got a new st the milk deliveryman that is past the expira- fresh shipment. He m milk. I have the receip want to see it." On 5/1/19 at approxin- surveyor was presen 4/30/19. The invoice received a shipment 4/30/19. Review of the facility Sanitation Quick Che	ted with an invoice dated documented the facility of fat free skim milk on policy titled, "Kitchen scklist" dated June 2015 ds covered, labeled and		food. Food Service Director and/o designee will audit food services safe sanitary practices to include hair practices daily x 5 days and the days a week x 3 weeks and then x 2 months. The results of the ra audits will be reported to the QAA Committee for review and follow recommendations as indicated. 5. The facility alleged date of cor is June 11, 2019.	staff on proper then 3 monthly ndom A up	
	Op 05/02/10 at appress	oximately 1:00 p.m., ASM				

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	-	ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/20 FORM APPR OMB NO. 0938-	OVED
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		495045	B. WING		05/02/2019	9
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)	2	TREET ADDRESS, CITY, STATE, ZIP CO 125 HILLIARD ROAD RICHMOND, VA 23228	•	
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLE TE APPROPRIATE DAT	ETION
F 812	Administrator, ASM # and ASM #3, the Ass Executive Director we findings. No further information 2. The facility staff fai covered in the food p On 4/30/19 at approx observation was mad with OSM (other staff Service Director. OSI observed with a hair of her head but left th her hair uncovered. C observed to have a b On 4/30/19 at approx interview was conduct asked if all hair is sup hair net, OSM # 4 rep beards, should be co asked why should ha kitchen. OSM #4 repl issue." Review of the facility Restraints" dated Jan "Hair restraints are w food and to minimize during food productio foreign object and ha hair from falling into fi clean hats that cover	nember) #1, the Interim i2, the Mobile Administrator isted Living Facility (ALF) ere made aware of the n was obtained prior to exit. led to ensure hair was reparation area imately 11:35 a.m., an le of tray line in the kitchen member) #4, the Food M #7, dietary manager, was net that covered the crown le sides and the fringes of DSM #6, dietary aide, was eard that was unrestrained. imately 12:35 a.m., an ted with OSM #4. When oposed to be covered by a blied, "The hair, including mpletely covered." When ir be restrained in the ied, "It's an infection control	F 812			

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	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495045	B. WING		C 05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE	•
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD	
		(RICHMOND, VA 23228	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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 COMPLETIO
F 812	Continued From pag	e 170	F 812		
1 012				<u> </u>	
		or facial hair coverings. Hair a manner that covers all and pony tails."			
	(administrative staff i Administrator, ASM # and ASM #3, the Ass	oximately 1:00 p.m., ASM nember) #1, the Interim #2, the Mobile Administrator visted Living Facility (ALF) ere made aware of the			
		n was obtained prior to exit.			
F 814 SS=C	Dispose Garbage an CFR(s): 483.60(i)(4)	d Refuse Properly	F 814	1	5/23/19
	properly.	se of garbage and refuse Γ is not met as evidenced			
		on, staff interview and facility		The statements made on this plan of	;
	document review, it v	vas determined that the dispose of garbage and		correction are not an admission to an not constitute an agreement within th alleged deficiencies cited herein. To remain in compliance with all federal	d do e
	-	d to ensure the ground 's were free from garbage.		state regulations, the center has take will take the actions set forth in the	n or
	The findings included	ł:		following plan of correction constitute center's allegation of compliance. All alleged deficiencies cited have been	
		kimately 1:05 p.m., an		will be corrected by the date or dates	
		te of the dumpster with OSM #4, the Food Service		indicated.	
	Manager. On the gro			F-814	
		vere approximately five			
		s and behind the dumpster		It is the intended practice of the facilit	ty to
	was an empty cardbo	-		dispose of garbage and refuse prope	
	On 5/1/19 at approxi			1. Upon notification by surveyor, the	

Event ID: KD2K11

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/20/2022 MAPPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		495045	B. WING _				C /02/2019
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		212	REET ADDRESS, CITY, STATE, ZIP CODE 25 HILLIARD ROAD CHMOND, VA 23228		
(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 B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 814 F 849 SS=E	asked who is in chargerefuse are disposed of "Maintenance helps to When asked how the maintained, OSM #4 supposed to be any to doors of the dumpstere closed." Review of the facility Sanitation Quick Cheredocumented, "Dumps around." On 05/02/19 at approver (administrative staff in Administrator, ASM #3 and ASM #3, the Ass Executive Director was findings. No further information Hospice Services CFR(s): 483.70(o) (1) A long-do either of the follow (i) Arrange for the prover finding an agreement Medicare-certified ho (ii) Not arrange for the facility a Medicare-certified ho resident in transferring the follow of the facility a medicare-certified ho follow (ii) Arrange for the facility a Medicare-certified ho follow (ii) Not arrange for the facility a Medicare-certified ho follow (ii) Arrange for the facility a Medicare-certified ho follow (ii) Not arrange for the facility a Medicare-certified ho follow (ii) Arrange for the facility a Medicare-certified ho follow (ii) Arrange for the facility a Medicare-certified ho follow (ii) Not arrange for the facility a Medicare-certified ho follow (ii) Arrange for the facility a Medicare-certified ho follow (ii) Arrange for the facility a Medicare-certified ho follow (ii) Not arrange for the facility a Medicare-certified ho follow (ii) Arrange for the facility a Medicare-certified ho follow (ii) Arrange for the facility a Medicare-certified ho follow (ii) Arrange for the facility a Medicare-certified ho follow (ii) Arrange for the facility a Medicare-certified ho follow (ii) Arrange for the facility a Medicare-certified ho follow (ii) Arrange fo	eted with OHM #4. When ge of ensuring garbage and of properly. OSM #4 replied, out dietary is responsible." dumpster is to be replied, "There is not rash around them and the r's are supposed to be policy titled, "Kitchen cklist" dated June 2015 ster: closed, no trash laying eximately 1:00 p.m., ASM nember) #1, the Interim 52, the Mobile Administrator isted Living Facility (ALF) ere made aware of the n was obtained prior to exit. -(4) services. term care (LTC) facility may ring: poision of hospice services at with one or more spices. e provision of hospice r through an agreement with hospice and assist the g to a facility that will sion of hospice services	F 8		 around the dumpster was immediately removed. 2. The residents that reside in the facil have the potential to be affected. 3. Facility staff will be educated that ground around the dumpster should be free of garbage. 4. Housekeeping Director and/or designee will audit the areas around th dumpsters to ensure the area is free frogarbage daily x 5 days and then 3 days week x 3 weeks an then monthly x 2 months. The results of the random aud will be reported to the QAA Committee review and follow up recommendations indicated. 5. The facility alleged date of compliant is June 11, 2019. 	e om s a dits for s as	5/23/19

Facility ID: VA0241

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AME OF PRO ROMEDIC. (X4) ID PREFIX TAG F 849 I I I I I I I I I I I I I	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page §483.70(o)(2) If hospi LTC facility through ar paragraph (o)(1)(i) of the LTC facility must r requirements: (i) Ensure that the hos professional standard to individuals providin to the timeliness of the (ii) Have a written agree	ice care is furnished in an n agreement as specified in this section with a hospice, meet the following spice services meet Is and principles that apply ig services in the facility, and e services. eement with the hospice uthorized representative of	• •	2125 HILLI. RICHMON	DRESS, CITY, STATE, ARD ROAD ND, VA 23228 PROVIDER'S PL/ (EACH CORRECTIV CROSS-REFERENCEI	AN OF CORRECT /E ACTION SHOU		E SURVEY IPLETED C 5/02/2019 (X5) COMPLETIC DATE
ROMEDIC (X4) ID PREFIX TAG F 849	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page §483.70(o)(2) If hospi LTC facility through ar paragraph (o)(1)(i) of the LTC facility must r requirements: (i) Ensure that the hos professional standard to individuals providin to the timeliness of the (ii) Have a written agree that is signed by an ar	AND REHAB (RICHMOND) ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 4 172 tice care is furnished in an n agreement as specified in this section with a hospice, meet the following spice services meet Is and principles that apply tig services in the facility, and e services. eement with the hospice uthorized representative of	B. WING ID PREFIX TAG	STREET AD 2125 HILLI RICHMON	DRESS, CITY, STATE, ARD ROAD ND, VA 23228 PROVIDER'S PLA (EACH CORRECTIV CROSS-REFERENCEI	AN OF CORRECT /E ACTION SHOU D TO THE APPR(TION JLD BE	(X5) COMPLETIC
ROMEDIC (X4) ID PREFIX TAG F 849	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page §483.70(o)(2) If hospi LTC facility through ar paragraph (o)(1)(i) of the LTC facility must r requirements: (i) Ensure that the hos professional standard to individuals providin to the timeliness of the (ii) Have a written agree that is signed by an ar	AND REHAB (RICHMOND) ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 4 172 tice care is furnished in an n agreement as specified in this section with a hospice, meet the following spice services meet Is and principles that apply tig services in the facility, and e services. eement with the hospice uthorized representative of	ID PREFIX TAG	2125 HILLI. RICHMON	ARD ROAD ND, VA 23228 PROVIDER'S PLA (EACH CORRECTIV CROSS-REFERENCEI	AN OF CORRECT /E ACTION SHOU D TO THE APPR(TION JLD BE	(X5) COMPLETIC
ROMEDIC (X4) ID PREFIX TAG F 849	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page §483.70(o)(2) If hospi LTC facility through ar paragraph (o)(1)(i) of the LTC facility must r requirements: (i) Ensure that the hos professional standard to individuals providin to the timeliness of the (ii) Have a written agree that is signed by an ar	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) at 172 the care is furnished in an agreement as specified in this section with a hospice, meet the following spice services meet Is and principles that apply ag services in the facility, and e services. eement with the hospice uthorized representative of	PREFIX TAG	2125 HILLI. RICHMON	ARD ROAD ND, VA 23228 PROVIDER'S PLA (EACH CORRECTIV CROSS-REFERENCEI	AN OF CORRECT /E ACTION SHOU D TO THE APPR(TION JLD BE	(X5) COMPLETIO
(X4) ID PREFIX TAG F 849	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page §483.70(o)(2) If hospi LTC facility through ar paragraph (o)(1)(i) of the LTC facility must r requirements: (i) Ensure that the hos professional standard to individuals providin to the timeliness of the (ii) Have a written agree that is signed by an a	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) at 172 the care is furnished in an agreement as specified in this section with a hospice, meet the following spice services meet Is and principles that apply ag services in the facility, and e services. eement with the hospice uthorized representative of	PREFIX TAG		ND, VA 23228 PROVIDER'S PLA (EACH CORRECTIV CROSS-REFERENCEI	E ACTION SHOU D TO THE APPRO	JLD BE	COMPLETIC
(X4) ID PREFIX TAG F 849	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From page §483.70(o)(2) If hospi LTC facility through ar paragraph (o)(1)(i) of the LTC facility must r requirements: (i) Ensure that the hos professional standard to individuals providin to the timeliness of the (ii) Have a written agree that is signed by an a	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) at 172 the care is furnished in an agreement as specified in this section with a hospice, meet the following spice services meet Is and principles that apply ag services in the facility, and e services. eement with the hospice uthorized representative of	PREFIX TAG		PROVIDER'S PLA (EACH CORRECTIV CROSS-REFERENCEI	E ACTION SHOU D TO THE APPRO	JLD BE	COMPLETIC
F 849	(EACH DEFICIENCY REGULATORY OR L Continued From page §483.70(o)(2) If hospi LTC facility through ar paragraph (o)(1)(i) of the LTC facility must r requirements: (i) Ensure that the hos professional standard to individuals providin to the timeliness of the (ii) Have a written agree that is signed by an ar	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 172 ice care is furnished in an n agreement as specified in this section with a hospice, meet the following spice services meet Is and principles that apply og services in the facility, and e services. eement with the hospice uthorized representative of	PREFIX TAG		(EACH CORRECTIV CROSS-REFERENCE	E ACTION SHOU D TO THE APPRO	JLD BE	COMPLETIC
	§483.70(o)(2) If hospi LTC facility through ar paragraph (o)(1)(i) of the LTC facility must r requirements: (i) Ensure that the hos professional standard to individuals providin to the timeliness of the (ii) Have a written agree that is signed by an ar	ice care is furnished in an n agreement as specified in this section with a hospice, meet the following spice services meet Is and principles that apply ig services in the facility, and e services. eement with the hospice uthorized representative of	F 84	9				
	LTC facility through ar paragraph (o)(1)(i) of the LTC facility must r requirements: (i) Ensure that the hos professional standard to individuals providin to the timeliness of the (ii) Have a written agree that is signed by an a	n agreement as specified in this section with a hospice, meet the following spice services meet ls and principles that apply ig services in the facility, and e services. reement with the hospice uthorized representative of						
	LTC facility through ar paragraph (o)(1)(i) of the LTC facility must r requirements: (i) Ensure that the hos professional standard to individuals providin to the timeliness of the (ii) Have a written agree that is signed by an a	n agreement as specified in this section with a hospice, meet the following spice services meet ls and principles that apply ig services in the facility, and e services. reement with the hospice uthorized representative of						
	paragraph (o)(1)(i) of the LTC facility must r requirements: (i) Ensure that the hos professional standard to individuals providin to the timeliness of the (ii) Have a written agree that is signed by an agree	this section with a hospice, meet the following spice services meet ls and principles that apply g services in the facility, and e services. eement with the hospice uthorized representative of						
	the LTC facility must r requirements: (i) Ensure that the hos professional standard to individuals providin to the timeliness of the (ii) Have a written agree that is signed by an agree	meet the following spice services meet ls and principles that apply g services in the facility, and e services. eement with the hospice uthorized representative of						
	 (i) Ensure that the hosprofessional standard to individuals providin to the timeliness of the (ii) Have a written agree that is signed by an agree 	is and principles that apply g services in the facility, and e services. eement with the hospice uthorized representative of						
	professional standard to individuals providin to the timeliness of the (ii) Have a written agre that is signed by an a	is and principles that apply g services in the facility, and e services. eement with the hospice uthorized representative of						
1 1 1 1 1	to individuals providin to the timeliness of the (ii) Have a written agri that is signed by an au	g services in the facility, and e services. eement with the hospice uthorized representative of						
1 1 1 1	to the timeliness of the (ii) Have a written age that is signed by an a	e services. eement with the hospice uthorized representative of						
	(ii) Have a written agr that is signed by an a	eement with the hospice uthorized representative of						
1	that is signed by an a	uthorized representative of						
1	the hospice and an au							
		•						
	-	e hospice care is furnished to						
	any resident. The write at least the following:	itten agreement must set out						
	(A) The services the h	nospice will provide						
		ponsibilities for determining						
		ce plan of care as specified						
	in §418.112 (d) of this							
		LTC facility will continue to						
		h resident's plan of care. process, including how the						
		e documented between the						
		ospice provider, to ensure						
	-	resident are addressed and						
	met 24 hours per day.							
		e LTC facility immediately						
	notifies the hospice at (1) A significant change	pout the following: ge in the resident's physical,						
	mental, social, or emo							
		ons that suggest a need to						
	alter the plan of care.							
		the resident from the facility						
	for any condition.							
	(4) The resident's dea							
) that the hospice assumes rmining the appropriate						

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ATEMENT (OF DEFICIENCIES	MEDICAID SERVICES	(X2) MULT	IPLE CONST	RUCTION		<u>8 NO. 0938-03</u> DATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	• • •	NG		· · · ·	COMPLETED
							С
		495045	B. WING _				05/02/2019
AME OF PI	ROVIDER OR SUPPLIER			STREET A	DDRESS, CITY, STATE, ZIP CO	DE	
	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILL	IARD ROAD		
				RICHMO	ND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETIO DATE
F 849	Continued From page	a 173		349			
1 040				049			
	course of hospice car determination to char	re, including the nge the level of services					
	provided.						
		at it is the LTC facility's					
		sh 24-hour room and board					
		nt's personal care and					
	nursing needs in cool	rdination with the hospice					
		nsure that the level of care					
		tely based on the individual					
	resident's needs.						
		he hospice's responsibilities,					
	-	ed to, providing medical					
		ement of the patient; nursing; spiritual, dietary, and					
		work; providing medical					
		dical equipment, and drugs					
		liation of pain and symptoms					
		erminal illness and related					
	conditions; and all oth	ner hospice services that are					
	necessary for the car	e of the resident's terminal					
	illness and related co						
	(I) A provision that w	-					
		sible for the administration					
		es, including those therapies					
		ite by the hospice and pice plan of care, the LTC					
		administer the therapies					
		tate law and as specified by					
	the LTC facility.						
		g that the LTC facility must					
	report all alleged viola						
		t, or verbal, mental, sexual,					
		ncluding injuries of unknown					
		ppriation of patient property					
	by hospice personnel	-					
		ately when the LTC facility					
	becomes aware of the	e alleged violation.					
		he responsibilities of the					

Facility ID: VA0241

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	S FOR MEDICARE &			E CONSTRUCTION		IO. 0938-03
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	E SURVEY
			A. DOILDING			С
		495045	B. WING		0	5/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		
				2125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETIO DATE
F 849	Continued From page	o 174	ГОЛ			
1 049			F 84	9		
	hospice and the LTC	facility to provide is to LTC facility staff.				
		S to LIG lacinty stall.				
	§483.70(o)(3) Each L	TC facility arranging for the				
	provision of hospice					
	agreement must desi	ignate a member of the				
		ary team who is responsible				
		pice representatives to				
		e resident provided by the				
	LTC facility staff and					
		n member must have a				
	-	function within their State , and have the ability to				
		or have access to someone				
		d capabilities to assess the				
	resident.					
	The designated inter	disciplinary team member is				
	responsible for the fo					
		hospice representatives				
		C facility staff participation in				
		nning process for those				
	residents receiving th					
		vith hospice representatives				
		providers participating in the terminal illness, related				
	•	conditions, to ensure quality				
	of care for the patien					
		e LTC facility communicates				
	with the hospice med	lical director, the patient's				
		and other practitioners				
		ovision of care to the patient				
		ate the hospice care with the				
		d by other physicians.				
	hospice:	owing information from the				
		hospice plan of care specific				
	to each patient.	nospice plan of care specific				
			1			1

Facility ID: VA0241

If continuation sheet Page 175 of 205

	OF DEFICIENCIES	MEDICAID SERVICES	(X2) MI II TIE	PLE CONSTRUCTION		<u>NO. 0938-03</u> TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:			· · ·	MPLETED
						С
		495045	B. WING		0	5/02/2019
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE	Ē	
DROMEDI				2125 HILLIARD ROAD		
FROMEDI	CA SKILLED NORSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 849	Continued From pag	e 175	F 84	10		
	-	cation and recertification of	10-			
		pecific to each patient.				
		act information for hospice				
		hospice care of each				
	patient.					
		ow to access the hospice's				
	24-hour on-call syste					
	each patient.	ion information specific to				
		an and attending physician (if				
	any) orders specific t	.				
	(v) Ensuring that the	LTC facility staff provides				
		cies and procedures of the				
		ent rights, appropriate forms,				
	furnishing care to LT	equirements, to hospice staff				
		C residents.				
	§483.70(o)(4) Each l	_TC facility providing hospice				
		agreement must ensure that				
		en plan of care includes both				
	-	bice plan of care and a				
		vices furnished by the LTC aintain the resident's highest				
	-	mental, and psychosocial				
	well-being, as require					
	÷ .	Γ is not met as evidenced				
	by:					
		view and clinical record		The statements made on this	•	
		nined that the facility staff		correction are not an admission		
	-	prehensive hospice services ts in the survey sample,		not constitute an agreement w alleged deficiencies cited here		
	Resident # 89.	to in the survey sumple,		remain in compliance with all f		
	-			state regulations, the center h		
		d to evidence consistent		will take the actions set forth in	n the	
		collaboration for resident #		following plan of correction co		
	89's hospice care.			center's allegation of complian		
	The findings include:			alleged deficiencies cited have will be corrected by the date o		
	⊨ i ne miunus Inciude.		1		1 100053	1

Event ID: KD2K11

Facility ID: VA0241

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OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE	CONSTRUCTION		TE SURVEY
CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	NG _		CO	MPLETED
	495045	B. WING				C 5/02/2019
ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		5/02/2019
CA SKILLED NURSING	AND REHAB (RICHMOND)		R	CHMOND, VA 23228		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	x			(X5) COMPLETION DATE
Continued From page	e 176	F8	349			
			545			
	,			F-849		
0					to	
				ensure that evidence of consistent		
				communication and collaboration for		
				comprehensive resident hospice service	ces.	
•	,				nd	
				-		
				2. Residents who are being followed b	v	
				have the potential to be affected.		
as "K. Hospice Care.	."					
The DOC (physician)				,		
					vith	
					iu i	
	ospice). Order Date.					
00, 10, 20101				4. Director of Nursing and/or designee	;	
The comprehensive of	care plan for Resident # 89			u		
documented, "Focus:	Hospice/Palliative care.			evaluations and progress notes. These	е	
	•					
					<i>i</i> hh	
				5. The facility alleges compliance on		
-				June 11, 2019.		
	-					
-						
•						
	CORRECTION ROVIDER OR SUPPLIER CA SKILLED NURSING / SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page Resident # 89 was ac 08/16/2018 with diag not limited to benign Parkinson's disease (Resident # 89's most set), a significant cha ARD (assessment re coded Resident # 89 staff assessment for score of 0 - 15, 3 (thr impaired of cognition Resident # 89 was co assistance of one sta daily living. Section (Procedures and Prog as "K. Hospice Care The POS (physician's 03/31/2019 for Resid "Admit to (Name of H 03/18/2019." The comprehensive of documented, "Focus: Date Initiated: 04/04/2 it documented, "Adm physician orders. Allifeelings, etc. Assist p advanced directive of Initiated: 04/04/2019: Date Initiated: 04/04/2 provide care, assistant Initiated: 04/04/2019. comprehensive care documented, "Focus: verbalization of pain pain/osteoarthritis. D	CORRECTION IDENTIFICATION NUMBER: SOUNDER ON SUPPLIER CA SKILLED NURSING AND REHAB (RICHMOND) Continued From page 176 Resident # 89 was admitted to the facility on OB/16/2018 with diagnoses that included but were not limited to benign prostatic hyperplasia (1), Parkinson's disease (2), and hypertension (3). Resident # 89's most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 03/29/2019, coded Resident # 89 as scoring a 3 (three) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 3 (three) - being severely impaired of cognition for making daily decisions. Resident # 89 was coded as requiring extensive assistance of one staff member for activities of daily living. Section O "Special Treatments, Procedures and Programs" coded Resident # 89 as "K. Hospice Care." The POS (physician's order sheet) dated 03/31/2019 for Resident # 89 documented, "Administer medication per physician orders. Allow patient/family to discuss feelings, etc. Assist patient	CORRECTION IDENTIFICATION NUMBER: A. BUILDI 495045 B. WING_ ROVIDER OR SUPPLIER CA SKILLED NURSING AND REHAB (RICHMOND) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 176 F8 Resident # 89 was admitted to the facility on 08/16/2018 with diagnoses that included but were not limited to benign prostatic hyperplasia (1), Parkinson's disease (2), and hypertension (3). F8 Resident # 89's most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 03/29/2019, coded Resident # 89 as scoring a 3 (three) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 3 (three) - being severely impaired of cognition for making daily decisions. Resident # 89 was coded as requiring extensive assistance of one staff member for activities of daily living. Section O "Special Treatments, Procedures and Programs" coded Resident # 89 as "K. Hospice Care." The POS (physician's order sheet) dated 03/31/2019 for Resident # 89 documented, "Admit to (Name of Hospice). Order Date: 03/18/2019." The comprehensive care plan for Resident # 89 documented, "Administer medication per physician orders. Allow patient/family to discuss feelings, etc. Assist patient or surrogate to make advanced directive choices as needed. Date Initiated: 04/04/2019: Hooprid advance directive. Date Initiated: 04/04/2019; Hospice staff to visit to provide care, assistance, and/or evaluation. Date Initiated: 04/04/2019; Turther review of the comprehensive care plan for Resident # 89 documented, "F	CORRECTION IDENTIFICATION NUMBER: A. BUILDING_ 495045 B. WING	CORRECTION IDENTIFICATION NUMBER A BUILDING 495045 B. WING COULDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CA SKILLED NURSING AND REHAB (RICHMOND) STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH PORCINCY WILTS E PRECENCIES TO THE APPROPRIA REGULATORY OR LSC DENTIFYING INFORMATION) PREVIDENT CONSERTING AND CONSECTION RECOMPOSITION ON DATA Continued From page 176 Resident # 89 was admitted to the facility on 00/16/2018 with diagnoses that included but were not limited to benign prostatic hyperplasia (1), Parkinson's disease (2), and hypertension (3). F 849 Resident # 80's most recent MDS (minimum data set), a significant change assessment with an ARD (assessment reference date) of 03/29/2019, coded Resident # 89 as coded as requiring extensive assistance of eost aff member for activities of daily living. Section O "Special Treatments, Procedures and Programs" coded Resident # 89 as "K. Hospice Care." I. Resident # 89 documented, "Admit to (Name of Hospice). Order Date: 03/18/2019." S. Licensed Nurses and the Interdisciplinary Team (IDT) were re-educated on the collaboration ort professional standards. S. Licensed Nurses and the Interdisciplinary Team (IDT) were re-educated on the collaboration with hospice care: The POS (physician's order sheet) dated 03/18/2019." S. Licensed Nurses and the Interdisciplinary Team (IDT) were re-educated on the collaboration with hospice care services in a carcordance w professional standards. S. Licensed Nurses and the Interdisciplinary Team (IDT) were re-educated on the	CORRECTION IDENTIFICATION NUMBER A BUILDING CO 495045 8. WING STREET ADDRESS, CITY, STATE, 2/P CODE 2123 HILLARD ROAD RICHMON, VA 23223 CONTINE FOR SUPPLER SUMMARY STATUSENT OF DEFICENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) F 849 Continued From page 176 Resident # 89 was admitted to the facility on DO/I/0/2018 with diagnoses that included but were not limited to benign prostatic hyperplasia (1), Parkinson's disease (2), and hypertension (3). F 849 Resident # 89 was admitted to the facility on DO/I/0/2018 with diagnoses that included but were not limited to benign prostatic hyperplasia (1), Parkinson's disease (2), and hypertension (3). F 849 Resident # 89 was coded as requiring extensive assistance of one staff member for activities of daily living. Section O''Special Treatments, Procedures and Programs' coded Resident # 89 as "K. Hospice Care." 1. Resident #00 hyperes and reside in the facility have the potential to be affected. The POS (physician's order sheet) dated 03/31/2019 for Resident # 09 documented, "Admitister medication per physician order. Allow patient or surrogate to make advanced directive choices as needed. Date Initiate: 04/04/2019. Hongr advance directive. Date Initiate: 04/04/2019. Hongr advance directive. Date Initiate: 04/04/2019. Hongr advance directive comprehensive care plan for Resident # 89 doccumented, "Focus: Pain evidenced by verbalization of pain relel

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES					INTED: 04/20/2022 FORM APPROVED IB NO. 0938-0391
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495045	B. WING				C 05/02/2019
NAME OF P	ROVIDER OR SUPPLIER		•	STR	REET ADDRESS, CITY, STATE, ZIP CODI	E	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			25 HILLIARD ROAD CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 849	such [sic] nausea, co Initiated: 08/17/2018; expressions of pain a grimacing, crying, thra etc. Date Initiated: 08 medication per physic 08/17/2019, Encourag frequently to position 08/17/2018, Notify ph frequency/intensity is analgesia regimen ha Initiated: 08/17/2018. Review of the clinical (electronic health rec- to evidence the "(Nar Comprehensive Admi of Hospice) Interdisci of Hospice) Interdisci of Hospice) Nursing O Hospice) Hospice Aid Review of the facility's for Resident # 89 date 05/01/19 failed to evid visits from (Name of H On 05/01/19 at 10:18 made to RN (register on station six, for the initial evaluation and Resident # 89. RN # clinical record and sta them in his clinical rec (Name of Hospice) re them faxed to the fac hospice notes should 89's clinical record, R	tress secondary to analgesia nstipation, diarrhea. Date Report nonverbal s moaning, striking out, ashing, change in breathing, 8/17/2018: Administer pain cian order. Date Initiated: ge/assist to reposition of comfort. Date Initiated: ysician if pain worsening or if current is become ineffective. Date " record and the EHR ord) for Resident # 89 failed ne of Hospice) Nursing ission Assessment, (Name plinary Plan of Care, (Name Clinical Notes and (Name of le Visit Notes." s nursing "Progress Notes" ed 03/18/19 through dence documentation of Hospice) nurse. a.m., a requested was ed nurse) # 6, unit manager hospice notes, hospice	F	849			

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	S FOR MEDICARE &					O. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>,</i>		· · · ·	E SURVEY IPLETED
		495045	B. WING		0	C 5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	•	5/02/2015
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETIO DATE
F 849	Continued From page	e 178	F 84	9		
		# 89's hospice care, RN # 6				
		ere when the hospice nurse				
		will let me know if there are				
		new orders. If I'm not				
	available she will tell	the charge nurse."				
	On 05/01/19 at 1:50 i	p.m., a telephone interview				
	was conducted with t	• •				
		e of Hospice) nurse and				
		Hospice) secretary. When				
	asked to describe ho	•				
		wided to the facility for				
		# 10 stated, "The notes are eks and they are given to the				
		o the facility on their next				
	visit." When asked a	-				
	missing evaluation fro	om hospice and the hospice				
		# 11 stated, "They should				
		and notes. The hospice				
		at the facility talk at each				
		be note from each visit." with OSM # 10 and OSM #				
		Resident # 89's clinical				
		e documentation. RN # 6				
		unable to locate any of the				
		on for Resident # 89 and this				
		M #10 and #11. OSM # 11				
		would fax the hospice				
		esident # 89 to the facility o speak to RN # 6 to obtain				
	the facility's fax numb					
	On 05/04/40 -+ 0-00	n m ACM / administration				
		p.m., ASM (administrative obile administrator, provided				
	this surveyor with a t	-				
	-	e of Hospice) for (Resident #				
		here the binder came from				
		RN # 6 would explain and				

Facility ID: VA0241

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		ND HUMAN SERVICES MEDICAID SERVICES				F	ITED: 04/20/2022 ORM APPROVED NO. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,				DATE SURVEY C
		495045	B. WING			05/02/2019	
NAME OF PF	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
PROMEDI				2	125 HILLIARD ROAD		
FROMEDI	CA SKILLED NORSING	AND REHAB (RICHMOND)		R	RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 849	Continued From page	e 179	F	849			
	surveyor.						
	interview was conduc asked where the (Na Resident # 89 came t	eximately 2:22 p.m., a brief cted with RN # 6. When me of Hospice) binder for from, RN # 6 stated, the binder at the front					
	Review of the (Name of Hospice) binder for Resident # 89 revealed the following: "(Name of Hospice) Nursing Comprehensive Admission Assessment" dated 03/18/19, "(Name of Hospice) Interdisciplinary Plan of Care" dated 03/18/19, "(Name of Hospice) Nursing Clinical Notes" dated 03/20/19 through 04/20/19 and "(Name of Hospice) Hospice Aide Visit Notes" dated 03/20/19 through 04/24/19.	ed the following: Nursing Comprehensive ent" dated 03/18/19, nterdisciplinary Plan of), Nursing Clinical Notes" dated 20/19 and Hospice Aide Visit Notes"					
	conducted with RN # care and collaboratio care. When asked he visited by the hospice "Once a week." Whe made the previous da communication with t the hospice nurse is 1 of any changes with r the charge nurse if I'r accurate account, RN asked if verbal comm not having weekly do provide comprehensi collaboration for Resi	a.m., an interview was 6 regarding the continuity of n of Resident # 89's hospice ow often Resident # 89 is e nurse, RN # 6 stated, en asked if the statement she ay regarding the the hospice nurse, "When here she will verbally tell me resident before she leave or m not available" was an V # 6 stated "Yes." When hunication once a week and cumentation from hospice ve communication and ident # 89's hospice care, t's not comprehensive					
	communication or co	llaboration." When asked ed communication and					

Facility ID: VA0241

If continuation sheet Page 180 of 205

		MEDICAID SERVICES				IO. 0938-039		
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION		TE SURVEY MPLETED		
		495045	B. WING		C 05/02/2019			
NAME OF PR	OVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODI	Ξ			
PROMEDIC	A SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228				
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIOI DATE		
F 849	Continued From page	e 180	F 84	19				
		e established when there	_					
I		notes, RN # 6 stated, "We						
	would have to call the	em weekly." After reviewing						
	•	prehensive care plan, RN #6						
	was asked if the care	-						
		interventions to address RN # 6 stated, "Yes, to						
		to position of comfort."						
		as the only intervention that						
v 8 0		aff to address Resident #						
	•	ted, "He also has a stuffed						
	-	provides comfort for him						
		others so we bring him out						
		. These are diversionary ed if these interventions						
		e comprehensive care plan						
	-	I # 6 stated, "Yes." When						
	asked if his care plan	is comprehensive for pain,						
		When asked if Resident #						
	89 has had a care pla	-						
	•	care and if the nurse from						
		ad attended the care plan ed, "Yes on April 16 and no						
		is not there." When asked if						
		ould be involved in the						
		plan review meeting to						
	maintain the continuit	ty of care, RN # 6 stated,						
		vhy it was important for the						
	-	in involved in attending the						
		RN # 6 stated, "Because they re and ordered medications						
		he rapport with the family						
		a complete picture of the						
	resident's care."							
		formation in the three ring						
		ed, "(Name of Hospice) for						
	(Resident # 89)" that surveyor on 05/01/19							

Facility ID: VA0241

If continuation sheet Page 181 of 205

TATEMENT	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CO	ONSTRUCTION	(X3) DAT	O. 0938-03 E SURVEY	
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG		CON	IPLETED	
		495045	B. WING			C 05/02/2019		
NAME OF P	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE	1 0	5/02/2019	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)	2125 HILLIARD ROAD RICHMOND, VA 23228					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE	
F 849	Continued From page	e 181	F	349				
		pice care plan, nurse and						
	nurse aide notes." W	•						
		n the facility, RN # 6 stated,						
		able prior to it being provide						
		was asked to describe the ess required to establish the						
		I collaboration with hospice						
	-	ed, "The hospice nurse does						
		hey visit and it would be						
		urse and a note would be						
	was in to visit and it v	urse that the hospice nurse						
		would be noted, any new						
	-	and/or any changes in						
	orders. That informa							
		er staff, the on-coming						
		n asked if this this process						
		or Resident # 89, RN # 6						
		notes and the facility tated, "No." After reviewing						
		itation for Resident # 89, RN						
	-	had the names and contact						
	information for the ho	spice personnel involved in						
		dent # 89. RN # 6 stated,						
		she had instructions on how						
		e's 24-hour on-call system, just have the main contact						
	number."							
	The "Nursing Facility	Agreement" with the (Name						
		anuary 1, 2016" documented,						
		The initial term of this						
		ar and it begins on the date						
		his agreement will renew itional one year terms unless						
		to section 12." Under "4.8						
	Plan of Care" it docur							
	collaborate with Facil	ity on a coordinated Plan of						
	Care developed igint	y between Hospice and	1	1				

Facility ID: VA0241

If continuation sheet Page 182 of 205

						IO. 0938-039	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	· · ·	E SURVEY	
			A. BUILDING				
		105045				С	
		495045	B. WING			05/02/2019	
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROAD			
		, , , , , , , , , , , , , , , , , , ,		RICHMOND, VA 23228			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CO		(X5) COMPLETION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	EAPPROPRIATE	DATE	
F 849	Continued From page	e 182	F 84	9			
		e Patient's written Plan of		-			
		th the most recent Hospice					
		escription of the services					
		o attain or maintain the					
	Hospice Patient's high	hest practicable physical,					
	mental, and psychoso	ocial well-being. Facility will					
	perform all services d	lescribed in this Agreement					
	in accordance with Fa	acility's protocols, policies					
		e extent they are consistent					
a F		ls, policies and procedure,					
	•	f Care for each Hospice					
		es to abide by patient care					
	• •	e medicine established by					
	-	porate with the Hospice					
		n prior to decisions for					
		ic procedures." Under "4.9					
		cumented, "Facility and and maintain complete					
		•					
	Facility services in ac	lospice Patients receiving					
	Agreement and will in						
	-	prizations, physician orders					
		formation. Copies of all					
	•	s provided by Hospice will					
		ed in the Facility chart.					
		ospice with a copy of the					
		equest. Originals of all					
	documents for service	es provided by Hospices will					
	be filed and maintaine						
	-	ity and Hospice will each					
		ospice Patient's records					
	-	ner party for verification of					
		ncial information pertinent to					
		ess to Hospice Patient's					
		ed during routine hours of					
	-	arty will give reasonable					
	notice to the other of	its intent to review such					

If continuation sheet Page 183 of 205

		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/20 FORM APPRO OMB NO. 0938-	OVE
STATEMENT C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		495045	B. WING		C 05/02/2019	Э
NAME OF PF	OVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CO		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
				RICHMOND, VA 23228		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULD BE COMPLE IE APPROPRIATE DAT	ETION
F 849		e 183 ximately 3:30 p.m., ASM nember) # 1, the interim	F 8	49		
	administrator and ASI ASM # 3, executive d	M # 2, mobile administrator, lirector of the assisted living director of nursing were				
	No further information	n was provided prior to exit.				
	obtained from the we	ate. This information was bsite: jov/medlineplus/enlargedpro				
	obtained from the we	ire. This information was bsite: jov/medlineplus/highbloodpr				
	https://www.nlm.nih.g sease.html.	ned from the website: jov/medlineplus/parkinsonsdi				_
F 880 SS=E	Infection Prevention & CFR(s): 483.80(a)(1)		F 8	80	5/23/19	J
	infection prevention a	blish and maintain an Ind control program				
		nent and to help prevent the nsmission of communicable				
	program.	prevention and control				

Event ID: KD2K11

Facility ID: VA0241

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	MENT OF HEALTH AN S FOR MEDICARE & I					FORM	APPROVED 0.0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495045	B. WING				C 02/2019
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
DDOMED					2125 HILLIARD ROAD		
PROMED	ICA SKILLED NURSING A	ND REHAB (RICHMOND)			RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI, DEFICIENCY)		(X5) COMPLETION DATE
F 880	and control program (a minimum, the follow §483.80(a)(1) A syster reporting, investigatin and communicable di staff, volunteers, visite providing services und arrangement based u conducted according accepted national sta §483.80(a)(2) Written procedures for the pro- but are not limited to: (i) A system of surveil possible communicable infections before they persons in the facility; (ii) When and to whor communicable diseas reported; (iii) Standard and tran to be followed to prev (iv)When and how iso resident; including bu (A) The type and dura depending upon the in involved, and (B) A requirement tha least restrictive possible circumstances. (v) The circumstances must prohibit employed disease or infected sk contact with residents contact will transmit the	IPCP) that must include, at ring elements: Im for preventing, identifying, g, and controlling infections seases for all residents, ors, and other individuals der a contractual pon the facility assessment to §483.70(e) and following indards; standards, policies, and ogram, which must include, lance designed to identify le diseases or can spread to other in possible incidents of se or infections should be smission-based precautions ent spread of infections; lation should be used for a t not limited to: attion of the isolation, infectious agent or organism t the isolation should be the pole for the resident under the s under which the facility ees with a communicable cin lesions from direct or their food, if direct	F	880			

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 04/20/2022 FORM APPROVED OMB NO. 0938-0391
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495045	B. WING		C 05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CODE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228	
(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 CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION
F 880	identified under the fa corrective actions tak §483.80(e) Linens. Personnel must hand transport linens so as infection. §483.80(f) Annual rev The facility will condu IPCP and update the This REQUIREMENT by: Based on observation document review, and was determined that follow infection control residents in the surve and # 127 and during	rect resident contact. em for recording incidents acility's IPCP and the en by the facility. Ile, store, process, and to prevent the spread of view. Int an annual review of its ir program, as necessary. T is not met as evidenced on, staff interview, facility d clinical record review, it the facility staff failed to of practices for two of 56 ey sample, Residents # 65 of dining observations in two lining rooms, (main dining	F 880		and do the To ral and ken or
	-	iled to implement infection ng Resident # 65's wound		center's allegation of compliance. alleged deficiencies cited have bee will be corrected by the date or dat indicated.	en or
	the food surface of di touching resident's di while serving the resi dining room.3a. The facility staff fa control practice for th respiratory equipmen	iled to keep their thumbs off nner plates and refrain from nner rolls with bare hands dent's lunch in the main ailed to follow infection e care of Resident #127's t, Resident #127's nasal d directly on the floor during		F-880 It is the intended practice of the face establish and maintain an infection prevention and control program de to provide a safe, sanitary, and comfortable environment, and to he prevent the development and transmission of communicable dise and infections.	signed

Facility ID: VA0241

D HUMAN SERVICES			PRINTED: 04/20/202 FORM APPROVE OMB NO. 0938-039		
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED		
495045	B. WING		C 05/02/2019		
ND REHAB (RICHMOND)	STREET ADDRESS, CITY, STATE, ZIP CODE 2125 HILLIARD ROAD RICHMOND, VA 23228				
TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION		
186 iled to follow infection care of Resident's #127 eter collection bag. ed to wash or sanitize their he food service cart, and e of resident's plate, and the accop while serving foods hch observation in the main ed to wash or sanitize their he food service cart, and e of residents' plate, while adia dining room during a con. ed to implement infection g Resident # 65's wound mitted to the facility on es that included but were er's disease (1), diabetes sion (3) and depressive recent MDS (minimum data sment with an ARD e date) of 03/12/19, failed 5 on the brief interview for Resident # 65 was coded dent of one staff member	F 880	 Upon notification of surveyor, I #65 dressing had been changed s observation of surveyor. Wound on nurse was re-educated on the non- wound care process to include the barriers and infection control. Re- #127 had their oxygen tubing and bag changed prior to exit of surve Residents who reside in the fa have the potential to be affected. Licensed Nurses were re-educed infection control practices during were care including use of barriers. Nu staff were educated on infection of on foley and oxygen tubing not to the floor. Facility staff were educated proper infection control practices include: a. not placing thumb on top su plate b. not touching food with a bar c. wash and sanitize hands be touching plate d. serve ice without touching the surface of the scoop Director of Nursing and/or desi will audit residents on oxygen and residents with foley catheters for the not touching the floor daily x 5 day then 3 days a week x 3 weeks an- monthly x 2 months. Director of N and/or designee will audit 2 reside pressure ulcers for non-sterile wo 	since care n-sterile e use of sident l foley by team. cility cated on wound ursing control uching ated on to rface of re hand fore ne ice d tubing ys and d then lursing ents with		
	IEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045 ND REHAB (RICHMOND) TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 186 Ied to follow infection care of Resident's #127 eter collection bag. ed to wash or sanitize their ne food service cart, and e of resident's plate, and the scoop while serving foods nch observation in the main ed to wash or sanitize their ne food service cart, and e of residents' plate, while adia dining room during a on. ed to implement infection g Resident # 65's wound mitted to the facility on es that included but were er's disease (1), diabetes sion (3) and depressive recent MDS (minimum data sment with an ARD e date) of 03/12/19, failed 5 on the brief interview for Resident # 65 was coded	IEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING 495045 B. WING 495045 B. WING F B. WING ID PREFIX MD REHAB (RICHMOND) PREFIX TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) ID 186 F 880 186 F 880 led to follow infection care of Resident's #127 eter collection bag. ID ed to wash or sanitize their ne food service cart, and of resident's plate, and the coop while serving foods nch observation in the main ed to wash or sanitize their ne food service cart, and of residents' plate, while adia dining room during a on. ed to implement infection g Resident # 65's wound nitted to the facility on es that included but were wr's disease (1), diabetes sion (3) and depressive eceent MDS (minimum data sment with an ARD e date) of 03/12/19, failed 5 on the brief interview for Resident # 65 was coded dent of one staff member ing. Section M "Skin	IEDICAID SERVICES (X1) PROVIDERSUPPLERICULA IDENTIFICATION NUMBER: 495045 B. WING TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIENTIFYING INFORMATION) TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIENTIFYING INFORMATION) TEME T ADDRESS. CITY, STATE, ZIP CODE 2125 HILLIARD ROAD REMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIENTIFYING INFORMATION) TAG PREFIX TAG PREVIDENTIFYING INFORMATION) TAG PREVIDENTIFYING INFORMATION TAG PREVIDENTIFYING INFORMATION TAG TAG TAG TAG COLOCID TAGE SERCINE ADDINED CAG STAREL		

Facility ID: VA0241

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		MEDICAID SERVICES				<u>NO. 0938-03</u>	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	PLE CONSTRUCTION	· · ·	TE SURVEY MPLETED	
			A. DOILDING			С	
		495045	B. WING		0	05/02/2019	
NAME OF PI	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIF	P CODE		
	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD			
				RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETIO DATE	
F 880	Continued From page	e 187	F 88	30			
	"Stage 3 - Full thickn		1 00	week x 3 weeks and ther	n monthly x 2		
		ay be visible but bone,		months. Food Service D			
		not exposed. Slough may be		designee will audit dining			
	present but does not	obscure the depth of the		ensure staff are not placi	ng thumb on top		
	-	ude undermining and		surface of plate, not touc	-		
		11200 Skin and Ulcer/Injury		bare hand, wash and sar			
		ented, "Pressure ulcer/injury		before touching plates, a			
		DS assessment with an ARD		without touching the surfa			
F		ce date) of 12/12/18 coded		daily x 5 days and then 3			
		pring a 13 on the brief status (BIMS) of a score of 0		weeks and then monthly results of the random aud			
		itively intact for making daily		reported to the QAA Corr			
	decisions.	lively inteor for making daily		and follow up recommend			
				indicated.			
	On 05/02/19 at appro	oximately 8:50 a.m., an					
	observation was con	ducted of RN (registered		5. The facility alleged da	te of compliance		
		d care nurse, performing a		is June 11, 2019.			
		Resident # 65's right heel.					
		ing in his bed; RN # 8					
		65 for pain and set up a					
	clean barrier sheet o						
		fter disinfecting it. RN # 8					
		n dressings and treatments					
		table. After donning a clean 8 removed the Prevalon (5)					
	-	65's right foot and placed it					
		emoved the old gauze					
		ident # 65 ankle and heel.					
		emove the foam bandage					
		esident # 65 yelled in pain,					
	-	stopped the process, asked					
		rt, Resident # 65 stated yes.					
		a vile of normal saline,					
		65 the he would apply the					
		d and the bandage to loosen					
		s skin. Without pacing a					
	clean barrier under R	red the saline over the					
	I IOOI/HEEI, KIN #8 POU	reu ure saime over the				1	

If continuation sheet Page 188 of 205

		MEDICAID SERVICES					D. 0938-039	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	1 Y /	SURVEY PLETED	
		495045	B. WING			С		
	ROVIDER OR SUPPLIER	490040			STREET ADDRESS, CITY, STATE, ZIP CODE	05/	/02/2019	
NAME OF P	ROVIDER OR SUPPLIER							
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETIO DATE	
F 880	Continued From page	188	E	880				
1 000				500				
		ent # 65's heel. Observation ed the saline running over						
		old bandage and running on						
		ed sheet that was over his						
	mattress. When the l	bandage was removed, RN						
		cribe the wound. RN # 8						
		4.2 millimeters long and 4.3						
		granulation tissue, small						
		no odor, painful to the touch,						
5	-	Observation of the bed t # 65's right heel revealed						
		from the saline poured over						
		contained a small amount a						
	•	e wound measurements,						
		ent # 65's right heel directly						
		e mattress where the wound						
		en cleaned the wound with						
		auze with clean saline,						
		on the wet area on the bed,						
		nt, medihoney (6) from the polied it to the wound,						
		heel back in the same						
		etrieved a clean dressings						
		Ind. RN # 8 placed Resident						
		into the Prevalon boot						
		rea on the bed and covered						
	•	with a blanket. Further						
		evidence RN # 8 changing						
	the fitted sheet on Re							
		A (certified nursing assistant) ange it, and left the wet						
	area on the sheet.	angen, and left the wet						
	On 05/02/19 at 2:29 p	o.m., an interview was						
	conducted with RN #	8, the wound care nurse						
		ontrol practices during wound						
		ed what infection control						
		mented during wound care.						
		ise of gloves, wash hands						

Facility ID: VA0241

If continuation sheet Page 189 of 205

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT (DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		495045	B. WING				C / 02/2019
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 880	between tasks, keepin secure supplies/treatr using sanitizing wipes use clean barriers suc brief as a barrier to ke was asked about prov keeping Resident # 6 contaminated area or below his heel during provided. RN # 8 stat clean barrier under th come in and help hold sheet should have be mattress wiped down The facility's policy "D Sterile (Clean) docum procedure towel (wou under area for treatm On 05/02/19 at appro (administrator and ASI ASM # 3, executive d facility, and ASM # 4, made aware of the fin No further information References: (1) A brain disorder th person's ability to car information was obtai https://www.nlm.nih.g sease.html. (2) Depression may b blue, unhappy, misera	ng items in zip lock bags to ments from the environment, a to clean the work surfaces, ch as a clean towel or clean eep the bed clean." RN #8 viding a clean barrier and 5's heel from touching the n Resident # 89's bed and the wound care, he ed, "I should have used a e foot or had someone d up his foot and the bed en cleaned and the ." Oressing Change: Non hented, "11. Place und drape) or clean towel ent." ximately 3:30 p.m., ASM hember) # 1, the interim M # 2, mobile administrator, irector of the assisted living director of nursing were adings.	F	880			

Facility ID: VA0241

If continuation sheet Page 190 of 205

		ND HUMAN SERVICES MEDICAID SERVICES					RINTED: 04/20/2 FORM APPROV MB NO. 0938-03
TATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>,</i>		NSTRUCTION		3) DATE SURVEY COMPLETED
		495045	B. WING				C 05/02/2019
NAME OF P	ROVIDER OR SUPPLIER	I		STRE	ET ADDRESS, CITY, STATE, ZIP CO	DE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			HILLIARD ROAD IMOND, VA 23228		
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETI DATE
F 880	Continued From page	e 190	F 8	80			
		al depression is a mood					
		lings of sadness, loss, anger,					
		e with everyday life for weeks ation was obtained from the					
	https://medlineplus.ge	ov/ency/article/003213.htm.					
	taken from the websi	re. This information was te: ov/lowbloodpressure.html.					
	regulate the amount information was obta	in which the body cannot of sugar in the blood. This ined from the website: gov/medlineplus/ency/article/					
	problem of patient me effect on heel offload dermasuede fabric in so it remains fully offl patient is moving. Th	lesigned to address the ovement and its negative ing. Prevalon's unique terior gently grips the limb loaded, even when the nis information was obtained					
		com/product/Prevalon-Heel- Products/Z05-PF26037.					
	from plants, bees, an collection, and proce characteristics of hor	ne contaminated with germs d dust during production, ssing. Fortunately, there are ney that prevent these germs					
	some bacteria that re as the type that caus This explains why bo	or reproducing. However, produce using spores, such es botulism, can remain. tulism has been reported in					
	problem, medical-gra example) is irradiated	by mouth. To solve this ide honey (Medihoney, for d to inactivate the bacterial le honey is also standardized					

Facility ID: VA0241

If continuation sheet Page 191 of 205

		MEDICAID SERVICES				IO. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /	PLE CONSTRUCTION	· · ·	TE SURVEY MPLETED
			A. BOILDING	5		С
		495045	B. WING		0	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		E	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 880	Continued From pag	e 191	F 88	30		
		erm-fighting activity. Some	1.00			
		that medical-grade honey				
		from hives that are free from				
	germs and not treate	d with antibiotics, and that				
		from plants that have not				
		sticides. This information				
	was obtained from th					
	nttps://mediinepius.g	ov/druginfo/natural/738.html.				
t		ailed to keep their thumbs off				
		inner plates and refrain from				
	while serving the res	inner rolls with bare hands ident's lunch.				
) p.m., an observation was				
		ility's main dining room during				
		of the dining room revealed a				
	steam table at one e					
		clean dinner plates. OSM # 9, cook/dietary aide was				
		ehind the steam table plating				
	-	r plates with bare hands.				
		# 9 revealed she was				
		table for the meal by bringing				
		n the kitchen on a cart,				
		tainers in the steam table,				
		he kitchen and coming back , and opening packages of				
		observation revealed OSM #				
		and there was no evidence				
		nd sanitizer or washing her				
	hands prior to plating					
		# 9 revealed that when she				
		plates from the clean stack, rere positioned on the food				
		e. After placing the food on				
	-	reached into a bag of dinner				
		ands, removed a dinner roll				

Facility ID: VA0241

If continuation sheet Page 192 of 205

		ND HUMAN SERVICES MEDICAID SERVICES				F	NTED: 04/20/202 ORM APPROVE NO: 0938-039
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		ONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		495045	B. WING				C 05/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP COL	DE	
PROMED	ICA SKILLED NURSING	AND REHAB (RICHMOND)			5 HILLIARD ROAD HMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 880	and placed it on the p twelve dinner plates a food and dinner roll of picked up the plate of handed it the CNA (c be taken to the reside room. Observation of hands when picking u her thumbs positione each of the twelve din On 04/30/19 at 2:53 p conducted with OSM When asked to descr to handle a resident's stated, "On the outsid plate." OSM # 9 furth aware of the placement serving the food. Wh important to keep fing the plate, OSM # 9 state gloves on but I was to in the dining room." V another way she coul OSM # 9 stated, "I co On 05/01/19 at 2:54 p conducted with OSM regarding the handlin OSM # 7 stated. "Han touch the surface of t they shouldn't touch the plates, OSM # 7 state contamination." Whe observation of OSM #	blate of food for each of the served. After placing the in each plate OSM # 9 then iff the steam table and ertified nursing assistant) to ents seated in the dining if the position of OSM # 9's up the dinner plates revealed d on the food surface of nner plates. b.m., an interview was # 9, cook/dietary aide. ibe how staff are supposed a dinner plate, OSM # 9 de of the plate or under the ner stated that she was not ent of her thumbs when een asked why it was gers off the food surface of tated, "For sanitation. Don't the plates." When asked ident's dinner rolls with bare ed, "I should have had old that you can't use gloves When asked if there was Id have served the rolls, build use tongs." b.m., an interview was # 7, dietary manager ing resident's dinner plates. nds and fingers should not the plate." When asked why the food surface of the ed, "To prevent	F	880			

If continuation sheet Page 193 of 205

	-	D HUMAN SERVICES //EDICAID SERVICES				FORM): 04/20/2022 MAPPROVED). 0938-0391
STATEMENT OF D AND PLAN OF CO	EFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /			(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_		C 02/2019
NAME OF PROV	IDER OR SUPPLIER			STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
PROMEDICA	SKILLED NURSING A	ND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
"Sha O (a A fa m N 3 a cc re ca se R 0 4 n c a s th in in d to m S c re ca s th in in d to m S c c c c a c a c c c c a c c c c a c c c c a c c c c a c c c c c a c	ands. She could hav n 05/02/19 at approx dministrative staff m dministrator and ASM SM # 3, executive di cility, and ASM # 4, - ade aware of the fine o further information a. The facility staff fa ontrol practice for the spiratory equipment annula was observed eparate observation. esident #127 was ac 4/04/19, with diagnos ot limited to: hyperter seases (CAD) (2), at me most recent MDS assessment reference e resident as scoring terview for mental st dicating severe cogr ecision-making. The tally dependent upon embers for all of acti ection O- Special tre isident was coded C. Bladder and Bowell' F s "A. Indwelling cath atheter [5] and nephr	dent's food with bare ve used a pair of tongs." kimately 3:30 p.m., ASM ember) # 1, the interim A # 2, mobile administrator, rector of the assisted living director of nursing were dings. was provided prior to exit. iled to follow infection a care of Resident #127's , Resident #127's nasal d directly on the floor during director of the facility on ses that included but were nsion (1), coronary artery nd dementia (3). (minimum data set) ssion assessment, with an a date of 04/15/19, coded g a 7 on the BIMS (brief atus) score of 0-15, 7 nitive impairment for daily a resident was coded as in two or more staff ivities of daily living. In atments and programs, the . oxygen therapy. Section H Resident # 127 was coded ueter (including suprapubic	F 88	0			

Facility ID: VA0241

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		MEDICAID SERVICES				O. 0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	· · ·	E SURVEY IPLETED
		495045	B. WING		0	C 5/02/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 0	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETIOI DATE
F 880	Continued From page	e 194	F 88	o		
	#127's room revealed device directly on the	d a nasal cannula (4) oxygen e floor uncovered.				
	a.m., an observation revealed the resident oxygen by nasal can	p.m. and on 05/01/19 8:11 of the resident's room t was in bed receiving nula connected to an oxygen				
	concentrator. On 05/01/19 at 9:46 a.m., an observation of Resident #127's room revealed the resident sitting on his bed finishing his breakfast. Resident 127's nasal cannula was observed resting on the					
	process of storing res specifically a nasal ca #7 stated, "It should I the resident's name, When asked if the na the floor uncovered, asked why a nasal ca	#7. When asked about the				
		dated 04/05/19 (ygen) 2 (two) liters per cannula every shift for				
		#127's electric clinical record evidence a comprehensive of oxygen.				
	administration." Docu	ility policy titled, "Oxygen umented in part under lure, "2. When oxygen not in				

Facility ID: VA0241

If continuation sheet Page 195 of 205

		ID HUMAN SERVICES MEDICAID SERVICES					PRINTED: FORM A MB NO. (PPROVED
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		ONSTRUCTION		X3) DATE SU COMPLE	RVEY
		495045	B. WING _				C 05/02	/2019
NAME OF PI	ROVIDER OR SUPPLIER	•	·	STR	REET ADDRESS, CITY, STATE, ZIP CODE	Ē		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			5 HILLIARD ROAD CHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CON (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE
F 880	 use, store oxygen tub mask in separate, lab No further information Reference: High blood pressur obtained from the we https://www.nlm.nih.g essure.html. A common type of information was obtain https://www.nlm.nih.g a common type of information was obtain https://www.nlm.nih.g A loss of brain function diseases. It affects m judgment, and behav obtained from the we https://medlineplus.go Tubing used to delito 6 L/min. The nasal extend approx. 1 cm connected to the oxyger treat conditions in wh oxygen content is need The exact percentage patient varies with rest 	oing and nasal cannula or beled plastic bag." In was provided prior to exit. The mass provided prior to exit. The This information was bsite: Jov/medlineplus/highbloodpr heart disease. This ined from the website: Jov/medlineplus/coronaryarte ction that occurs with certain emory, thinking, language, ior. This information was	F	380				
	sal+cannula. 5. A suprapubic cathe	ary.thefreedictionary.com/na eter (tube) drains urine from erted into your bladder						

Facility ID: VA0241

If continuation sheet Page 196 of 205

		ID HUMAN SERVICES MEDICAID SERVICES					RINTED: 04/20/2022 FORM APPROVED MB NO. 0938-0391
STATEMENT (DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		ONSTRUCTION		3) DATE SURVEY COMPLETED
		495045	B. WING				C 05/02/2019
NAME OF PI	ROVIDER OR SUPPLIER	l		STR	EET ADDRESS, CITY, STATE, ZIP CODE	·	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		212	5 HILLIARD ROAD		
				RIC	CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 880	a catheter because ye (leakage), urinary rete urinate), surgery that or another health prol obtained from the wel https://medlineplus.go 00145.htm 3b. The facility staff fa control practice for the indwelling urinary cath On 04/30/19 11:42 a. Resident #127's room resting in bed. Furthe urinary catheter colled side of the resident's bag touching the floor observed at a low pos On 05/01/19 09:14 a. Resident #127's room resting in bed. Furthe urinary catheter colled side of the resident's bag touching the floor observed at a low pos On 05/01/19 09:14 a.	in your belly. You may need ou have urinary incontinence ention (not being able to made a catheter necessary, blem. This information was bsite: bv/ency/patientinstructions/0 ailed to follow infection e care of Resident's #127 heter collection bag. m., an observation of n revealed the resident or observation revealed a ction bag hanging on the bed with the urine collection r. The resident's bed was sition. m., an observation of n revealed the resident r observation revealed a ction bag hanging on the bed with the urine collection function bag hanging on the bed with the urine collection	F	880			
	collection bag hangin resident's bed with the touching the floor. When asked if the uri touching the floor, LP	•					

Facility ID: VA0241

If continuation sheet Page 197 of 205

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 APPROVED 0. 0938-0391
STATEMENT C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_		C 02/2019
NAME OF PF	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, ST	TATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	ND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 880	stated, "It should be b resident but not on the LPN #7 raised Reside urinary catheter bag of why the urinary cathe floor, LPN #7 stated, " Review of the facility p Indwelling catheter" d Check the tubing is no or positioned above th the floor. Place bag in According to Lippinco Practice, Eighth Editio and Urinary Disorders Closed Urinary Draina (urinary tract infection acquired organisms the cross-contamination. off the floor to prevent On 05/02/19 at approv (Administrative Staff M administrator, and AS nursing, were made at No further information 4. The facility staff fat hands after touching the then touched the edge ice surface of the ice and drinks during a lud dining room.	esident is in bed, LPN elow the level of the e floor, that is not right." ent #127's bed to get the off the floor. When asked ter bag should not be on the 'to prevent infection." Dolicy titled "catheter care: ocumented in part, "16. Dot kinked, looped, clamped, he level the bladder and off in catheter dignity bag." Itt Manual of Nursing on 2006, chapter 21, Renal age System: Many UTI's s) are due to extrinsically ansmitted by 2. c. Keep the drainage bag t bacterial contamination". ximately 3:30 p.m., ASM Member) #2, the mobile M #4, the director of ware of the above findings. I was provided prior to exit led to wash or sanitize their he food service cart, and e of resident's plate, and the scoop while serving foods nch observation in the main	F 88	0			
	On 04/30/19 at 12:08	PM the following dining					

Facility ID: VA0241

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		MEDICAID SERVICES					D. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE COMF	SURVEY
			A. BUILDING	3			
		495045	B. WING				C
	ROVIDER OR SUPPLIER	+300+0		STREET ADDRESS, CI		05/	02/2019
	ROVIDER OR SUFFLIER			2125 HILLIARD ROAE			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVI	DER'S PLAN OF CORRECTION	1	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CO	DRRECTIVE ACTION SHOULD I FERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETION
F 880	Continued From page	e 198	F 88	30			
		re made in the main dining					
		DSM (other staff member)					
		s observed holding the ice					
	scope with her thum	o touching the serving					
	surface of the ice sco						
		he far left corner of the					
		l p.m., OMS #7 was also					
		other residents holding the					
		os on the food surface of the					
	plates.						
	On 05/01/19 at 01:43	BPM an interview was					
		#8. When asked to describe					
	-	nd and finger in regards to					
	-	g the resident their foods.					
		ld the plates my thumbs on the rest of the finger under					
	the plate." When OS	0					
		nold a resident's plate, she					
		g a simulated paper plate					
		When OSM #8 was asked					
		mbs should be on the top of					
		OSM #8 stated, "Your thumbs					
		the food is but it's hard to do					
		plate balanced." When					
		ortance of not touching the					
		ate with the un-sanitized					
		l, "To prevent germs from laybe my hand came in					
	-	and I did not have gloves					
		ere the hand and fingers					
		scoop when serving ice in					
		/ #8 stated, "I should hold it					
	by the handle." Wher	n asked why is that import,					
	OSM #8 stated, "To p	prevent contamination."					
	On 05/01/19 2:54 p.n	n., an interview with OSM #7,					
	-	arding the handling of plates					
		nt meals. OSM #7 stated,					

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		ID HUMAN SERVICES MEDICAID SERVICES				FO	ED: 04/20/2022 RM APPROVED
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION		TE SURVEY MPLETED
		495045	B. WING				C)5/02/2019
NAME OF P	ROVIDER OR SUPPLIER	I		ST	REET ADDRESS, CITY, STATE, ZIP CODE	•	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			25 HILLIARD ROAD		
		· · ·		RI	CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 880	Continued From page	e 199 es the kitchen, we let the	F	880			
	aides and nursing sta	If handle it from there. The uld not touch the food					
	surface of the plate.	When asked where the hand on the ice scoop when					
	serving ice into reside "I hold the ice scoop	ent glasses, OSM #7 stated, from the handle."					
	serving meals was re review of the facility's	's policy for dining and quested and provided. A policy for "Meal service"					
	part, "5. Remove plat Avoid touching the ea	f 02/2019, documented in e cover. Do not touch food. ating surface of plates, inside ting surface of silverware."					
	Patricia A. Potter and Inc; Page 655. "The principles and proced precautions, to preve its spread. During da uses basic medical a	lures, including standard nt and control infection and ily routine care, the nurse septic techniques to break a major component of client					
		of health care workers are a action transmission in health					
	(Administrative Staff administrator, and AS	ximately 3:30 p.m., ASM Member) #2, the mobile SM #4, the director of aware of the above findings.					
	-	n was provided prior to exit					
	hands after touching	led to wash or sanitize their the food service cart, and e of residents' plate, while					

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM): 04/20/2022 APPROVED 0. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_		C 02/2019
NAME OF PF	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD ICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFERE	EPLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 880	lunch dining observat On 4/30/19 between 7 observation of the Arc conducted. CNA (Certified nurse 7 were observed servin bare hands and their the food contact surfa moved the plate from table and placed the p residents. CNA #1 ar observed washing or the lunch service. On 5/2/19 at 1:45 p.m was conducted. Whe it be a problem if the f were touched, she sta don't touch the top of top. We hold the cup A review of the facility with effective date of part, "Purpose: To When to wash hand hand rub:After cont in the immediate vic In "Fundamentals of N Patricia A. Potter and Inc; Page 655. "The p principles and proced precautions, to preven its spread. During da	cadia dining room during a ion. 12:50 p.m. and 1:20 p.m., an cadia dining room was assistant) #1 and CNA #2 g resident plates with their thumbs on the top rims on ace of the plates as they the food service cart to the olates in front of the nd CNA #2 were not sanitizing their hands during a., an interview with CNA #3 on CNA #3 was asked would top of the rim of the plate ated, "Contamination! We the plate or touch the cup from the middle." 's policy "Hand Hygiene" 12/2009, documented in decrease spread of infection is or use an alcohol-based tact with inanimate objects cinity of the patient" Nursing" 7th edition, 2009: Anne Griffin Perry: Mosby, nurse follows certain ures, including standard nt and control infection and ily routine care the nurse	F 880				
	uses basic medical as	septic techniques to break					

Facility ID: VA0241

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OTATEMENT /	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO		OMB NO. 0938-0391 (X3) DATE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED
		495045	B. WING		C 05/02/2019
NAME OF P	ROVIDER OR SUPPLIER		STRE	EET ADDRESS, CITY, STATE, ZIP CO	DDE
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		5 HILLIARD ROAD HMOND, VA 23228	
(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 ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
F 880 F 917 SS=D	primary source of infe care settings." On 5/2/19 at 4:02 p.m Member) #1 (Interim (Mobile Administrator Nursing), and ASM #3 were made aware of the No further information the survey. Resident Room Bed/IC CFR(s): 483.10(i)(4), §483.10(i)(4) Private resident room, as spe (e)(2)(iv) §483.90(e)(2) -The far resident with (i) A separate bed of p the safety and conver (ii) A clean, comfortate (iii) Bedding, appropria climate; and (iv) Functional furnitur resident's needs, and the resident's bedrood shelves accessible to §483.90(e)(3) CMS, of facility the survey age	n is hand hygiene. of health care workers are a action transmission in health h., ASM (Administrative Staff Administrator), ASM #2), ASM #4 (Director of 3 (Education Department) the findings. n was provided by the end of Furniture/Closet 483.90(e)(2)(3) closet space in each ecified in §483.90 clility must provide each proper size and height for nience of the resident; ble mattress; iate to the weather and re appropriate to the individual closet space in m with clothes racks and the resident. or in the case of a nursing ency, may permit variations ified in paragraphs (e)(1) (i)	F 917		5/23/19

Facility ID: VA0241

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		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI 1	TIPLE			O. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	· /			COMPLETED	
		495045	B. WING			0	C 5/02/2019
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 01	
				21	125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		R	CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 917	Continued From page	a 202		917			
1 017				917			
	residents; and	with the special needs of the affect residents' health and					
	safety.	anect residents nearth and					
	-	Γ is not met as evidenced					
	by:						
		on, staff interview, facility			The statements made on this plan of correction are not an admission to and	مام	
		d clinical record review, it acility staff failed to provide			not constitute an agreement within the		
		or one of 56 residents in the			alleged deficiencies cited herein. To		
	survey sample, Resid				remain in compliance with all federal a	nd	
					state regulations, the center has taken		
	Resident #58's room	failed to provide a			will take the actions set forth in the		
	nightstand for Reside	ent #58.			following plan of correction constitutes	the	
					center's allegation of compliance. All		
	The findings include:				alleged deficiencies cited have been of	r	
	Desident #59 was ad	mitted to the facility 11/20/19			will be corrected by the date or dates		
		mitted to the facility 11/29/18 ncluded but were not limited			indicated.		
	-	group of disorders that affect			F-917		
	a person's ability to n				It is the intended practice of the facility	to	
		(1)], intellectual disability			provide functional furniture for all		
	· ·	disorders characterized by a			residents.		
	limited mental capaci	ity and difficulty with adaptive					
		anaging money, schedules			1. Upon notification from the surveyor	on	
		al interactions. Intellectual			May 1, 2019, resident #58 was		
		efore the age of 18 and may			immediately provided a night stand.		
		auses, such as autism or					
		m nonphysical causes, such and adult responsiveness			2. Residents who reside in the facility have the potential to be affected.		
	(2)] and high blood p						
					3. Staff will be re-educated on the		
	The most recent MDS	S (minimum data set)			importance of providing a homelike		
		erly assessment, with an			environment with required furnishings	in	
		e date of 3/6/19, coded the			residents rooms.		
	-	oth short and long-term					
		nd as moderately impaired to			4. Administrator and/or designee will		
		decisions. The resident was			randomly audit 22 resident rooms for		
	coded as requiring ex	tensive assistance of one			required furnishings daily x 5 days and		

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STATEMENT (MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	LE CONSTRUCTION	(X3) DAT	IO. 0938-039 E SURVEY PLETED
	CONTECTION	DENTIFICATION NUMBER.	A. BUILDING			C
		495045	B. WING		0	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP COD	DE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETIOI DATE
F 917	 REGULATORY OR LSC IDENTIFYING INFORMATION) 17 Continued From page 203 staff member for most of her activities of daily living and was coded as being dependent upon the staff for toileting and personal hygiene. Observation was made of Resident #58's room on 4/30/19, at approximately 11:40 a.m.; Resident #58 was in her bed, awake. Resident #58 could only answer to her name. There was no nightstand or over bed table at this time. The room appeared bare and institutionalized. There was nothing on the walls and no nightstand to put her belongings on. The other resident in the room had a nightstand and an over bed table. The closet and dresser drawers were located at the foot of the bed on the other side of the room from Resident #58. A second observation was made of Resident #58's room on 4/30/19 at 3:47 p.m. The resident was in the bed. There was an over bed table next to the bed but no nightstand. An interview was conducted with CNA (certified nursing assistant) #4 on 5/1/19 at 1:14 p.m. When asked why Resident #58 did not have a nightstand, CNA #4 stated, "I've asked for one but I will have to check on that and get back with you." When asked if Resident #58 should have a nightstand, CNA #4 stated, "Yes, Ma'am." CNA #4 showed where Resident #58's two drawers, 		F 91	 then 3 days a week x 3 week monthly x 2 months. The rest random audits will be reporte Committee for review and foll recommendations as indicate 5. The facility alleged date of is June 11, 2019. 	ults of the d to the QAA low up ed.	
	other side of the room An interview was con practical nurse) # 4 o asked if every residen table and a night star	ed in the wall unit on the				

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES							PRINTED: 04/20/2022 FORM APPROVED OMB NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495045	B. WING		_	C 05/02/2019		
NAME OF PROVIDER OR SUPPLIER					TREET ADDRESS, CITY, ST	ATE, ZIP CODE		
PROMEDICA SKILLED NURSING AND REHAB (RICHMOND)				2125 HILLIARD ROAD RICHMOND, VA 23228				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		(EACH CORREC CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 917	 917 Continued From page 204 not have a night stand, LPN #4 stated, "We are working on that right now." An interview was conducted with administrative staff member (ASM) #2, the mobile administrator, on 5/1/19 at 1:23 p.m. When asked if every resident should have an over bed table and a night stand, ASM #2 stated, "Yes." 		F	917				
	The facility policy, "Respect/Dignity/Right to have Personal Property" documented in part, "Resident's possessions, regardless of their apparent value to others, must be treated with respect. Resident have the right to retain and use personal possessions to promote a homelike environment and support each resident in maintaining their independence."							
	ASM #3, the assisted	e interim administration, and living facility executive aware of the above concern m.						
	No further information	n was provided prior to exit.						
	(1) This information w following website: https://www.nlm.nih.g y.html.,	vas obtained from the ov/medlineplus/cerebralpals						
	(2) This information w following website: https://www.report.nih ctSheet.aspx?csid=10	n.gov/NIHfactsheets/ViewFa						

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