PRINTED: 05/17/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MUL A. BUILDI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						R	-C
		495257	B. WING			05/12/2022	
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
THE LAUF	RELS OF WILLOW CREE	K		11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{E 000}	Initial Comments		{E 0		have this submitted plan of correctio stand as its allegation of compliance Our date of alleged Compliance is M	n	
{F 000}	survey to the standard 03/22/2022 through 03/05/10/2022 through 03/05/10/2022 through 03/05/10/2022 through 03/05/2022 through	O certified bed facility was survey. The survey sample it resident reviews, gh #110.			Preparation and/or execution of this of correction does not constitute adn to, nor agreement with, either the ex of or the scope and severity of any o cited deficiencies, or conclusions set in the statement of deficiencies. This prepared and/or executed to ensu continuing compliance with regulator requirements.	nission istence if the t forth s plan re y	
{F 656} SS=D	CFR(s): 483.21(b)(1) §483.21(b) Comprehe §483.21(b)(1) The fac implement a comprehe care plan for each res resident rights set fortt §483.10(c)(3), that inc objectives and timefra medical, nursing, and needs that are identifie assessment. The com describe the following (i) The services that ar or maintain the resider physical, mental, and prequired under §483.2 (ii) Any services that w under §483.24, §483.2	ility must develop and ensive person-centered ident, consistent with the h at §483.10(c)(2) and ludes measurable mes to meet a resident's mental and psychosocial ed in the comprehensive prehensive care plan must re to be furnished to attain int's highest practicable psychosocial well-being as 4, §483.25 or §483.40; and would otherwise be required 25 or §483.40 but are not sident's exercise of rights ing the right to refuse	{r o	50}	1. Resident #102 now has document that Levothyroxine is available and administered per MD orders. Reside #105 now has documentation that Fluoxetine is available and being administered per MD orders. 2. An audit will be conduct by May 2 2022 of residents with orders for thy replacement medication and medicatreat depression since May 1, 2022 ensure medications are available and given per MD orders. 3. Licensed Nurses will be re-educated by May 23, 2022 regarding procedured when medications are not available. Re-education will also include review the pharmacy ordering process with times as well as utilization of the Omitalian Control of t	3, yroid ation to to d ted res	5/24/22
ABORATORY D		JPPLIER REPRESENTATIVE'S SIGNATURE			. TITLE		(X6) DATE

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.

LNHA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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		495257	B. WING_			05/	12/2022
	ROVIDER OR SUPPLIER RELS OF WILLOW CREE	κ		1	TREET ADDRESS, CITY, STATE, ZIP CODE 1611 ROBIOUS ROAD MIDLOTHIAN, VA 23113		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	Κ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 656}	provide as a result of recommendations. If a findings of the PASAF rationale in the reside (iv)In consultation with resident's representat (A) The resident's goad desired outcomes. (B) The resident's prefuture discharge. Faci whether the resident's community was assess local contact agencies entities, for this purpose (C) Discharge plans in plan, as appropriate, i requirements set forth section. This REQUIREMENT by: Based on staff interviand clinical record reviacility staff failed to in comprehensive care pin the survey sample, #105 (R105). The findings include: 1. The facility staff faile plan for the administrate medication for R102. On the most recent Mil assessment, a Medical assessment, with an all staff and cassessment, with an all staff and cassessment.	ervices or specialized the nursing facility will PASARR a facility disagrees with the RR, it must indicate its nt's medical record. In the resident and the ive(s)- als for admission and ference and potential for lities must document a desire to return to the issed and any referrals to and/or other appropriate se. In the comprehensive care In accordance with the In paragraph (c) of this is not met as evidenced ew, facility document review iew, it was determined the inplement the olan for two of ten residents Resident #102 (R102) and DS (minimum data set)	{F 6:	56}	4. DON/designee will conduct audits residents' MARs to include thyroid medication and medication to treat depression 3 times weekly times 2 weekly times 2 weekly times 2 weekly times 2 weekly and monthly 2 months to ensure medications are available. A review of the findings weaken to QAPI for 3 months to ensure compliance and will follow the commercommendations.	weeks, times e rill be	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495257	B. WING _			R-C 05/12/2022	
	ROVIDER OR SUPPLIER	к		STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113	,	30/12/2022	
(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 SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
{F 656}	indicating the resident impaired for making of the comprehensive of documented in part, "complications of hypotintolerance to cold, degain, dry skin, mood of fatigue & bradycardia (diagnosis) Hypothyrodocumented in part, "areplacement therapy at A physician order data Levothyroxine Sodium hypothyroidism [conditions not produce endor 5 MCG (micrograms the morning for Thyroid The April 2022 MAR (precord) documented to the face of the nurse to sign off the code at the bottom a "5 = Hold/See Nurse the nurse's note date documented, "Waiting pharmacy." The pharmacy manife medications to the face 4/29/2022. The medic facility at 4:06 a.m. on	iew for mental status) score, it is severely cognitively aily decisions. are plan dated 4/29/2022, (R102) is at risk for thyroidism such as: ecreased appetite, weight changes, constipation, R/T (related to): Dx sidism." The "Interventions" Administer thyroid as ordered." ed, 4/28/2022, documented in Tablet (Used to treat tion where the thyroid gland ugh thyroid hormone]) (1) (1); Give 1 tablet by mouth in id." medication administration in above order. On documented in the box for the medication as given. In of the MAR documented in Note." dd 4/29/2022 at 6:23 a.m. on medication from est, the delivery of the illity document, was dated ations were delivered to the 4/29/2022.	{F 68	56}			

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{F 656}	documented as "9." The [Name of Automa System] documentation removed from the system] documentation removed from the system] documentation removed from the system. An interview was concurred was concurred and soft care for that in care the resident is to care plan documented ordered and the medion ordered and the medion removed red and the medion removed resident in person-centered Plan implemented that is considered and psychosom removed remo	ated Medication Dispensing on of all medications atem between 4/21/2022 and didence documentation of been removed from the ducted with RN (registered 22 at 2:27 p.m. When asked re plan, RN #1 stated it's the resident. It's a guide of the receive. When asked, if the d to give medications as cation is not given as ing the care plan, RN #1 are Planning" documented in the facility will have a of Care developed and consistent with the resident comprehensive assessment arable objectives and time dents medical, nursing and cial needs." Staff member) #1, the 2, the director of nursing, director of operations, and nurse consultant, were ove concern on 5/11/2022	{F 65	56}			
	(1) This information w	as obtained from the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3 150		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		495257	B. WING			05/	12/2022
	ROVIDER OR SUPPLIER RELS OF WILLOW CREE	к		,	STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113		
(X4) ID PREFIX TAG			ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
{F 656}	Continued From page following website: https://medlineplus.go	e 4 ov/druginfo/meds/a682461.h	{F 6	56	}		
		led to implement the care ation of medication to treat					
	assessment, an Admi assessment, with an a of 4/27/2022, the resid on the BIMS (brief into	assessment reference date dent scored a 00 out of 15 erview for mental status) esident is severely impaired					
	documented in part, " adverse reactions and psychotropic medicati Antidepressant." The	Focus: (R105) is at risk for d side effects r/t (related to) ion. Resident takes: "Interventions" documented attidepressant medications					
	(used to treat depress Capsule 10 MG (millig PEG - Tube (gastroint	tine HCL (hydrochloride) sion) (1) HCL (hydrochloride) grams); Give 1 capsule via					
	documented the abov 4/21/2022, the box for documented a "5." The	administration record) e order for Fluoxetine. On the scheduled dose ne code at the bottom of the 5 = Hold/See Nurse Note."					

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NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
THE LAUF	RELS OF WILLOW CREE	K			11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES 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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{F 656}	Continued From page	5	{F 6	56}				
		d, 4/21/2022 at 11:46 a.m. umentation as to why the dministered.						
	The pharmacy manife medications to the factor 4/21/2022. The manife medications were recently at 1:56 p.m.	ility document, was dated est documented the eived at the facility on						
	System] documented	ted Medication Dispensing the machine had Fluoxetine on hand documented, "10."	,					
	System] documentation removed from the system	tem between 4/21/2022 and dence documentation of						
	nurse) #1 on 5/11/202 the purpose of the car goals of care for that re care the resident is to care plan documented ordered and the medic	lucted with RN (registered 2 at 2:27 p.m. When asked e plan, RN #1 stated it's the esident. It's a guide of the receive. When asked, if the to give medications as cation is not given as ng the care plan, RN #1						
	ASM #3, the regional of ASM #4, the regional of	, the director of nursing, director of operations, and						

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		495257	B. WING _			05/	12/2022
NAME OF P	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
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(VA) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
{F 656}	Continued From page	6	{F 65	56}			
	No further information	was provided prior to exit.					
	(1) This information w following website:	as obtained from the					
	tml	w/drugimo/meds/a009000.m					5/04/00
{F 658} SS=D	CFR(s): 483.21(b)(3)({F 65	,0,	1. Licensed Nurse #1 was re-educated of proper procedures when administering of drops. No ill effects noted to Residents # and #110.	eye	5/24/22
		ehensive Care Plans I or arranged by the facility, nprehensive care plan,			2. All residents with orders for eye drops the potential to be affected by the allege deficient practice.	have d	
	(i) Meet professional s This REQUIREMENT by:	is not met as evidenced			3. Licensed Nurses will be re-educated l 23, 2022 regarding the correct proceduladministering eye drops by the DON/ Designee.		
	staff interview and fac facility staff failed to a according to profession	nal standards for two of 10 y sample, Residents # 109			4. DON/designee will conduct random medication administration observations residents with eye drops 3 times weekly 2 weeks, weekly times 2 weeks and moi times 2 months. A review of the findings taken to QAPI for 3 months to ensure compliance and will follow the committee	times nthly will be	
	The findings include:				recommendations.		
	The facility staff fair administering eye drop	led to wear gloves when os to (R109).					
		with diagnoses that included : macular degeneration.					
	quarterly assessment reference date) of 02/	n the BIMS (brief interview cating the resident is taking daily decisions.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
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THE LAUF	CELS OF WILLOW CREE			MIDLOTHIAN, VA 23113		
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{F 658}	Continued From page moderately impaired. On 05/11/2022 at approbservation of LPN (liadministering eye dro (R109) revealed that the gloves when they administering eye dro (Polyethyl Glycol-Proposth eyes three times Date: 03/01/2020. States of the page of the	roximately 8:55 a.m., an censed practical nurse) # 1 ps (Systane (1) Solution) to hey were not wearing ninistered the eye drops. for (R109) documented in no.4-0.3 % (percent) by Glycol) Instill 1 drop in a day for dry eyes. Order art Date: 03/02/2020." roximately 11:21 a.m., noted with LPN # 1 regarding (R109's) eye drops. LPN # e not wearing gloves when correct procedure when ps LPN # 1 stated that in when administering eye pread of infection. roximately 12:39 p.m., ASM ember) # 2, director of that standard of practice the SM # 2 stated that they	{F 65	DEFICIENCY)	NE.	DATE
	On 05/11/2022 at appi # 2 provided a standar website: https://procedures.lww document "Eyedrop [s documented in part, "I	v.com/lnp/search.do. The				

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		495257	B. WING_			-C 12/2022
	ROVIDER OR SUPPLIER	yka kananan		STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113	1 03/	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 658}	nurse consultant, were findings. No further information References: (1) Lubricating eye drof burning and irritation This information was of	19 p.m., ASM # 1, 2, ASM # 3, regional and ASM # 4, regional e made aware of the above was provided prior to exit. pps for the temporary relief in due to dryness of the eye. bbtained from the website: com/product/Systane-Ultra-L	{F 65	8}		
	gloves when administed to (R110) was admitted to but were not limited to On the most recent M quarterly assessment reference date) of 03/scored 12 out of 15 or for mental status), ind moderately impaired of decisions. Section "B as moderately impaired on 05/11/2022 at approbservation of LPN (lie administering eye drop Dorzolamide (2)) to (R	DS (minimum data set), a with an ARD (assessment 11/2022, the resident in the BIMS (brief interview icating the resident is of cognition for making daily 1000. Vision" coded (R110)				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			S 1	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 ROBIOUS ROAD MIDLOTHIAN, VA 23113	<u> U5/</u>	12/2022
(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 APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 658}	part, "Brimonidine Tar 1 drop in left eye one Order Date: 05/02/20; and "Dorzolamide HC % Instill 1 drop in left glaucoma. Date: 05/0 05/03/2022." On 05/11/2022 at app interview was conduct their administration of 1 stated that they went they administered (R1 asked to describe the administering eye drop stated that gloves should be changed arwashed between adm form one eye to the of spread of infection. On 05/11/2022 at app (administrative staff mursing, was asked win nursing staff follow. A follow the facility's policippincott. The "Eyedrop [sic] administrator, "Critical Notes. See eyes, remove gloves thand hygiene and app."	for (R110) documented in trate Solution 0.1 %. Instill time a day for glaucoma. 22. Start Date: 05/03/2022." If (hydrochloride) Solution 2 eye one time a day for 02/2022. Start Date: 02/2022. Start	{F 6	58}			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113	<u> US/</u>	12/2022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		22	(X5) COMPLETION DATE
{F 658}	Continued From page findings. No further information	was provided prior to exit.	{F 6	58}		
	who have glaucoma (that may damage ner and ocular hypertensi obtained from the web	ssure in the eyes in patients high pressure in the eyes wes and cause vision loss) on. This information was osite:				
	increased pressure in loss of vision. Dorzola medications called ca It works by decreasing This information was of	tucoma, a condition in which the eye can lead to gradual smide is in a class of rbonic anhydrase inhibitors. If the pressure in the eye. Obtained from the website: w/druginfo/meds/a697049.h				
{F 684} SS=D	applies to all treatment facility residents. Base assessment of a resident that residents receive accordance with profestice, the compreherance plan, and the restrict REQUIREMENT by: Based on staff interviews	ndamental principle that it and care provided to ed on the comprehensive ent, the facility must ensure treatment and care in essional standards of ensive person-centered	{F 6	 Resident #102 now has documentation Levothyroxine is available and being administered per MD orders. Resident # now has documentation that Fluoxetine available and being administered per MI orders. An audit will be conduct by May 23, 2 residents with orders for thyroid replacer medication and medication to treat depressince May 1, 2022 to ensure medication available and given per MD orders. Licensed Nurses will be re-educated the 23, 2022 regarding procedures when medications are not available. Re-educated will also include review of the pharmacy ordering process with cut off times as we utilization of the Omnicel. 	022 of ment ession s are by May	5/24/22

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		495257	B. WING _			05/	12/2022
	ROVIDER OR SUPPLIER RELS OF WILLOW CREE	к		STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113			
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{F 684}	the survey sample, reservices in accordance standards and the con Resident #102 (R102). The findings include: 1. The facility staff fail Levothyroxine on 4/29. On the most recent Massessment, a Medicassessment, with an a of 5/4/2022, the resident impaired for making downward for making for m	insure two of ten residents in aceived the care and the with professional imprehensive care plan for and #105 (R105). Ided to administer a dose of 19/2022 to R102. IDS (minimum data set) are admission/five day assessment reference date ent scored a 7 out of 15 on lew for mental status) score, it is severely cognitively aily decisions. Interpolate the tent of the tent scored and form the tent scored and form the tent scored and form the tent produce enough thyroid and form the medication administration the above order. On the documented in the box form the medication as given and the medication as given and the medication as given and the medication from the medication from the medication from the medication from the plan dated 4/29/2022, are plan dated 4/29/2	{F 6	84}	4. DON/designee will conduct audits residents' MARs to include thyroid medication and medication to treat depression 3 times weekly times 2 weekly times 2 weekly times 2 weekly times 2 weekly and monthly 2 months to ensure medications are available. A review of the findings we taken to QAPI for 3 months to ensure compliance and will follow the commercommendations.	veeks, times ill be	

AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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{F 684}	gain, dry skin, mood of fatigue & bradycardia (diagnosis) Hypothyro documented in part, "replacement therapy at the pharmacy manifer medications to the fact 4/29/2022. The medic facility at 4:06 a.m. or The [Name of Automa System] documented Levothyroxine 75 MC documented as "9." The [Name of Automa System] documentation removed from the system] documentation removed from the system. The nurse who failed to evel Levothyroxine having system. The nurse who failed the vector of the system and the medication of the medication of the medication is due, LP should first go to the [Medication Dispensing the medication is not in Medication Dispensing call the pharmacy and content of the medication of the pharmacy and content of the medication Dispensing call the pharmacy and content of the medication Dispensing the medication Dispensing the medication Dispensi	athyroidism such as: ecreased appetite, weight changes, constipation, R/T (related to): Dx bidism." The "Interventions" Administer thyroid as ordered." est, the delivery of the cility document, was dated cations were delivered to the a 4/29/2022. Ated Medication Dispensing the machine had G, quantity on hand, was ated Medication Dispensing on of all medications tem between 4/21/2022 and idence documentation of been removed from the ato administer the t available for interview. Aducted with LPN (licensed 5/11/2022 at 10:08 a.m. aurse does if a medication is cart at the time the N #3 stated the nurse Name of Automated g System]. LPN #3 stated if in the [Name of Automated g System], the nurse should	{F 6	84}				

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NAME OF PI	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE			
THE LAURELS OF WILLOW CREEK					LOTHIAN, VA 23113			
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{F 684}	with the doctor or nursthis process to keep to doctor/nurse practition hold it until available to something else. When checking and converse practitioner is documed should be in the nurse (electronic MAR) note. An interview was concurse) #1, the unit mathematication is not in the time the medication is nurse should first check Medication Dispensing the nurse should call it stated (sent over immedication by the nurse should call it stated (sent over immedication when it arrives. When documented, RN #1 stated the doctor/nurse practic She stated the doctor change the medication when it arrives. When documented, RN #1 so nurse's note, eMAR in The facility policy, "Medication part, "2. IF a medication documented during normal Pharma available delivery causin the resident's medication dose. If the medication dose. If the medication	should have a conversation be practitioner throughout them informed. The mer may tell the nurse to or change the medication to a saked where all of the ation with the doctor/nurse anted, LPN #3 stated it also note or in an eMAR. I ducted with RN (registered anager, on 5/11/2022 at a sed what a nurse does if a se medication cart at the adue, RN #1 stated the catche (Name of Automated and System). IF it's not there are the pharmacy and have it sediately) from the local sed the nurse should notify a stated it should be in a sold or in the skilled note. In a sedication sedications documented ation shortage is discovered actor or a missed dose cation schedule, Facility se mediation from the n Supply to administer the in is not available in the	{F 6	84}				
	Emergency Medicationshould notify Pharmaco	n Supply, Facility staff						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495257	B. WING			R-C 05/12/2022	
NAME OF P	ROVIDER OR SUPPLIER	100207	Ī	STREET ADDRESS, CITY, STATE, ZIP CC	DDE	<u> US/</u>	12/2022
THE LAURELS OF WILLOW CREEK				11611 ROBIOUS ROAD			
THE LAUF	RELS OF WILLOW CREE	n		MIDLOTHIAN, VA 23113			
(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 ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD B HE APPROPRIA		(X5) COMPLETION DATE
{F 684}	emergency delivery shortage is discovered hours: 3.1 A licensed the ordered medication Mediation Supply." ASM (administrative stadministrator, ASM #3, the regional ASM #4, the regional made aware of the about 12:19 p.m.	3. If the medication d after normal Pharmacy Facility nurse should obtain on from the Emergency staff member) #1, the 2, the director of nursing, director of operations, and nurse consultant, were cove concern on 5/11/2022	{F 6	84}			
	following website: https://medlineplus.gottml. 2. The facility staff fail on 4/21/2022 to R105 On the most recent M assessment, an Admirassessment, with an a of 4/27/2022, the resident he BIMS (brief intescore, indicating the reformaking daily decis). The physician order d documented, "Fluoxet (used to treat depress Capsule 10 MG (millig PEG - Tube (gastroint).	ed to administer Fluoxetine DS (minimum data set) ssion/Medicare 5 day assessment reference date dent scored a 00 out of 15 erview for mental status) esident is severely impaired ions. ated 4/20/2022, tine HCL (hydrochloride) ion) (1) HCL (hydrochloride) grams); Give 1 capsule via					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		495257	B. WING_			05/	12/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE		
THEIAII	THE LAURELS OF WILLOW CREEK			11611 ROBIOUS ROAD			
THE EAG	CLES OF WILLOW CICLE	R		MIDLOTHIAN, VA 23113			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
{F 684}	Continued From page depression." The MAR (medication documented the above 4/21/2022, the box for documented a "5." The MAR documented a "5." The nurse's note date failed to evidence documedication was not accommedication was not accommedication.	a administration record) re order for Fluoxetine. On r the scheduled dose ne code at the bottom of the 5 = Hold/See Nurse Note." rd, 4/21/2022 at 11:46 a.m. rumentation as to why the dministered. are plan dated, 4/21/2022, Focus: (R105) is at risk for d side effects r/t (related to) on. Resident takes: "Interventions" documented attidepressant medications st, the delivery of the fility document, was dated est documented the leived at the facility on	{F 68	DEFICIEN			
	System] documentation removed from the system.	tem between 4/21/2022 and idence documentation of					
		to administer the Fluoxetine available for interview.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
							-C
		495257	B. WING _			05/	12/2022
	THE LAURELS OF WILLOW CREEK STREET ADDRESS, CITY, STATE, ZIP CODE 11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113						
				IVI	IDLOTHIAN, VA 23113		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 684}	Continued From page	16	(F 68	84}			
	practical nurse) #3 on When asked what a not in the medication medication is due, LP should first go to the [Medication Dispensing the medication Dispensing the medication Dispensing call the pharmacy and immediately from the stated that the nurses with the doctor or nurse this process to keep to doctor/nurse practition hold it until available to something else. When checking and converse practitioner is documentationally with the doctor of the converse practitioner is documentationally with the medication is not in the nurse (electronic MAR) note. An interview was concurse) #1, the unit made 10:13 a.m. When asked medication is not in the time the medication is nurse should first check medication Dispensing the nurse should call the stated (sent over immedication by the medication when it arrives. When documented, RN #1 stated the doctor of the medication when it arrives. When documented, RN #1 stated the documented the medication when it arrives.	N #3 stated the nurse Name of Automated g System]. LPN #3 stated if in the [Name of Automated g System], the nurse should if have it sent over local pharmacy. LPN #3 should have a conversation se practitioner throughout them informed. The ner may tell the nurse to or change the medication to on asked where all of the ation with the doctor/nurse ented, LPN #3 stated it es note or in an eMAR ducted with RN (registered inager, on 5/11/2022 at ed what a nurse does if a e medication cart at the due, RN #1 stated the ck the [Name of Automated g System]. IF it's not there the pharmacy and have it ediately) from the local ed the nurse should notify intioner of what is going on. (nurse practitioner may or give an order to give asked where it this					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY
		405057					-C
		495257	B. WING_			05/	12/2022
NAME OF PI	ROVIDER OR SUPPLIER		- 1		TREET ADDRESS, CITY, STATE, ZIP CODE		
THE LAUF	RELS OF WILLOW CREE	K			1611 ROBIOUS ROAD		
				N	IIDLOTHIAN, VA 23113		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 684}	Continued From page		{F 68	84}			
	ASM #3, the regional ASM #4, the regional	staff member) #1, the 2, the director of nursing, director of operations, and nurse consultant, were ove concern on 5/11/2022					
	No further information	was provided prior to exit.					
ý	(1) This information w following website: https://medlineplus.go tml	as obtained from the v/druginfo/meds/a689006.h				,	
{F 812} SS=E	CFR(s): 483.60(i)(1)(2		{F 8	12}	 The bag of sliced cheddar cheese obsopen to air was discarded. The wet mop observed in the empty bucket in the janif closet was hung to dry. 		5/24/22
	§483.60(i) Food safety The facility must -	y requirements.			Surveyor noted no other issues. Audit also conducted and found no other issue	was es.	
		60(i)(1) - Procure food from sources oved or considered satisfactory by federal, or local authorities			 Dietary staff will be re-educated by Ma 2022 on the proper storage of food and be proper storage of mops by the ADM/ des 	the	
	(i) This may include for from local producers, and local laws or regurial (ii) This provision does facilities from using progradens, subject to consafe growing and food (iii) This provision does	od items obtained directly subject to applicable State lations. s not prohibit or prevent oduce grown in facility mpliance with applicable			4. ADM/designee will conduct random at of proper food storage and proper storage mops, 3 times weekly times 2 weeks, we times 2 weeks and monthly times 2 mon A review of the findings will be taken to 6 for 3 months to ensure compliance and value follow the committee's recommendations	ge of eekly ths. QAPI will	
	§483.60(i)(2) - Store, p serve food in accordar standards for food ser This REQUIREMENT by:	nce with professional					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
				R-C				
		495257	B. WING _	_		05/	12/2022	
	ROVIDER OR SUPPLIER	к		11	TREET ADDRESS, CITY, STATE, ZIP CODE 1611 ROBIOUS ROAD IIDLOTHIAN, VA 23113			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ζ.	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
{F 812}		n, staff interview, and facility	{F 8	12}				
	staff failed to store for	eas determined the facility of in a sanitary manner and nop in a sanitary manner, in						
	The findings include:							
	(other staff member) # Observation was mad bag of sliced cheddar cheese was dated 5/9 6/9/2022. The bag wa bag was open to air. O must have just made s was conducted with O When asked if she ha	m. accompanied by OSM #3, the supervisor/cook. e of a refrigerator with a cheese. The bag with the 1/2022 and to be used by s a zip style bag and the OSM #3 stated the aide sandwiches. An interview 1/2024 and to be sandwiches. An interview 1/2025 and the 1/2026						
	wet mop was observe When asked how a mostated it should be rins never be left in the but the mop shouldn't be s	e of the janitor closet. A d in the empty bucket. op is to be stored, OSM #3 sed and hung up, it should cket wet. When asked why stored wet in the bucket, prevent bacteria and mold						
	Food StorageAll foo be properly dated, lab containers with lids, w sealed food storage ba	I in part, "3. Perishable d items in refrigerators will eled and placed in ill be wrapped, or stored in ags."						
	ASM (administrative s	taπ member) #1, the		1				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495257	B. WING _			I-C 12/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	ILILOLL
THE LAURELS OF WILLOW CREEK				11611 ROBIOUS ROAD MIDLOTHIAN, VA 23113		
(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.	(X5) COMPLETION DATE
{F 812}	ASM #3, the regional ASM #4, the regional made aware of the ab at 12:19 p.m.	2, the director of nursing, director of operations, and nurse consultant, were pove concern on 5/11/2022 in was provided prior to exit.	{F 81	2}		