PRINTED: 04/08/2022 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495283	B. WING _		C 02/20/2022
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	ING AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP (1719 BELLEVUE AVENUE RICHMOND, VA 23227	03/30/2022 CODE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT 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)	N SHOULD BE COMPLETION
E 000	Initial Comments	2	E 00	0	
SS=C	survey was conduct 03/30/2022. Correct compliance with 42 Requirement for Lo EP Training Program CFR(s): 483.73(d)(1). \$403.748(d)(1), \$483.73(d)(1), \$483.73(d)(1), \$483.73(d)(1), \$483.73(d)(1), \$483.73(d)(1), \$485.68(d)(1), \$485.920(d)(1), \$485.920(d)(1), \$486.920(d)(1), \$486.920(d)(1	ng-Term Care Facilities. m 1) 16.54(d)(1), §418.113(d)(1), 30.84(d)(1), §482.15(d)(1), 3.475(d)(1), §484.102(d)(1), 5.625(d)(1), §485.727(d)(1), 66.360(d)(1), §491.12(d)(1). 03.748, ASCs at §416.54, 5, ICF/IIDs at §483.475, HHAs alzations" under §485.727, RHC/FQHCs at §491.12:] m. The {facility} must do all of emergency preparedness ures to all new and existing viding services under plunteers, consistent with their acy preparedness training at entation of all emergency	€ 03	1. No employees we cited. 2. The HRD or design employee files utilizing File review QAPI audit Emergency preparedn 3. NHA or designee wemployees on Emerge Preparedness. 4. HRD or designee wemployees weekly for validate Emergency Pretraining and report treating and r	re individually nee will audit g the Employee tool to validate ress training. will educate ency will audit new 4 weeks to reparedness ends to the QA

LABORATORY DIRECTOR'S OR PROVIDER AUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

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.

Ministrator

(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
i		495283	B. WING			C 03/30/2022	
1	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)	,	STREET ADDRESS, CITY, STATE, ZIP- 1719 BELLEVUE AVENUE RICHMOND, VA 23227	CODE	1 00	0012022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD E APPROPE	BE	(X5) COMPLETION DATE
	policies and proced hospice employees services under arra expected roles. (ii) Demonstrate sta procedures. (iii) Provide emerge least every 2 years. (iv) Periodically reviemergency prepare employees (includir special emphasis planter procedures necessation of the service of t	I of the following: emergency preparedness lures to all new and existing and individuals providing ungement, consistent with their aff knowledge of emergency ency preparedness training at iew and rehearse its edness plan with hospice and nonemployee staff), with laced on carrying out the ary to protect patients and entation of all emergency and on the updated, the hospice and on the updated policies and afficantly updated, the hospice and on the updated policies and afficantly updated, the hospice and on the updated policies and afficantly updated, the hospice and on the updated policies and afficantly updated, the hospice and on the updated policies and afficantly updated, the hospice and on the updated policies and afficantly updated, the hospice and on the updated policies and afficantly updated, the hospice and on the updated policies and afficantly updated, the hospice and the updated policies and afficantly updated, the hospice and the updated policies and afficantly updated, the hospice and the updated policies and afficantly updated, the hospice and the updated policies and afficantly updated, the hospice and the updated policies and afficantly updated, the hospice and the updated policies and afficantly updated, the hospice and the updated policies and afficantly updated, the hospice and the updated policies and afficantly updated, the hospice and the updated policies and afficantly updated, the hospice and the updated policies and afficantly updated, the hospice and the updated policies	EO)37			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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	must conduct training procedures. *[For PACE at §460 organization must di) Initial training in epolicies and procedustaff, individuals proarrangement, contravolunteers, consisted (ii) Provide emerger least every 2 years. (iii) Demonstrate star procedures, includir what to do, where to case of an emergency of the emergency or edures. *[For LTC Facilities: Program. The LTC following: (i) Initial training in epolicies and procedustaff, individuals proarrangement, and voexpected role. (ii) Provide emergency of the emergency of th	and on the updated policies and all sentation of all emergency preparedness under actors, participants, and and with their expected roles, and incomplete	EC	37				

OCIVIE	TO TOTT INCOTOTICE	G MEDIONIO CENTICEO				INID INC	. 0000 0001	
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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		435203	J. 171110			03	/30/2022	
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		17	REET ADDRESS, CITY, STATE, ZIP CODE 19 BELLEVUE AVENUE CHMOND, VA 23227			
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	CORF must do all c (i) Provide initial trapreparedness policiand existing staff, ir under arrangement with their expected (ii) Provide emerger least every 2 years. (iii) Maintain docum (iv) Demonstrate staprocedures. All new and assigned specific the CORF's emerger their first workday. Include instruction ir alarm systems and equipment. (v) If the emergency procedures are sign must conduct training procedures. *[For CAHs at §485. The CAH must do a (i) Initial training in epolicies and procedure and where necessare personnel, and guest cooperation with fire authorities, to all new individuals providing and volunteers, constructions. (ii) Provide emergency east every 2 years. (iii) Maintain docume individuals providing and wolunteers.	of the following: ning in emergency es and procedures to all new adividuals providing services and volunteers, consistent roles. Incy preparedness training at entation of the training, aff knowledge of emergency personnel must be oriented fic responsibilities regarding ency plan within 2 weeks of the training program must in the location and use of signals and firefighting by preparedness policies and ifficantly updated, the CORF ag on the updated policies and fig on the following: mergency preparedness ures, including prompt uishing of fires, protection, y, evacuation of patients, ats, fire prevention, and fighting and disaster	E)37				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		1719	EET ADDRESS, CITY, STATE, ZIP CODE BELLEVUE AVENUE HMOND, VA 23227	1 03	13012022	
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E 037	procedures. (v) If the emergen- procedures are sign must conduct training procedures. *[For CMHCs at §44] CMHC must provide preparedness policic and existing staff, in under arrangement with their expected documentation of th demonstrate staff k procedures. There emergency prepare years. This REQUIREMEN by: Based on staff inter review it was determ failed to have a com preparedness plan. Facility staff failed to documentation of th preparedness training preparedness training preparedness training	cy preparedness policies and nificantly updated, the CAH ng on the updated policies and 85.920(d):] (1) Training. The e initial training in emergency ies and procedures to all new adividuals providing services, and volunteers, consistent roles, and maintain he training. The CMHC must nowledge of emergency after, the CMHC must provide dness training at least every 2 of the facility document nined that the facility staff helete emergency of provide evidence of the facility's initial emergency and annual emergency and offerings and	EO	37				
		facility staff have received rgency preparedness training.		0.00				
	The findings include	:						
	facility's emergency reviewed. Review o preparedness plan f documentation of th	pproximately 8:10 a.m., the preparedness plan was if the facility's emergency ailed to evidence e facility's initial emergency ng and annual emergency						

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		495283	B_WING	OFFICE ADDRESS OF STATE 300 COSE	03/30/2022	
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
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E 037	preparedness traini documentation that initial & annual eme At approximately 8: staff member) # 1, former administrate above findings. At interview was condusked about the preemergency prepare that initial training is member's orientation retraining.	ing offerings and facility staff have received ergency preparedness training. 57 a.m., ASM (administrative administrator and ASM # 5, or were made aware of the approximately 11:05 a.m., an aucted with ASM # 1. When occdure for initial and annual dness training ASM # 1 stated is conducted during the staff on and it is part of their annual on was provided prior to exit.	E 037			
	survey was conduct 3/30/2022. One conduring the survey; V Corrections are required following 42 CFR Pa	ledicare/Medicaid standard led 3/27/2022 through inplaint was investigated (A)00054768 (substantiated). luired for compliance with the lart 483 Federal Long Term The Life Safety Code low.				
	101 at the time of th consisted of 46 curr closed record review Right to Participate : CFR(s): 483.10(c)(2	in Planning Care	F 553	F 553 – Care Plan Invitations 1. Residents # 50 and # 93 were	offered	
	development and imperson-centered pla limited to:	plementation of his or her n of care, including but not ipate in the planning process,		a care plan and invited to atte	nd.	

	1,000	S MEDICAID SERVICES					. 0930-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 553	be included in the prequest meetings a revisions to the per (ii) The right to part expected goals and amount, frequency other factors relate plan of care. (iii) The right to be changes to the plan (iv) The right to recincluded in the plan (v) The right to see right to sign after si of care. §483.10(c)(3) The of the right to particulate and shall support the planning process may be a support the cultural preferences the cultural preferences. This REQUIREMENT is REQUIREMENT to support the cultural preferences the cu	to identify individuals or roles to colanning process, the right to colanning process, the right to and the right to request reson-centered plan of care. Iticipate in establishing the dioutcomes of care, the type, and duration of care, and any dit to the effectiveness of the informed, in advance, of no care, reive the services and/or items of care. The care plan, including the ignificant changes to the plan facility shall inform the resident spate in his or her treatment resident in this right. The resident in this right. The resident in the resident and/or retive. It is not met as evidenced in developing goals of care. The not met as evidenced interview, staff interview, eview and clinical record remined that two of 50 residents le were not invited to their care erence, Resident #50 and	F 5		residents with upcoming careviews for the month of Ap May 2022 - per the MDS schebe completed. The SSD / M coordinator to validate that conference invitations were accordingly.	re plan oril and nedule w DS care sent ucate the n on the hing" date of ipate in al Service dents / uled care tations rill be	e e
FORM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: D8F111		Facility I	D: VA0154 If continu	ation sheet	Page 7 of 132

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION ADDITION NUMBER A. BUILDING	(X3) DATE SURVEY COMPLETED
A. BUILDING	c
495283 B. WING	03/30/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S	
PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) 1719 BELLEVUE AVENUE RICHMOND, VA 23227	
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECT TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE	PLAN OF CORRECTION (X5) INVE ACTION SHOULD BE COMPLETION DED TO THE APPROPRIATE (FICIENCY)
F 553 Continued From page 7 care plan meeting/conference. On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 2/15/2022, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status) score, indication the resident is not cognitively impaired for making daily decisions. An interview was conducted with R50 on 3/28/22 at 11:17 a.m. When asked if she attended her care plan meetings, a gathering when the facility staff discuss the care of plan for the resident, R50 stated they were not aware of any meetings like this. When asked if R50 was invited to the meetings, R50 stated no, they were not. Review of the clinical record on 3/28/2022, failed to evidence documentation related to R50 being invited to their care plan meeting/conference. On 3/29/2022 at 1:50 p.m. a request was made to ASM (administrative staff member) #1, the administrator, for documentation of inviting R50 to her care plan meeting/conference. On 3/29/2022 at 4:15 p.m. ASM #3, the quality assurance consultant, stated the facility did not have any documentation of the resident's invitation to their care plan meeting. An interview was conducted with ASM #2, the interim director of nursing and the MDS coordinator, on 3/29/2022 at 4:19 p.m. ASM #2. When asked the process for inviting residents to their care plan meeting, ASM #2 stated the	HOLENCY

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	495283	B WING		03	/30/2022	
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND	REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227			
(X4) ID SUMMARY STATEMENT PREFIX (EACH DEFICIENCY MUST BI TAG REGULATORY OR LSC IDENT	E PRECEDED BY FULL	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
determine a time and asks would like to participate, ar resident at that time and go them. When asked if it was resident have been invited, social worker can answer to the member) #5, the social worker can enswer to their care plan stated she calls the emerge whomever is listed on the pashe talks to the resident as call. When asked how she the care plan meeting, OSI them know when it is and wasked if she documents that resident, OSM #5 stated, in invited [R50] to her care plan had not participated in a cashe had just started at the formal trepresentative and attend and participate in the ASM (administrative staff madministrator, ASM #2, the nursing/MDS coordinator, Assurance consultant, and administrator, were made a concern on 3/29/2022 at 5: No further information was 2. Resident #93 (R93) was care plan meeting/conference.	and they should ask the cover the time with a documented that the ASM #2 stated the hat question. If with OSM (other staffarker, on 3/29/2022 at process for inviting the meetings, OSM #5 ency contact, or profile. OSM #5 stated to whom she should invites the resident to M #5 stated she lets whom to invite. When at she has invited the o. When asked if she an, OSM #5 stated she are plan with [R50] as facility in January. Inciplinary Care in part, "The patient, family are invited to be care conference. Interim director of ASM #3, the quality ASM #5, the former aware of the above 0.2 p.m. Interior provided prior to exit. Interior invited to their	F 59	53			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A, BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B. WING			C	
NAME OF	PROVIDER OR SUPPLIER	433203		STREET ADDRESS, CITY, STATE, Z	IP CODE	03/30/2022	
PROME	DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE RICHMOND, VA 23227			
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F 553	Continued From pa	ge 9	F 5	53			
	assessment, with a resident scored a 7	MDS assessment, a quarterly n ARD of 3/17/2022, the out of 15 on the BIMS score, ent is severely cognitively g daily decisions.					
	3/28/2022 at 11:02 attended the care p did not know anythin	anducted with R93 on a.m. When asked if they lan meetings, R93 stated they ng about any meetings. When nvited to the care plan ed no.					
	ASM (administrative	0 p.m. a request was made to staff member) #1, the ocumentation of inviting R50 eting/conference.					
	assurance consultar	5 p.m. ASM #3, the quality nt, stated the facility did not ation of the resident's re plan meeting.					
	director of nursing a 3/29/2022 at 4:19 p. process for inviting r meeting, ASM #2 st schedule. ASM #2 st to the family and resasks the family if the and they should ask	th ASM #2, the interim nd the MDS coordinator, on m. ASM #2. When asked the residents to their care plan ated it was based on the MDS tated the social worker goes ident to determine a time and rey would like to participate, the resident at that time and them. When asked if it was					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED
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NAME OF	PROVIDER OR SUPPLIER	493263	3. WING_	STREET ADDRESS, CITY, STATE, ZIP CODE	03/30/2022
i		NG AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE RICHMOND, VA 23227	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
F 553	documented that th	ge 10 e resident have been invited, social worker can answer that	F 55	53	
	member) #5, the so 4:28 p.m. When asl residents to their ca stated she calls the whomever is listed ashe talks to the resicall. When asked he care plan meeting them know when it is asked if she docum resident, OSM #5 st invited [R93] to their the facility staff just	anducted with OSM (other staff cial worker, on 3/29/2022 at ked the process for inviting the re plan meetings, OSM #5 emergency contact, or on the profile. OSM #5 stated dent as to whom she should low she invites the resident to ng, OSM #5 stated she lets is and whom to invite. When ents that she has invited the rated, no. When asked if she care plan, OSM #5 stated had a care plan meeting for came. When asked if she OSM #5 stated, no.			
	administrator, ASM nursing/MDS coordi assurance consultar	e staff member) #1, the #2, the interim director of nator, ASM #3, the quality nt, and ASM #5, the former made aware of the above 22 at 5:02 p.m.			
		on was provided prior to exit. tht to have Prsnl Property)	F 55	F 557 – Care and Services to Prom Dignity	ote
,	and dignity, including §483.10(e)(2) The ri	ight to be treated with respect		1. Resident # 43 was provided a shower and hair washed. Place care reviewed to reflect curreneeds.	ns of
	,	3 , 1 1 1 3 3 3			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				E SURVEY IPLETED
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	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227				
(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)	LD BE	(X5) COMPLETION DATE
	upon the rights or residents. This REQUIREME by: Based on observation document review a was determined the care to promote dighthe survey sample. Resident #43 was flakes and crusty pnoticeable body od the lips with visible mouth and white fill under their neck do observation on 3/2. The findings include On the most recent quarterly assessmereference date) of assessed as being daily decisions. See documented R43 a one staff member fland personal hygie further documented of bowel and bladd. On 3/29/2022 at 10 made of TNA (tempoviding ADL (activates) and crusty providing ADL (activates) and crusty positive and crusty profiles.	unless to do so would infringe health and safety of other NT is not met as evidenced ation, staff interview, facility and clinical record review, it a facility staff failed to provide gnity for one of 50 residents in Resident #43 (R43). Sobserved with visible dandruff atches on the scalp, a or, dry and cracked areas on film in the corners of the my substance on the fold area uring an incontinence care 9/2022.	F 5	3.	A comprehensive review of residents will be completed interdisciplinary team utiliz "Dignity Observations" sect Nursing Services audit QAPI observe current resident ca appearance; any identified a opportunity will be corrected care planned as preference. The DON / designee will edufacility Nursing department "Focus on F-tag 557" and "A and "Bathing" nursing processor before the date of complutilizing the "Dignity Observation of the Nursing Servitool— the Interdisciplinary that audit 5 residents / week x 4 Results will be reviewed with The facility's alleged date of compliance will be April 28,	by the ing the ion of the tool, to re / areas of d and / d cate the on iance. Vations" ces QAPI eam will weeks. h QA&A.	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	12.23		CONSTRUCTION		X3) DATE SURVEY COMPLETED	
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WANT OF	DOOLINES OF SUPPLIES	495283	B WING		EET ADDRESS, CITY, STATE, ZIP CODE	03	/30/2022	
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	ING AND REHAB (IMPERIAL)		1719	9 BELLEVUE AVENUE HMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT 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	COMPLETION DATE	
F 557	When asked if R43 stated that they did because they were When asked if R43 days, TNA #10 state to the shower because the shower because the shower because the shower because the shower of #10 stated that they wanted R43 to have been told this but the were trained to do. Very contracted and them so they did the TNA #10 proceeded and cleaned a filmy area on the right signary had small red ristated that R43 had were afraid to wash not bleed. Body od washed R43's army during care. TNA # incontinence care a When asked about lips, TNA #10 stated swabs to provide m were never trained in not want to hurt R43 put Vaseline on R43 from R43's roomma observations were fivere only able to get the training they had best that they could The comprehensive documented in part Initiated: 02/19/2021	i's hair was washed, TNA #10 not shampoo R43's hair not trained how to do this. i's hair was washed on shower ed that they did not take R43 use they were not trained how chair or shower stretcher. TNA knew that R43's family e showers because they had bey could only do what they TNA #10 stated that R43 was they did not want to hurt to best they could with R43. It to wash under R43's ching substance off of the area. And do of the neck and lower right aised bumps on it. TNA #10 arash on that area and they it the area too hard so it would not was smelled when TNA #10 bit areas through masks worn 10 began to provide and apply a new gown to R43. R43's mouth care and dry did that they should use mouth outh care for R43 but they how to use them and they did 3. TNA #10 stated that they got ate. TNA #10 stated that they so much of R43 clean with direceived but they did the	F					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	TIPLE CONSTRUCTION NG			E SURVEY MPLETED
		495283	B_WING_			l	C /30/2022
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, Z 1719 BELLEVUE AVENUE RICHMOND, VA 23227	IP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD THE APPROPE	BE	(X5) COMPLETION DATE
F 557	dressing, oral care On 3/29/2022 at 12 R43 was made with member) #2, the int coordinator. ASM # dandruff flakes and and dry and cracked corners of the mout of the body odor an under the neck duri stated that dignity w #2 was made aware and mouth care well of training and state what training the Theorem. The facility policy, "If documented in part, resident has a right dignity" The facility policy, "If in part, "The reside existence, self-dete with an access to pet the facility. A facility respect and dignity a manner and in an maintenance or enhof life, recognizing et The facility must prothe resident" On 3/29/2022 at 4:4	and eating as needed." 24 p.m., an observation of ASM (administrative staff terim director of nursing/MDS 22 observed R43's visible crusty patches on the scalp d areas on the lips with film in h. ASM #2 was made aware d substance on the fold area ing ADL care on 3/29/2022 and it is a not being promoted. ASM is that showers, hair washing re not being done due to lack at that they needed to review IA's were receiving for ADL Focus on FTag557" "Respect and Dignity. The to be treated with respect and Resident Rights" documented ent has a right to a dignified remination, and communication ersons and services outside must treat each resident with and care for each resident in environment that promotes that they needed to recident in environment of his or her quality each resident's individuality. Steet and promote the rights of 1 p.m., ASM #1, the	F 59	57			
	nursing/MDS coordi	#2, the interim director of nator, ASM #3, the quality and ASM #5, the former					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
					C
		495283	B WING_		03/30/2022
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 558 SS=E	concern. No further informati Reasonable Accom CFR(s): 483.10(e)(3) The r services in the facilia accommodation of a preferences except endanger the health other residents. This REQUIREMEN by: Based on observati interview, facility do determined the facilia accommodate the n residents in the sur #50, #60, #6, #43, # The finding include: 1. The facility staff fac (R86)'s call bell with On the most recent assessment, a quarassessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment referent the resident scored (brief interview for most recent assessment re	on was provided prior to exit. modations Needs/Preferences 3) ight to reside and receive ty with reasonable resident needs and when to do so would n or safety of the resident or IT is not met as evidenced ion, resident interview, staff cument review, it was lity staff failed to leeds of seven of 50 rey sample, Residents #86, 129, and #58. MDS (minimum data set) terly assessment, with an lice date (ARD) of 3/16/2022, an 11 out of 15 on the BIMS mental status), indicating the ately cognitively impaired for	F 55		desidents d # 43 to set-up d to the her urrent by the g the on of the observe ss to f date the g 558" all ms on or
	2:02 p.m. R86 was I	made of R86 on 3/28/2023 at ying in bed. The call bell was ext to the bed, but behind the			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION		E SURVEY PLETED
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		495283	B. WING			03/	30/2022
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		171	REET ADDRESS, CITY, STATE, ZIP CODE 19 BELLEVUE AVENUE CHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	3/29/2022 a.m. R86 was on the floor bel the resident's reach An interview was conursing assistant) # When asked where placed, CNA #4 stat the reach of the res facility had clamps at to the sheets. CNA should be placed with the facility policy, "6 part, "6. Always posuse and within reach secure the light. ASM (administrative administrator, ASM nursing/MDS coordinasurance consultar administrator, were concern on 3/29/2022. No further information. The facility staff fa (R50)'s call bell with the most recent assessment, a quark ARD (assessment rethe resident scored a (brief interview for metals).	on was made of R86 on was lying in bed. The call bell hind the wheelchair, not within anducted with CNA (certified 4 on 3/29/2022 at 10:29 a.m. the call bells are to be ded the call bell should be in ident. CNA #4 stated the and the staff can clamp them #4 further stated the call bells here the resident can reach it. Call Light" documented in ition call light conveniently for h. A clip may be used to estaff member) #1, the #2, the interim director of nator, ASM #3, the quality ht, and ASM #5, the former made aware of the above	F 55		4. Utilizing the "Dignity Observa section of the Nursing Service tool – the interdisciplinary tea audit 5 residents / week x 4 w Results will be reviewed with The facility's alleged date of compliance will be April 28, 20	es QAPI am will veeks. QA&A	4/28/2022

CATE DESCRIPTION CATE SURVEY CONTINUED NUMBER CONTINUED NUMBER		10 / 0/11////						
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUIL. TAG PREFIX (FACH DEFICIENCY MUST BE PRECEDED BY FUIL. TAG FEGULATORY OR LSC IDENTIFYING INFORMATION) FRESTX TAG F 558 Continued From page 16 daily decisions. An interview was conducted with R50 on 3/28/2022 at 1:29 p.m. The call bell was observed to be hanging on the wall behind the night stand. When asked if they put it there. A second observation was made of R50's room on 3/28/2022 at 4:45 a.m. The call bell was again observed hanging on the wall behind the night stand. An interview was conducted with CNA (certified nursing assistant) #4 on 3/29/2022 at 10:29 a.m. When asked where the call bells are to be placed, CNA #4 stated the call bells have to be placed, CNA #4 stated the call bells are to be placed, CNA #4 stated the call bells are to be placed, CNA #4 stated the call bells are to be placed, CNA #4 stated the call bells are to be placed, CNA #4 stated the call bells should be in the reach of the resident. CNA #4 stated the call bells should be in the staff can clamp them to the sheets. CNA #4 further stated the call bells should be placed where the resident can reach it. ASM (administrative staff member) #1, the administrator, ASM #2, the quality assurance consultant, and ASM #5, the former administrator, were made aware of the above concern on 3/29/2022 at 5:02 p.m. No further information was provided prior to exit. 3. The facility staff failed to place Resident #60 (R60)'s call bell within the resident's reach. On the most recent MDS assessment, a quarterly assessment, with an ARO of 3/3/2022, the resident scored at 10 out of 15 on the BIMS,			, ,	l ' '				
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) ((24) 10)			495283	B. WING			กร	_
PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PROMENT ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (PROMENT) F 558 Continued From page 16 daily decisions. An interview was conducted with R50 on 3/28/2022 at 1:29 p.m. The call bell was observed to be hanging on the wall behind the night stand. When asked if they put it there, R50 stated, no, the staff put it there. A second observation was made of R50's room on 3/29/2022 at 8:45 a.m. The call bell was again observed hanging on the wall behind the night stand. An interview was conducted with CNA (certified nursing assistant) #4 on 3/29/2022 at 10:29 a.m. When asked where the call bells are to be placed, CNA #4 stated the call bells should be in the reach of the resident. CNA #4 stated the facility had clamps and the staff can clamp them to the sheets. CNA #4 further stated the call bells should be placed where the resident can reach it. ASM (administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM #3, the quality assurance consultant, and ASM #5, the former administrator, were made aware of the above concern on 3/29/2022 at 5:02 p.m. No further information was provided prior to exit. 3. The facility staff failed to place Resident #60 (R60)'s call bell within the resident's reach. On the most recent MDS assessment, a quarterfy assessment, with an ARD of 3/3/2022, the resident scored a 10 out of 15 on the BIMS,	NAME OF E	PROVIDER OR SUPPLIER			SI	TREET ADDRESS CITY STATE ZIP CODE	0.5	73072022
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 558 Continued From page 16 daily decisions. An interview was conducted with R50 on 3/28/2022 at 11:29 p.m. The call bell was observed to be hanging on the wall behind the night stand. When asked if they put it there, R50 stated, no, the staff put it there. A second observation was made of R50's room on 3/29/2022 at 8:45 a.m. The call bell was again observed hanging on the wall behind the night stand. An interview was conducted with CNA (certified nursing assistant) #4 on 3/29/2022 at 10:29 a.m. When asked where the call bells are to be placed, CNA #4 stated the call bell should be in the reach of the resident Can Facility had clamps and the staff can clamp them to the sheets. CNA #4 further stated the call bells should be placed where the resident can reach it. ASM (administrative staff member) #1, the administrator, &SM #3, the interim director of nursing/MDS coordinator, ASM #3, the juality assurance consultant, and ASM #5, the former administrator, were made aware of the above concern on 3/29/2022 at 50.2 p.m. No further information was provided prior to exit. 3. The facility staff failed to place Resident #60 (R60)'s call bell within the resident's reach. On the most recent MDS assessment, a quarterly assessment, with an ARO of 3/3/2022, the resident scored a 10 out of 15 on the BIMS,			NG AND REHAB (IMPERIAL)		17	719 BELLEVUE AVENUE		
daily decisions. An interview was conducted with R50 on 3/28/2022 at 1:29 p.m. The call bell was observed to be hanging on the wall behind the night stand. When asked if they put it there, R50 stated, no, the staff put it there. A second observation was made of R50's room on 3/29/2022 at 8:45 a.m. The call bell was again observed hanging on the wall behind the night stand. An interview was conducted with CNA (certified nursing assistant) #4 on 3/29/2022 at 10:29 a.m. When asked where the call bells are to be placed, CNA #4 stated the call bell should be in the reach of the resident. CNA #4 stated the facility had clamps and the staff can clamp them to the sheets. CNA #4 further stated the call bells should be placed where the resident can reach it. ASM (administrative staff member) #1, the administrator, ASM #3, the quality assurance consultant, and ASM #5, the former administrator, were made aware of the above concern on 3/29/2022 at 5:02 p.m. No further information was provided prior to exit. 3. The facility staff failed to place Resident #60 (R60)'s call bell within the resident's reach. On the most recent MDS assessment, a quarterly assessment, with an ARD of 3/3/2022, the resident scored a 10 out of 15 on the BIMS,	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	COMPLETION
impaired for making daily decisions.		daily decisions. An interview was co 3/28/2022 at 1:29 p to be hanging on the When asked if they the staff put it there. A second observation 3/29/2022 at 8:4 observed hanging of stand. An interview was conursing assistant) # When asked where placed, CNA #4 staff the reach of the resifacility had clamps at to the sheets. CNA should be placed with the sheets. CNA should be placed with a should be placed with a should be placed with a should be placed. ASM (administrative administrator, ASM nursing/MDS coording assurance consultary administrator, were concern on 3/29/2022. No further information. The facility staff far (R60)'s call bell with the content assessment, with an arresident scored a 10 indicating the reside	onducted with R50 on .m. The call bell was observed e wall behind the night stand. put it there, R50 stated, no, on was made of R50's room 5 a.m. The call bell was again in the wall behind the night onducted with CNA (certified 4 on 3/29/2022 at 10:29 a.m. the call bells are to be ted the call bell should be in ident. CNA #4 stated the and the staff can clamp them #4 further stated the call bells here the resident can reach it. e staff member) #1, the #2, the interim director of nator, ASM #3, the quality int, and ASM #5, the former made aware of the above 22 at 5:02 p.m. on was provided prior to exit. ailed to place Resident #60 in the resident's reach. MDS assessment, a quarterly in ARD of 3/3/2022, the in out of 15 on the BIMS, int was moderately cognitively	F	558			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	1 ' '		E CONSTRUCTION		'E SURVEY MPLETED
		495283	B WING	_		1	C
NAME OF	PROVIDER OR SUPPLIER	480203			REET ADDRESS, CITY STATE ZIP CODE	1 03/	/30/2022
PROMEI	DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)			119 BELLEVUE AVENUE ICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 558	Continued From pa	ge 17	F5	58			
	approximately 10:3	ade of R60 on 3/28/2022 at 0 a.m. R60 was in the bed, Il was on the floor to R60's					
	8:41 a.m. R60 was breakfast tray in fro	on was made on 3/29/2022 at sitting up in the bed with their nt of them. The call bell was sright side of the bed.					
	nursing assistant) # When asked where placed, CNA #4 sta the reach of the res facility had clamps a to the sheets. CNA	onducted with CNA (certified 44 on 3/29/2022 at 10:29 a.m. the call bells are to be ted the call bell should be in ident. CNA #4 stated the and the staff can clamp them #4 further stated the call bells here the resident can reach it.					
	administrator, ASM nursing/MDS coordinassurance consulta	e staff member) #1, the #2, the interim director of inator, ASM #3, the quality nt, and ASM #5, the former made aware of the above 22 at 5:02 p.m.					
	No further informati	on was provided prior to exit.					
		ailed to place Resident # 6 n the resident's reach.					
	assessment, with ar resident was coded	MDS assessment, a quarterly a ARD of 12/31/2021, the as having both short and long ems, and was severely aily decisions.					
	Observation was ma	ade of 3/28/2022 at 10:24					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		495283	B. WING	·		C 3/30/2022
	PROVIDER OR SUPPLIER	JRSING AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZI 1719 BELLEVUE AVENUE RICHMOND, VA 23227		0.0012022
(X4) ID PREFIX TAG	(EACH DEFICIENT	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 558	floor under the bed 3/28/2022 at 11:36 the call bell remain An interview was conursing assistant) When asked where placed, CNA #4 stocked the reach of the refacility had clamps to the sheets. CNA should be placed of the sheets. CNA should be placed of ASM (administrator, ASM nursing/MDS coornassurance consult administrator, were concern on 3/29/20. No further informa 5. The facility staff (R43) call light in a access it. On the most recent quarterly assessmantly assessmantly assessmantly decisions. Set totally dependent control of the comment of the period of the period of the comment of the period of th	e bed. The call bell was on the d. Observations were made on 5 a.m., 1:49 p.m. and 3:38 p.m., ned on the floor under the bed. conducted with CNA (certified #4 on 3/29/2022 at 10:29 a.m. re the call bells are to be ated the call bell should be in esident. CNA #4 stated the and the staff can clamp them A #4 further stated the call bells where the resident can reach it. We staff member) #1, the M #2, the interim director of dinator, ASM #3, the quality ant, and ASM #5, the former re made aware of the above 022 at 5:02 p.m. tion was provided prior to exit. If failed to place Resident #43's a position where they could be the MDS (minimum data set), a rent with an ARD (assessment 1/31/2022, the resident was a severely impaired for making rection G coded R43 being on one person for dressing, dipersonal hygiene. Section G d R43 having impairment in	F 5	558		

OFIAIF	TO I OIL MICEIONI	L & INCOTO, NO OCITATOCO				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE A: BUILDING	CONSTRUCTION		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIES	<u> </u>	171	REET ADDRESS, CITY, STATE, ZIP CO 9 BELLEVUE AVENUE CHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENT	FATEMENT 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 / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 558	bell. Additional observation, 3/28/2022 at 4:39 p.m. revealed on 3/29/2022 at 2 conducted with LPLPN #5 stated that the residents react the bell or not. LP need a way to call level of cognition. never seen R43 us made sure it was to them. LPN #5 should be checked resident's room ar was made aware abell on 3/27/2022 at the nursing assisted drawer while proviback in place. On 3/29/2022 at 4 staff member) #1,	ations on 3/27/2022 at 2:45 18:34 a.m. and 3/28/2022 at difference of the findings above. 12 p.m., an interview was at the findings above. 12 p.m., an interview was at the findings above. 13 p.m., an interview was at the call bells were placed within the whether they were able to use at the call bells were placed within the whether they were able to use at the call light but they always the call light but they always the call light but they always the call bell placement devery time anyone enters the at at least every shift. LPN #5 of the observations of R43's call and 3/28/2022 and stated that the ding care and forgotten to put it at 1 p.m., ASM (administrative the administrator, ASM #2, the	F 558			
	#3, the quality ass	nursing/MDS coordinator, ASM urance consultant, and ASM ninistrator were made aware of				8
	No further informa	tion was presented prior to exit.				
8		f failed to place Resident #29's position where they could				
	On the most recen	t MDS (minimum data set), an				

		CONTRACTOR CONTRACTOR				1110 110	. 0000 0001
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		E SURVEY
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		400200				03/	30/2022
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		1	TREET ADDRESS, CITY, STATE, ZIP CODE 719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 558	annual assessment reference date) of 1 a 5 out of 15 on the mental status), individually impaired for making coded R29 requiring person for dressing hygiene. Section G having no impairmed the comprehensive documented in part mobility. Date Initial interventions it document to call for assion of the comprehensive documented in part mobility. Date Initial interventions it document to call for assion of the comprehensive document of the call be clipped to the same a 8:35 a.m., the call be clipped to the sheet mattress with the errover the top of the nead. On 3/29/2022 at 2:1 conducted with LPN LPN #5 stated that of the resident's reach use the bell or not. residents need a watheir level of cognition was able to use their	with an ARD (assessment //19/2022, the resident scored BIMS (brief interview for cating the resident is severely daily decisions. Section G gextensive assistance of one, toileting and personal further documented R29 ent in the upper extremities. It is care plan for R29, "Falls due to decreased ted: 10/27/2017." Under umented in part, "Reinforce stance"	F	558			

NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227 [X41 ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 558 Continued From page 21 checked it often because of this. LPN #5 stated that call bell placement should be checked every time anyone enters the resident's room and at least every shift. LPN #5 was made aware of the observations of R29's call bell on 3/27/2022 and 3/28/2022 and stated that it should have been accessible to the resident. On 3/29/2022 at 4:41 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM	STATEMENT OF DE AND PLAN OF COR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 558 Continued From page 21 checked it often because of this. LPN #5 stated that call bell placement should be checked every time anyone enters the resident's room and at least every shift. LPN #5 was made aware of the observations of R29's call bell on 3/27/2022 and 3/28/2022 and stated that it should have been accessible to the resident. On 3/29/2022 at 4:41 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM			405283				_
PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 558 Continued From page 21 checked it often because of this. LPN #5 stated that call bell placement should be checked every time anyone enters the resident's room and at least every shift. LPN #5 was made aware of the observations of R29's call bell on 3/27/2022 and 3/28/2022 and stated that it should have been accessible to the resident. On 3/29/2022 at 4:41 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM	NAME OF BOOKS	DED OF CURRILER	493203	10	CIDET ADDRESS SITY STATE 710		03/30/2022
PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) RICHMOND, VA 23227 REGULATORY OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DETICAL CROSS-REFERENCED TO	NAME OF PROVIL	DER OR SUPPLIER				YOUE	
F 558 Continued From page 21 checked it often because of this. LPN #5 stated that call bell placement should be checked every time anyone enters the resident's room and at least every shift. LPN #5 was made aware of the observations of R29's call bell on 3/27/2022 and 3/28/2022 and stated that it should have been accessible to the resident. On 3/29/2022 at 4:41 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM	PROMEDICA S	SKILLED NURSI	ING AND REHAB (IMPERIAL)				
checked it often because of this. LPN #5 stated that call bell placement should be checked every time anyone enters the resident's room and at least every shift. LPN #5 was made aware of the observations of R29's call bell on 3/27/2022 and 3/28/2022 and stated that it should have been accessible to the resident. On 3/29/2022 at 4:41 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	COMPLETION
#3, the quality assurance consultant, and ASM #5, the former administrator were made aware of the findings. No further information was presented prior to exit. 7. Facility staff failed to provide Resident # 58 (R58) access to their personal clothing. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 02/19/2022, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section G "Functional Status" coded R58 as being independent with "Locomotion on the unit - how resident moves between locations in his/her room and adjacent corridor on same floor. If in wheelchair, self-sufficiency once in chair." Under "Mobility Devices" R58 was coded as using a wheelchair. On 03/29/22 at approximately 8:36 a.m., an interview was conducted with R58. R58 stated	check that time least obses 3/28, acces 3/28, acces on 3 staff interi #3, the fill No full full form cogni section in cogni s	cked it often becall bell placers anyone enters tevery shift. Litervations of R29/2022 and state essible to the reasible to the most recent terly assessment and at the reasible to the reasib	cause of this. LPN #5 stated nent should be checked every the resident's room and at PN #5 was made aware of the 9's call bell on 3/27/2022 and ed that it should have been sident. 41 p.m., ASM (administrative he administrator, ASM #2, the ursing/MDS coordinator, ASM rance consultant, and ASM inistrator were made aware of on was presented prior to exit. 43 to provide Resident # 58 in personal clothing. 44 MDS (minimum data set), a not with an ARD (assessment 2/19/2022, the resident on the BIMS (brief interview andicating the resident is making daily decisions. The status coded R58 as with "Locomotion on the unit between locations in his/her corridor on same floor. If in ficiency once in chair." Under 158 was coded as using a reximately 8:36 a.m., an	F 5	58		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TPLE CONSTRUCTION		ATE SURVEY OMPLETED
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		495283	B. WING_		0:	3/30/2022
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F 558	that they were unable their wardrobe. Where their clothes if they stated that they have they come to the rodemonstrated their wardrobe on the other wardrobe on the other wardrobe on the other with R58's tops, paragraph of the inside of the with R58's tops, paragraph of the with R58's tops, paragraph of the room (B-side), the outside wall and be a-half feet between wall. Further obser R58's additional clotheft corner of the round a four drawer of the foot of the bed, Observations during revealed R58 proper wheelchair in and of throughout the unit. On 03/29/2022 at a interview was condunursing assistant) # should be able to in personal items with that it is their home have access to ever room CNA # 4 state their wardrobe. On 03/29/2022 at a graph of the wardrobe.	ple to access their clothes in then asked how they access want to change them R58 ye to call an aide and wait until from. During the interview, R58 attempts to reach the the side of the room without is permission, an observation wardrobe revealed it was full into and other personal items. R58's room revealed their bed the middle of the second half of the wardrobe between the d, approximately three and the foot of the bed and the vations revealed two boxes of thing, were stacked at the farom, near the foot of the bed, thest positioned to the left of against the wall. It the days of the survey the survey the stacked in their ut of their room and	F 5	58		

	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION		E SURVEY PLETED
		495283	B. WING	74		C 30/2022
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)	1	TREET ADDRESS, CITY, STATE, ZIP CODE 719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X\$) COMPLETION DATE
F 558	member) # 3, quality When asked if a retheir personal belor stated that the residual of their belongings. ASM # 3 was asked wardrobe by use of stated there was not foot of the bed to reopposite side. The facility's policy of Rights & Responsity where the right personal clothing at permits unless to do fother patients and contraindicated as contraindicated as contraindicated as contraindicated as contraindicated.	M (administrative staff ty assurance consultant. sident should have access to ngings in their room, ASM# 3 dent should have access to all After observing R58's room, d if R58 had access to their their wheelchair. ASM # 3 of enough room around the each the wardrobe on the "Virginia Patient/Resident Bill sibilities" documented in part, to: 14. Retain and use your and possessions as space to so would infringe upon rights d unless medically documented by your assistant, or nurse	F 558			
	# 1, administrator, A nursing, ASM # 3, q and ASM # 5, forme aware of the above No further information CFR(s): 483.10(f)(1) §483.10(f) Self-dete The resident has the promote and facilitathrough support of resident of the support	on was provided prior to exit.	F 561	F 561 – Self Determination 1. Resident # 47 was interview care plan updated to reflect preferences and ability to ta snacks in bed, sitting upright	snack ke	

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	IENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		ONSTRUCTION		TE SURVEY MPLETED
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NAME	OF PROVIDER OR SUPPLIE		J	TDE	ET ADORECE CITY STATE 7/D CODE	03/	/30/2022
		SING AND REHAB (IMPERIAL)		719 1	ET ADDRESS, CITY, STATE, ZIP CODE BELLEVUE AVENUE MOND, VA 23227		
(X4) PREI TAC	IX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 5	activities, schedul waking times), he care services con assessments, and applicable provisions §483.10(f)(2) The choices about aspfacility that are significantly services and the services are services as §483.10(f)(3) The with members of community activitifications facility. §483.10(f)(8) The participate in other eligious, and community activitifications, and communiterfere with the relacility. This REQUIREMED by: Based on resident review, it was determination residents in the sum of the facility staff faction (R47) preference of the findings included the most received and ission assess reference date) of out of 15 on the Billiand assess reference date) of out of 15 on the Billiand assess reference date) of out of 15 on the Billiand assess reference date) of out of 15 on the Billiand assess reference date) of out of 15 on the Billiand assess reference date) of out of 15 on the Billiand assess reference date) of out of 15 on the Billiand assess reference date) of out of 15 on the Billiand assess reference date) of out of 15 on the Billiand assess reference date) of out of 15 on the Billiand assess reference date) of out of 15 on the Billiand assess reference date as a service of the province o	resident has a right to choose les (including sleeping and alth care and providers of health sistent with his or her interests, diplan of care and other ons of this part. resident has a right to make pects of his or her life in the enificant to the resident. resident has a right to interact the community and participate in les both inside and outside the resident has a right to ractivities, including social, amunity activities that do not lights of other residents in the length in the	F 561		A review of residents who me out of bed for meals will be completed by DON or design individual plan for HS snacks identified with update to placare. The DON or designee will edu facility staff on "Focus on F-t on or before the date of com NHA or designee to interview residents who need to be out for meals weekly x 4 weeks to validate appropriate provisions snack based on plan of care. Will be reviewed with QA&A. The facility's alleged date of compliance will be April 28, 2000.	nee and will be n of ucate ag 561 appliance work of bed to fee to Results	d G

	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED C	
		495283	B. WING		03	3/30/2022	
	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP 1719 BELLEVUE AVENUE RICHMOND, VA 23227			
(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 E APPROPRIATE	(X5) COMPLETION DATE	
F 561	impaired for makin comprehensive ca documented, "Hon physician's order fidated 3/25/22 doct (out of bed) for all On 3/28/22 at 3:17 conducted with R4 snacks at night tim staff will not provid of weeks ago, the recommended the wheelchair for mea assisting the reside R47 stated a nurse meals in bed so the snacks in bed at night in bed. CNA #3 state providing snacks whe spoke with a night in bed. On 3/29/22 at 7:44 conducted with OS	re plan dated 2/7/22 re speech-language pathology regular textured meals." 7 p.m., an interview was 7. R47 stated requests for re have been verbalized but the re snacks. R47 stated a couple speech therapist resident be seated in a resident be seated in a resident bed for breakfast. re said the resident could not eat re resident could not have regidt. a.m., an interview was re resident could not have resident and she asked the	F 56				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
!		495283	B. WING			03	C /30/2022	
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)	1	171	REET ADDRESS, CITY, STATE, ZIP CODE 19 BELLEVUE AVENUE CHMOND, VA 23227	1 03	13012022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N) BE RIATE	(X5) COMPLETION DATE		
F 561	recommended R47 bed for safety becathe meals. OSM #3 of chips and cracker resident to eat these bed. OSM #3 state nurse) #4 told her Fill while in bed and LP have meals in bed to resident to eat snackweek, she explained wrote the order was regular textured means and the resident to eat snackweek in positions. On 3/30/22 at 7:19 conducted with LPN approximately three therapist said R47 heach meal. LPN #4 her to not worry about the night shift becaus nacks while in the When asked if R47 the night shift, LPN clear to her until last could eat snacks in requested snacks in requested snacks ditold the resident heeat. LPN #4 stated chair to eat a snack. On 3/29/22 at 3:38 pronducted with LPN would honor a reside bed even if she thouse the state of the she thouse the same that the sa	eat all textured meals out of use of the meat included in 3 stated R47's snacks consisters and it is safe for the e snacks while sitting up in d LPN (licensed practical R47 always requests snacks N #4 thought if R47 could not then it was not safe for the eks in bed. OSM #3 stated last d to LPN #4 that the way she for R47 to be up for three eals a day and it is safe for the eks in bed as long as the ead upright in bed. a.m., an interview was I #4. LPN #4 stated weeks ago, the speech had to be up in the chair for estated the evening nurse told out giving R47 snacks during use the resident eats a lot of chair during the evening shift. was receiving snacks during #4 stated it was not made to Friday or Saturday that R47 the bed. LPN #4 stated R47 uring the night shift and she had to be up in the chair to R47 was not assisted to the	F 5	561				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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<u> </u>		495283	B. WING		03/30/2022		
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION		
F 561	staff member) #1 (t	p.m., ASM (administrative he administrator) and ASM #2 of nursing) were made aware	F 561				
	Medicaid/Medicare CFR(s): 483.10(g)(17) §483.10(g)(17) The (i) Inform each Med writing, at the time of		F 582	 F 582 F 582 – Medicare / Medicaid Coverage Resident # 200 no longer resides at the center. A review of residents discharging from skilled services from 3.1.22 will be completed by the MDS / designee 			
	nursing facility servi for which the reside (B) Those other item facility offers and for charged, and the an services; and (ii) Inform each Med changes are made	dervices that are included in the state plan and services that the resident may be anount of charges for those dicaid-eligible resident when to the items and services by the state of the st			esignee ol. ate the nent on fore the		
	§483.10(g)(18) The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare/ Medicaid or by the facility's per diem rate. (i) Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid State plan, the facility must provide notice to residents of the change as soon as is			the NHA / designee to validat was given appropriately. Resube reviewed with QA&A. The facility's alleged date of compliance will be April 28, 20	e notice ilts will		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATÉ SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CO 1719 BELLEVUE AVENUE RICHMOND, VA 23227	DE		***************************************	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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)				
F 582	items and services facility must inform 60 days prior to im; (iii) If a resident die transferred and doe facility must refund representative, or edeposit or charges per diem rate, for the resided or reserved facility, regardless of discharge notice re (iv) The facility must resident representative resident within 3 date of discharge from (v) The terms of an behalf of an individuation facility must not conthese regulations. This REQUIREMENT by: Based on staff inte and facility docume that the facility staff the right to appeal of A services for 1 of 5 sample; Resident # The findings include Resident #200 was discharged on 2/1/2 receiving skilled ser The resident was not the sample in the resident was not the resi	are made to charges for other that the facility offers, the the resident in writing at least plementation of the change. It is not return to the facility, the to the resident, resident estate, as applicable, any already paid, less the facility's ne days the resident actually for retained a bed in the off any minimum stay or quirements. It refund to the resident or tive any and all refunds due and days from the resident's form the facility, admission contract by or on the facility with the requirements of the offict with the requirements of the offict with the requirement of the offict with the survey and the survey and the survey and the survey and the survey are the offict with the survey and the survey are the offict with the survey and the survey are the offict with the survey and the survey are the offict with the survey and the survey are the offict with the survey and the survey are the offict with the survey and the survey are the offict with the survey and the survey are the offict with the survey and the offict with the survey are the offict with the survey are the offict with the survey are the offict with the survey and the offict with the survey are the offict with the survey and the offict with the survey are the offict with the survey and the offict with the survey are the offict with the	F	82				

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER	A. BUILDING			COMPLETED	
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	350145F6 03 011551175	495283	B. WING	STREET ADDRESS, CITY, STATE, ZI	ID CODE	03/30/2022	
NAME OF	PROVIDER OR SUPPLIER			1719 BELLEVUE AVENUE	PCODE		
PROME	DICA SKILLED NURS	ING AND REHAB (IMPERIAL)		RICHMOND, VA 23227			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(×5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		HE APPROPRI		
F 582	Continued From pa	age 29	F 5	82			
	resident's right to appeal the decision to discontinue skilled services.						
	Admission/5-Day a	t MDS (Minimum Data Set), an ssessment, with an ARD					
	(Assessment Reference Date) of 1/12/22, Resident #200 was unable to complete the resident portion of the BIMS (Brief Interview for Mental Status exam) interview and was coded as being moderately impaired in ability to make daily						
		e staff interview regarding the	ļ	•			
	resident's cognition.						
		lity document, "Notice of erage" (NOMNC) was					
	reviewed. This forr	n documented, "Your					
		and/or health plan have dicare probably will not pay for					
	your current Skilled	Nursing and Skilled	1				
		ces after the effective date ou may have to pay for any				İ	
		e after the above date. Your s Decision: You have the right					
		dependent medical review					
		sion to end Medicare services. Your services will					
	continue during the						
		sical therapy discharge note mented, "Patient has made					
	consistent progress Patient has reached	with skilled interventions and maximum potential with					
1		atient is supposed to be with family to assist and					
P. W. Camero, Springer		es to follow up on safety and					
e interes	On 3/30/22 at appro	oximately 10:00 AM, the					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	12° '	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495283	B. WING		C 03/30/2022
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	03/30/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 582	(Administrative Stat for Resident #200, #1 was unable to provide the resident had left prior to completing requested regarding reflected this discharacter of the resident converted to the last covered that the last covered facility for 5 addition the spouse chose to He stated that an N issued when Reside pay.	off Member) the Administrator, On 3/30/22 at 10:41 AM, ASM rovide a NOMNC for Resident ne was not provided because the facility of their own choice therapy. Information was gany documentation that arge status, showing that an equired. AM, ASM #1 returned with occumented above, and stated day was 1/26/22 and that the to private pay and remained in hal days under private pay until take Resident #200 home. OMNC should have been ent #200 converted to private	F 58	32	
F 584 SS=E	the survey. Safe/Clean/Comford CFR(s): 483.10(i)(1) §483.10(i) Safe Env The resident has a recomfortable and hor but not limited to recomports for daily live The facility must pro §483.10(i)(1) A safe homelike environmental use his or her person possible. (i) This includes ens	rironment. right to a safe, clean, melike environment, including ceiving treatment and ring safely.	F 58	F 584 – Safe / Clean / Homelike Environment 1. The identified housekeeping maintenance issues in rooms residents # 97, # 86, # 50, # 6 # 87, # 452 have been correct. 2. A review of resident areas with completed by the Interdiscip team utilizing the "Housekee audit tool to validate safe / chomelike environment.	for 60, # 6, cted. Ill be linary ping"

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	3.5		ONSTRUCTION		E SURVEY PLETED
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	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)		1719	ET ADDRESS, CITY, STATE, ZIP CODE BELLEVUE AVENUE IMOND, VA 23227	, , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 584	physical layout of the independence and (ii) The facility shall the protection of the or theft. §483.10(i)(2) House services necessary and comfortable into §483.10(i)(3) Clean in good condition; §483.10(i)(4) Private resident room, as a service in all areas; §483.10(i)(5) Adequate levels in all areas; §483.10(i)(6) Comfort levels. Facilities initially and facilities in the sound levels. This REQUIREMENT in the sound levels. The facility staff environment for Rewallpaper behind the continuous content assessment, a qual assessment referent resident scored (brief interview for mental content in the content interview for mental content interview for mental content in the conten	ne facility maximizes resident does not pose a safety risk. exercise reasonable care for e resident's property from loss ekeeping and maintenance to maintain a sanitary, orderly, erior; bed and bath linens that are ecloset space in each pecified in §483.90 (e)(2)(iv); that and comfortable lighting entable and safe temperature ially certified after October 1, in a temperature range of 71 to e maintenance of comfortable entable to maintain a homelike sident #86 (R86). The elbed was torn and ripped. MDS (minimum data set) retrly assessment, with an ince date (ARD) of 3/16/2022, an 11 out of 15 on the BIMS mental status), indicating the rately cognitively impaired for	F 584	4.	The NHA / designee will eduction facility housekeeping / maintedepartment on the "Focus of 584" on or before the date of compliance. Utilizing the "Housekeeping" tool the NHA / designee will resident rooms / week x 4 would wall date a safe / clean / home environment. Results will be reviewed with QA&A. The facility's alleged date of compliance will be April 28, 20	tenance n F-tag f audit audit 5 eeks to elike	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER DICA SKILLED NURS	ING AND REHAB (IMPERIAL)		STR	REET ADDRESS, CITY, STATE, ZIP CODE 19 BELLEVUE AVENUE CHMOND, VA 23227	1 03	13012022
(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 584	of R86's room. The and ripped wallpap made on 3/29/2022 the bed had torn are on 3/29/2022 at 9:2 conducted with OS maintenance direct asked how they are maintenance repairs stated they come of complete what nee the previous maintenance terminated a week for maintaining the make monthly room bathrooms, light sw TV, no screws stick need. OSM #4 stated they program to put in mr (CNAs [certified nuit a work order, if maintaining the made if not, they read and if not, they read work order, if maintaining the work order, if maintaining the make monthly room a work order, if maintaining the make monthly room a work order, if maintaining the wallpand try to put that the requests from [name across on their phopum. OSM #4 stated room was not in [name across of the complete wall and try to put that the requests from [name across of the complete wall and try to put that the requests from [name across of the complete wall and try to put that the requests from [name across of the complete wall and try to put that the requests from [name across of the complete wall and try to put that the requests from [name across of the complete wall and try to put that the requests from [name across of the complete wall and try to put that the requests from [name across of the complete wall and try to put that the requests from [name across of the complete wall and try to put that the requests from [name across of the complete wall and try to put that the requests from [name across of the complete wall and try to put that the requests from [name across of the complete wall and try to put that the requests from [name across of the complete wall and try to put that the program across of the complete wall and try to put the try try to put the try to put the try to put the try try to put the t	ade on 3/28/2022 at 2:02 p.m. e wall behind the bed had torn er. A second observation was at 8:47 a.m. The wall behind a ripped wallpaper. 50 a.m. an interview was M (other staff member) #4, the for at a sister facility. When e made aware of any is that are needed, OSM #4 ver twice a week and make do to be done. OSM #4 stated enance director was ago. When asked the process facility, OSM #4 stated they in rounds where they check the vitches, plugs, window fixtures, king out and touch up paint if the day and touch up paint if the day and touch up paint if the day and to the houridity. If y use [name of computer maintenance can do it, they do it can be of computer program] come as of computer program] come and the wallpaper behind R86's are of computer program]. The staff member was at the quality int, and ASM #3, the former made aware of the above	F.	584			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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		495283	B. WING			03.	/30/2022	
	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)		171	BEET ADDRESS, CITY, STATE, ZIP CODE 9 BELLEVUE AVENUE CHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
	concern on 3/29/20 No further informati 3. The facility staff of environment for Rewallpaper behind the control of the wallpaper behind the control of the most recent assessment, a quark ARD (assessment of the resident scored (brief interview for of the resident is not control	22 at 5:02 p.m. Ion was provided prior to exit. Iailed to maintain a homelike sident #50 (R50). The le bed was torn and ripped. MDS (minimum data set) terly assessment, with an reference date) of 2/15/2022, a 15 out of 15 on the BIMS mental status) score, indication ognitively impaired for making ade of R50's room on a.m. The wallpaper behind the ripped and torn. An interview R50 on 3/28/22 at 11:17 a.m. ing the wallpaper has been dit had been that way since this room. O a.m. an interview was a look of the staff member) #4, the lor at a sister facility. When made aware of any is that are needed, OSM #4 er twice a week and make les to be done. OSM #4 stated mance director was lago. When asked the process acility, OSM #4 stated they rounds where they check the toches, plugs, window fixtures,	F	44				
1	need OSM #4 stated	ng out and touch up paint if I the wallpaper is an ongoing due to humidity OSM #4						

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495283	B. WING			С	
NAME OF	PROVIDER OR SUPPLIER	455283	B. WING	STREET ADDRESS, CITY, STATE, ZIP COD		03/30/2022	
		NG AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE RICHMOND, VA 23227	,		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 584	stated they use [naiput in maintenance [certified nursing as order, if we can do out to a contractor. is old, we try to find up. OSM #4 stated number, he will look program]. OSM #4 [name of computer their phones. On 3/3 stated the wallpape in [name of computer daministrator, ASM nursing/MDS coordiassurance consulta administrator, were concern on 3/29/20. No further information. 4. The facility staff frenvironment for Recurtain had a brown On the most recent assessment, with arresident scored a 10 indicating the reside impaired for making Observation was ma 3/28/2022 at 10:30 a privacy curtain was	me of computer program to requests]. They (CNA sistants)/nurses) put in a work we do it and if not we reach OSM #4 stated the wallpaper a glue on and try to put that if we give me the room oup in [name of computer stated that the requests from program] comes across on 29/2022 at 1:25 p.m. OSM #4 rehind R50's room was not er program]. The staff member) #1, the #2, the interim director of inator, ASM #3, the quality int, and ASM #5, the former made aware of the above 22 at 5:02 p.m. The was provided prior to exit. Alled to maintain a homelike sident #60 (R60). The privacy substance on it. MDS assessment, a quarterly in ARD of 3/3/2022, the cout of 15 on the BIMS, and was moderately cognitively daily decisions. The partially pulled around the bed elevel of the resident's waist.	F 5	584			

NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) (X4) ID PREFIX TAG (A4) ID PREFIX TAG Continued From page 35 A second observation was made on 3/29/2022 at 8:41 a.m. R60 was in the bed, sitting up and eating breakfast. The brown substance was still on the privacy curtain. An interview was conducted with OSM #1, the environmental services director, on 3/29/2022 at 10:54 a.m. When asked how often the privacy curtains are checked for stains or changed, OSM #1 stated the staff should be looking at them when they are cleaning the room, and let us know if there is any soil on them. When asked if she was made aware of R60's privacy curtain, OSM #1 stated she was aware of it two weeks ago and it was changed. The above observation was shared with OSM #1. OSM #1 returned at 11:27 a.m. and stated the curtain looked like it was coffee and pudding. When asked if she was a homelike environment, OSM #1 stated, no. ASM (administrative staff member) #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM #3, the quality		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING				(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 584 Continued From page 35 A second observation was made on 3/29/2022 at 8:41 a.m. R60 was in the bed, sitting up and eating breakfast. The brown substance was still on the privacy curtain. An interview was conducted with OSM #1, the environmental services director, on 3/29/2022 at 10:54 a.m. When asked how often the privacy curtains are checked for stains or changed, OSM #1 stated the staff should be looking at them when they are cleaning the room, and let us know if there is any soil on them. When asked if she was made aware of R60's privacy curtain, OSM #1 stated she was aware of it two weeks ago and it was changed. The above observation was shared with OSM #1. OSM #1 returned at 11:27 a.m. and stated the curtain looked like it was coffee and pudding. When asked if that was a homelike environment, OSM #1 stated, no. ASM (administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM #3, the quality								_	
PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) (X4) 10 PREFIX TAG F 584 Continued From page 35 A second observation was made on 3/29/2022 at 8:41 a.m. R60 was in the bed, sitting up and eating breakfast. The brown substance was still on the privacy curtain. An interview was conducted with OSM #1, the environmental services director, on 3/29/2022 at 10:54 a.m. When asked how often the privacy curtains are checked for stains or changed, OSM #1 stated the staff should be looking at them when they are cleaning the room, and let us know if there is any soil on them. When asked if she was made aware of R60's privacy curtain, OSM #1 stated she was aware of it two weeks ago and it was changed. The above observation was shared with OSM #1. OSM #1 returned at 11:27 a.m. and stated the curtain looked like it was coffee and pudding. When asked if that was a homelike environment, OSM #1 stated, no. ASM (administrative staff member) #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM #3, the quality			495283	B. WING			03	/30/2022	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 584 Continued From page 35 A second observation was made on 3/29/2022 at 8:41 a.m. R60 was in the bed, sitting up and eating breakfast. The brown substance was still on the privacy curtain. An interview was conducted with OSM #1, the environmental services director, on 3/29/2022 at 10:54 a.m. When asked how often the privacy curtains are checked for stains or changed, OSM #1 stated the staff should be looking at them when they are cleaning the room, and let us know if there is any soil on them. When asked if she was made aware of R60's privacy curtain, OSM #1 stated she was aware of it two weeks ago and it was changed. The above observation was shared with OSM #1. OSM #1 returned at 11:27 a.m. and stated the curtain looked like it was coffee and pudding. When asked if that was a homelike environment, OSM #1 stated, no. ASM (administrative staff member) #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM #3, the quality		*	NG AND REHAB (IMPERIAL)		1719	9 BELLEVUE AVENUE			
A second observation was made on 3/29/2022 at 8:41 a.m. R60 was in the bed, sitting up and eating breakfast. The brown substance was still on the privacy curtain. An interview was conducted with OSM #1, the environmental services director, on 3/29/2022 at 10:54 a.m. When asked how often the privacy curtains are checked for stains or changed, OSM #1 stated the staff should be looking at them when they are cleaning the room, and let us know if there is any soil on them. When asked if she was made aware of R60's privacy curtain, OSM #1 stated she was aware of it two weeks ago and it was changed. The above observation was shared with OSM #1. OSM #1 returned at 11:27 a.m. and stated the curtain looked like it was coffee and pudding. When asked if that was a homelike environment, OSM #1 stated, no. ASM (administrative staff member) #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM #3, the quality	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF	ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APP		BE	COMPLETION	
assurance consultant, and ASM #5, the former administrator, were made aware of the above concern on 3/29/2022 at 5:02 p.m. No further information was provided prior to exit. 5. The facility staff failed to maintain a homelike environment for Resident #6 (R6). There was a milky substance on the lower half of the closet door. On the most recent MDS assessment, a quarterly assessment, with an ARD of 12/31/2021, the resident was coded as having both short and long term memory problems and was severely	F 584	A second observation 8:41 a.m. R60 was eating breakfast. The on the privacy curtary on the privacy curtary and interview was convironmental serving to 10:54 a.m. When a curtains are checked #1 stated the staff is when they are clear if there is any soil of was made aware of #1 stated she was at it was changed. The shared with OSM # a.m. and stated the coffee and pudding homelike environment for assurance consultary administrator, ASM (administrator, ASM nursing/MDS coord assurance consultary administrator, were concern on 3/29/20. No further information for Remilky substance on door. On the most recent assessment, with air resident was coded	on was made on 3/29/2022 at in the bed, sitting up and he brown substance was still ain. Onducted with OSM #1, the ices director, on 3/29/2022 at sked how often the privacy ed for stains or changed, OSM should be looking at them ning the room, and let us know in them. When asked if she f R60's privacy curtain, OSM aware of it two weeks ago and e above observation was 1. OSM #1 returned at 11:27 curtain looked like it was a ent, OSM #1 stated, no. The staff member) #1, the #2, the interim director of inator, ASM #3, the quality int, and ASM #5, the former made aware of the above 22 at 5:02 p.m. The staff to maintain a homelike sident #6 (R6). There was a the lower half of the closet MDS assessment, a quarterly in ARD of 12/31/2021, the as having both short and long	F	584				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495283	B WING			0.2	C / 30/2022
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		STR	EET ADDRESS, CITY, STATE, ZIP CODE 9 BELLEVUE AVENUE CHMOND, VA 23227	03	13012022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 584	Nutritional Status, Fitheir nutrition by a fitheir nutrition by a fit observation was m 3/28/2022 at 10:24 closet door, next to splattering of a milk of the door. R6's tuthe time. A third obs 3/28/2022 at 3:38 p the milky substance and the R6's tube for a substance of R6's room, infusing and the milky substance of the closet door with the clos	R6 was coded as receiving eeding tube. ade of R6's room on a.m. and 1:49 p.m. The the resident's bed, had a sy substance on the lower half be feeding was not running at servation was made on .m. The closet door still had e on the lower half of the door eeding was infusing.	F	584			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL	TIPLE CONSTRUCTION	((X3) DATE SURVEY COMPLETED	
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		495283	B. WING			03/	30/2022
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 8	3E	(X5) COMPLETION DATE
F 584	concern on 3/29/20 No further informati 6. The facility staff environment for Re with scrapes and ex behind the head of On the most recent quarterly assessme reference date) of 3 15 out of 15 on the mental status), indic cognitively impaired On 3/27/2022 at 12 made of R87's roon head of bed was ob areas of exposed di this time an intervier R87 stated that the trapeze bar on the k stated that they had protective board on in to fix the area or I area had been there they wanted the staff were out of bed one want to have to mov Additional observati and 3/29/2022 at 11 as described above. On 3/29/2022 at 12: conducted with OSM director of maintena #4 stated that they of	on was provided prior to exit. failed to provide a homelike sident #87 (R87). An area kposed drywall was observed R87's bed. MDS (minimum data set), a minimum data set), a mini	F 5	84			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495283	B. WING			1	C	
	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, S 1719 BELLEVUE AVENU RICHMOND, VA 2322	E	1 03/	/30/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	(EACH CORRECT CROSS-REFERENCE	PLAN OF CORRECTION FIVE ACTION SHOULD CED TO THE APPROP FICIENCY)	BE	(X5) COMPLETION DATE	
F 584	currently. OSM #4 rounds were condustated that they use Lifecycle System) frentered by staff. Ocheck to see if ther place for R87's wal observed R87's wal observed R87's wal observed that they would be a OSM #4 discussed stated that they wo another room to hanot take the whole of the conducted with LPN Conducted with LPN LPN #5 stated that directly if there were repairs. LPN #5 stated that directly if there were repairs. LPN #5 stated that directly if there were always called or eith staff face to face on On 3/29/2022 at 4:4 staff member) #1, the interim director of n #3, the quality assurthe former administ above concern. No further informatic Complaint deficience.	stated that monthly room ceted in the facility. OSM #4 ed the TELS (The Equipment or maintenance work orders SM #4 stated that they would e were any work orders in I behind the bed. OSM #4 II behind the bed and stated able to get the repairs done. the repairs with R87 and uld not have to move to ve this completed, as it would day. 25 p.m., OSM #4 stated that orders in place for R87's wall the bed. 12 p.m., an interview was I (licensed practical nurse) #5. they called maintenance e any issues that needed ated that they had never er into the computer and her spoke with maintenance at the unit. 14 p.m., ASM (administrative he administrator, ASM #2, the ursing/MDS coordinator, ASM rance consultant and ASM #5, rator were made aware of the	F	584				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDI	NG			С
		495283	B. WING			03	/30/2022
	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP 1719 BELLEVUE AVENUE RICHMOND, VA 23227	CODE		
(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 TH DEFICIENCY)	N SHOULD E APPROPE	8E	(X5) COMPLETION DATE
F 584	homelike environm the initial resident it PM, a two foot squ from behind Resident it PM, a two foot squ from behind Resident Resident #452's m data set) assessme with an assessmer coded the resident BIMS (brief interview indicating the resident indicating the resident indicating the resident plan dated 2/1/19, "FOCUS: Hoarding bathroom- have as INTERVENTIONS: An interview was compared to the with OSM (other maintenance direct asked his responsitional OSM #4 stated, the When asked the prounds, OSM #4 strounds, bathroom, fixtures, television, asked what work is they touch up paint wallpaper-ongoing building due to humorders are obtained TELS (the equipmenurse or CNA (certia work order, and if	nent for Resident #452. During nterview on 3/27/22 at 3:30 are of wallpaper was missing ent #452's bed. ost recent MDS (minimum ent, a quarterly assessment, at reference date of 2/7/22, as scoring 11 out of 15 on the ew for mental status) score, ent was moderately cognitively int #452's comprehensive care revealed the following, gobelongings in room and safe and clean living area. Monitor room as needed." onducted on 3/29/22 at 9:50 er staff member) #4, the corfor a sister facility. When bilities in covering this facility, ey come over twice a week. To coess for environmental ated, they do monthly room light switches, plugs, window and resident room. When completed, OSM #4 stated if needed, fix the issues with wallpaper in the hidity. When asked how work it, OSM #4 stated they use ent life safety system). The fied nursing assistant) puts in they can, they do the work	F 5				
	OSM #4 stated the	they reach out to a contractor. wallpaper is old, and they ething that can be glued on to					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495283	B. WING				C
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1719 BELLEVUE AVENUE RICHMOND, VA 23227	CODE	<u> 03/</u>	/30/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFE TAG		ON SHOULD IE APPROPR	BE	(X5) COMPLETION DATE
F 584	make the repair. H there would be just #452's bed. On 3/29/22 at 1:25 the requests were corrected now. An interview was c PM, with LPN (licel When asked if mis homelike environm not homelike. On 3/29/22 at 4:40 administrator, ASM nursing, ASM #3, tl consultant, and AS were informed of the	e stated he was not sure why a dry wall behind Resident PM, OSM #4 stated none of in TELS, but they have been onducted on 3/29/22 at 2:50 ased practical nurse) #3. sing wallpaper created a clean, tent, LPN #3 stated, No that is PM, ASM #1, the I #2, the interim director of the quality assurance M #5, the former administrator	F 5	84			
	interview, facility do record review, it was staff failed to provide environment for set survey sample, Res #87, and #452. The findings included 1. The facility staff tracks, under the futhe resident's room.	ion, resident interview, staff ocument review, and clinical is determined that the facility de a clean, home-like even of 50 residents in the sidents #97, #86, #50, #60, #6, e: failed to clean the window erniture, and behind the toilet in . Additionally, the facility failed dent's bureau in a manner free					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		495283	B. WING		03/	30/2022	
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)	11	TREET ADDRESS, CITY, STATE, ZIP CODE 719 BELLEVUE AVENUE RICHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 584	of multiple scratched peeling wallpaper, at the bathroom wall. On the most recent quarterly assessment reference date) of 3 was coded as scori (brief interview for rhad no cognitive implementation to the area window tracks, behind wall where wallpaper television table), an bathroom wall. R97 bureau, which contastrapes, and gouge tracks contained drinot easily scraped when and around brownish-black stairs inches in length. Fin and out of the roof is that no one takes clean or repair items stated: "I am asham to visit me here becoplace." R97 stated to same and to same and to same as the s	ge 41 Is and gouges, failed to repair and failed to repair a hole in twith an ARD (assessment 1/21/22, Resident #97 (R97) and 15 out of 15 on the BIMS mental status), indicating she pairment for making daily p.m., R97 was observed lying take and alert. R97 directed as under the bureau, in the find the toilet, on the bedroomer was peeling (behind the doto a fist-size hole in the also directed attention to the ained numerous chips, as in the finish. The window ed, black material that was with a fingernail. The area the toilet contained a dark in about 6 inches in width and R97 stated housekeepers are or quickly, and the perception the time needed to notice or so that need attention. R97 and to invite my grandchildren ause of the condition of this hey feel like none of the staff out the residents' living	F 584				
	member) #1, enviro was interviewed. W	a.m., OSM (other staff nmental services director, hen asked what is included in	n gayang.				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP (1719 BELLEVUE AVENUE RICHMOND, VA 23227	CODE	1 03/	3012022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	IX (EACH CORRECTIVE ACTIO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 584	tasks are completed down all surfaces, mopping. She state to be deep cleaning set schedule: air codetailing bathrooms asked to observe the R97's room as detathe area under the been dusted "in son had not been clean bathroom "should hnow." She stated the acceptable standar who follows up to not cleaning as they she following up, but if the cover for her staff ago behind houseke performance. She sproblematic, becauthousekeeper assig consistently. When R97's room as hom absolutely would not environmental servithe gouges in the band the holes in the have noticed all the to her.	d daily: dumping trash, wiping cleaning bathrooms, and ed other tasks are considered g, and occur once weekly on a conditioning units, windows, s, furniture. OSM #1 was ne cleanliness conditions of ailed above. OSM #1 stated bureau did not appear to have me time," the window tracks and as they should, and the nave been caught way before he room was not at an of for cleanliness. When asked make sure housekeepers are could, she stated she should be there is a call out, she has to and she does not have time to epers to monitor their stated R97's room location is see there is not one particular ned to clean the room asked if she would describe helike, she stated she	F	584				
	staff member) #1, to R97's room for clear homelike. After loof the bureau, peeling bathroom wall, and and around the toile	he administrator, observed inliness and for being king at the window, gouges in wallpaper, hole in the condition of the area behind et, he stated there are soom, and that the room was)@				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A, BUILDII	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			, 5012511		С	
]		495283	B. WING_		03/30/2022	
	PROVIDER OR SUPPLIER DICA SKILLED NURS	ING AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(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 CROSS-REFERENCED TO THE APPROPRIATE OF THE APPR	BE COMPLETION	
F 584	not homelike. On 3/28/22 at 11:3' quality assurance or regional director of former administrate concerns. A review of the faci 584," revealed, in pto a safe, clean, coenvironmentThe providehousekee services necessary orderly, and comfor 'homelike' should of the living environment	7 a.m., ASM #1, ASM #3, the consultant, ASM #4, the operations, and ASM #5, the or, were informed of these lity policy, "Focus on F Tag art: "The resident has a right mfortable, and homelike facility must ping and maintenance to maintain a sanitary, table interiorA determination include the resident's opinion	F 58			
	Exploitation The resident has the neglect, misapproper and exploitation as includes but is not I corporal punishmer any physical or chetreat the resident's §483.12(a) The faction for the faction of the	rom Abuse, Neglect, and e right to be free from abuse, riation of resident property, defined in this subpart. This imited to freedom from nt, involuntary seclusion and mical restraint not required to medical symptoms. lility must- use verbal, mental, sexual, or poral punishment, or	F 60	 Resident # 43 was provided a investigation initiated, and finsent. A comprehensive review of cresidents will be completed be interdisciplinary team utilizing "Nursing Services" QAPI tool observe current resident care appearance; any identified an opportunity will be corrected care planned as preference. 	urrent by the g the to e /	

OLIVILI	COT OIL MEDIOVILE	O WEDIONID OF MADEO				21410 140	. 0000 0001
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495283	8. WING				C 30/2022
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		171	REET ADDRESS, CITY, STATE, ZIP CODE 19 BELLEVUE AVENUE CHMOND, VA 23227	1 03/	30/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 600	by: Based on observat document review at was determined the care to prevent neg the survey sample, Resident #43 was of flakes and crusty particeable body odd the lips with visible mouth and white filtrunder their neck du observation on 3/29. The findings include On the most recent quarterly assessme reference date) of 1 assessed as being daily decisions. Set documented R43 as one staff member for and personal hygier further documented of bowel and bladded On 3/29/2022 at 10 to TNA (temporary robserve incontinence On 3/29/2022 at 10 made of TNA #10 p daily living) care to basin of warm water and begam to wash about the dandruff of the scalp, TNA #10	ion, staff interview, facility and clinical record review, it acility staff failed to provide lect for one of 50 residents in Resident #43 (R43). Observed with visible dandruff atches on the scalp, a pr., dry and cracked areas on film in the corners of the my substance on the fold area ring an incontinence care of 1/2022. MDS (minimum data set), a ant with an ARD (assessment /31/2022, the resident was severely impaired for making cition G of the assessment severely impaired for making cition G of the assessment or dressing, eating, toileting the The MDS assessment R43 being always incontinent for and receiving tube feeding.	F6	4	S. The DON / designee will edutacility staff on "Focus on Fand "AM care" and "Bathing procedures on or before the compliance. S. Utilizing the "Nursing service tool and Abuse Prevention One—the Interdisciplinary team 5 residents / week x 4 week will be reviewed with QA&A The facility's alleged date of compliance will be April 28,	tag 600" " nursin date of es" QAPI QAPI too will aud s. Resul	g I I

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B WING			C 03/30/2022
NAME OF E	PROVIDER OR SUPPLIER	400200		STREET ADDRESS, CITY, STATE, ZIP C	ODE	03/30/2022
		NG AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE RICHMOND, VA 23227	_	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD I	BE COMPLETION
F 600	was washed, TNA # shampoo R43's hai trained how to do the was washed on shot that they did not take they were not trained or shower stretcher knew that R43's fan showers because the they could only do was they did not want to they could. TNA #10 stated that they did not want to they could. TNA #1 and cleaned a white area. An area on the lower right jaw was raised bumps on it. a rash on that area the area too hard so door was smelled warmpit areas throug TNA #10 proceeded and apply a new go about R43's mouth stated that they sho provide mouth care trained how to use thurt R43. TNA #10 on R43's lips at time roommate. TNA #1 observations were fivere only able to ge the training they had best that they could The comprehensive documented in part, Initiated: 02/19/2021	#10 stated that they did not r because they were not his. When asked if R43's hair ower days, TNA #10 stated the R43 to the shower because the down to use the shower chair. TNA #10 stated that they nily wanted them to have hey had been told this, but what they were trained to do. It R43 was very contracted and hurt them so they did the best 0 washed under R43's chin the right side of the neck and observed to have small red TNA #10 stated that R43 had and they were afraid to wash to it would not bleed. Body when TNA #10 washed R43's he masks worn during care. It to provide incontinence care with to R43. When asked care and dry lips, TNA #10 uld use mouth swabs to for R43 but they were never hem and they did not want to stated that they got from R43's 0 stated that these rom lack of care and that they et so much of R43 clean with direceived, but they did the	F 6			

CENTE	KO FUK MEDICAKE	A MEDICAID SERVICES			CIAID IA	0. 0930-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495283	B. WING		0	C 3/30/2022	
l	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP COD 1719 BELLEVUE AVENUE RICHMOND, VA 23227	E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI	PROVIDER'S PLAN OF CORRE X (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP- DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 600	On 3/29/2022 at 12 R43 was made with member) #2, the int coordinator. ASM # dandruff flakes and and dry and cracker corners of the mout of the body odor an under the neck duri ASM #2 was made washing and mouth due to lack of training	and eating as needed." 24 p.m., an observation of ASM (administrative staff terim director of nursing/MDS 25 observed R43's visible crusty patches on the scalp dareas on the lips with film in the ASM #2 was made aware d substance on the fold area ng ADL care on 3/29/2022. aware that showers, hair care were not being done ng and stated that they that training the TNA's were	F6	00			
	Neglect, Mistreatme Prevention" docume failure of the facility, providers to provide to provide goods an are necessary to av	Patient Protection, Abuse, ent and Misappropriation ented in part, "Neglect is the its employees or service goods and service providers d services to a resident that oid physical harm, pain, emotional distress"					
	administrator, ASM nursing/MDS coordi assurance consultat	1 p.m., ASM #1, the #2, the interim director of mator, ASM #3, the quality nt and ASM #5, the former made aware of the above					
	No further information Transfer and Dischar CFR(s): 483.15(c)(1		F 6	22			
	§483.15(c) Transfer	and discharge-					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, · ·	TIPLE CONSTRUCTION		TE SURVEY MPLETED	
		405302	B. WING			C	
		495283	B. WING		03	/30/2022	
]	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		JLD BE	COMPLETION DATE	
F 622	remain in the facility discharge the reside (A) The transfer or resident's welfare acannot be met in the (B) The transfer or obecause the resider sufficiently so the reservices provided by (C) The safety of incendangered due to status of the resider (D) The health of incotherwise be endan (E) The resident has appropriate notice, tunder Medicare or Monpayment applies submit the necessal payment or after the Medicare or Medicare or Medicare ident refuses to president who become admission to a facility resident while the as § 431.230 of this charge notice from 431.220(a)(3) of this discharge or transferor safety of the resident resident resident resident resident while the as § 431.230 of this charge notice from 431.220(a)(3) of this discharge or transferor safety of the resident resident resident resident resident while the as § 431.230 of this charge notice from 431.220(a)(3) of this discharge or transferor safety of the resident resid	ty requirements- permit each resident to y, and not transfer or ent from the facility unless- discharge is necessary for the nd the resident's needs e facility; discharge is appropriate nt's health has improved esident no longer needs the y the facility; dividuals in the facility is the clinical or behavioral nt; dividuals in the facility would gered; s failed, after reasonable and no pay for (or to have paid Medicaid) a stay at the facility. Is if the resident does not ry paperwork for third party ethird party, including id, denies the claim and the loay for his or her stay. For a less eligible for Medicaid after ty, the facility may charge a ble charges under Medicaid;	F 6	1. Residents # 452, # 66, # 65 have all been re-admitted facility. An updated list of was faxed to the ombuds? 2. Utilizing the "Unexpected Readmission" QAPI tool — Director of Nursing / designompleted a comprehension from 3.1.22 — current to edischarge requirements weach resident discharged. 3. The Director of Nursing / will educate the facility lice nursing staff on "Focus on and the "Interdisciplinary Transition Checklist" on ordate of compliance. 4. Utilizing the "Unexpected Readmission" QAPI tool; of Nursing / designee will care send outs and facility discharges for 5 residents weeks. Results will be revealed. 5. The facility's alleged date compliance will be April 28	, # 6, # 93 to the discharge han, hospital the re review ere met for esignee ensed F-tag 622 Care before the hospital he Direct audit acu initiated weekly x ewed wit	t or e e e e	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495283	8. WING			03	C 3/30/2022
- 22	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)		1719	EET ADDRESS, CITY, STATE, ZIP CODE B BELLEVUE AVENUE HMOND, VA 23227		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 622	§483.15(c)(2) Docu When the facility tra resident under any in paragraphs (c)(1) section, the facility or discharge is docu medical record and communicated to th institution or provide (i) Documentation in must include: (A) The basis for the (i) of this section. (B) In the case of pasection, the specific be met, facility atten needs, and the serv facility to meet the n (ii) The documentati (2)(i) of this section (A) The resident's p discharge is necess (A) or (B) of this section (A) The resident pathis section. (iii) Information prov must include a minin (A) Contact informat responsible for the c (B) Resident represe contact information (C) Advance Directive	fer or discharge would pose, amentation. ansfers or discharges a of the circumstances specified (i)(i)(A) through (F) of this must ensure that the transfer umented in the resident's appropriate information is ne receiving health care er. In the resident's medical record the transfer per paragraph (c)(1) aragraph (c)(1)(i)(A) of this cresident need(s) that cannot mpts to meet the resident vice available at the receiving need(s). It is must be made byothysician when transfer or sary under paragraph (c) (1) ction; and en transfer or discharge is aragraph (c)(1)(i)(C) or (D) of vided to the receiving provider mum of the following: It is not the practitioner care of the resident. The entative information including the propriate.	F 6	522			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, 29 1719 BELLEVUE AVENUE RICHMOND, VA 23227	PCODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD HE APPROPR	BE	(X5) COMPLETION DATE
F 622	(F) All other neces copy of the resident consistent with §48 any other document a safe and effective. This REQUIREMENT by: Based on staff intered into and facility documents facility staff failer required information staff when five out a sample were transformation staff when five out a sample were transformation staff when Residents #452, #61. The findings included information staff when Resident staff when Resident when a r	sary information, including a t's discharge summary, 3.21(c)(2) as applicable, and tation, as applicable, to ensure a transition of care. NT is not met as evidenced erview, clinical record review ent review, it was determined ed to provide evidence that all in was provided to the hospital of 50 residents in the survey ferred to the hospital, 66, #67, #6, and #93. In was provide evidence that all in was provided to the hospital, 66, #67, #6, and #93. In was provided to the hospital of th	F€	522			
	with an assessmen coded the resident BIMS (brief intervie	ent, a quarterly assessment, t reference date of 2/7/22, as scoring 11 out of 15 on the w for mental status) score, ent was moderately cognitively					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495283	B. WING			กร	C /30/2022
	PROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIF 1719 BELLEVUE AVENUE RICHMOND, VA 23227	CODE	03	13012022
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F 622	A review of the numa/20/22 at 7:04 PM (certified nursing a P.M. of the aforem of chest pain and 3 Vitals blood pressive respirations-22, te saturation-95% on to be in respiratory requested. Emergitransported reside party) and NP (numark) are sided to side numark) and NP (numark) and NP	rsing progress note dated M, revealed the following, "CNA assistant) notified nurse at 5:00 nentioned resident complaining SOB (shortness of breath). ure-154/86, pulse-70, mperature-97.8, oxygen room air. Resident appeared of distress. 911 assistance ency assistance arrived and nt to hospital. RP (responsible se practitioner) notified."	F 6	22			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495283	B. WING		0.3	C 3/30/2022	
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP C 1719 BELLEVUE AVENUE RICHMOND, VA 23227			
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F 622	acute care transfer stated if it is an emidocuments are not On 3/29/22 at 4:40 administrator, ASM nursing, ASM #3, the consultant, and ASI were informed of the According to the fact Transitions Checklis reveals, "Assess particular to the fact Transitions Checklis reveals, "Assess particular to the fact Transfer Documents of the According to the According to the According to the According to the fact Transfer Documents of the According to the According t	et and put it in the chart. The is usually in the chart. She ergency 911 call, all the sent. PM, ASM #1, the #2, the interim director of the quality assurance of the quality assurance of the above concern. Cility's "Interdisciplinary Care ests" policy, dated 10/19, which attent for change in condition. Change in condition and obtain the mew orders. Complete 'Acute amentation Checklist'. Collect that including a Record' and copy of the ensive care plan goals from place in envelope. Seal top copy and place in the ord." On was provided prior to exit. Called to evidence the required provided to the receiving initiated transfer for Resident 2022. MDS (minimum data set) ifficant change assessment, sment reference date) of the stored a 15 out of 15 tent is not cognitively impaired	F6	322			
12		ted 2/22/2022 documented in hologist) from [initials of					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '			(X3) DATE SURVEY COMPLETED	
	495283	B. WING		0.5	C 3/30/2022	
PROVIDER OR SUPPLIER	J		STREET ADDRESS, CITY, STATE, ZIP 1719 BELLEVUE AVENUE RICHMOND, VA 23227		W30/2022	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
hospital] called facineeds to be sent to (emergency room) hemoglobin 6.2 and that resident needs he wants him (sic) Called MD (medica send resident to EF (responsible party) called. Writer also assure that residen hospital was on Am with MD at ER that A request was mad of ASM (administrated administrator, for example of the content of	ility and stated that resident initials of hospital] ER due to creatinine of 10.5, d K (potassium) 6.5. States to get dialysis right away and taken to [initial of hospital]. In doctor) and received order to R per Nephrotogist request. RP was called and ambulance called [initials of hospital] to be twould be accepted since inbulance diversional, spoke will accept resident to ER."	F6	22			
assurance consulta have any document documents sent wit hospital on 2/22/202 An interview was contractical nurse) #2 When asked the proout to the hospital, shift we assess the family. We fill in an send relative labs, for (medication) list. The asked if they send to resident, LPN #2 states.	ant, stated the facility did not tation related to the th R66 upon transfer to the 22. Inducted with LPN (licensed on 3/29/2022 at 3:32 p.m. ocess for sending a resident LPN #2 stated on evening m, call MD (medical doctor), acute care transfer form. We face sheet and med the nurse calls report. When the care plan goals with the					
	PROVIDER OR SUPPLIER DICA SKILLED NURS SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pathospital] called facineeds to be sent to (emergency room) hemoglobin 6.2 and that resident needs he wants him (sic) Called MD (medicals send resident to EF (responsible party) called. Writer also assure that resident hospital was on Amwith MD at ER that A request was mad of ASM (administration of ASM (admi	PROVIDER OR SUPPLIER DICA SKILLED NURSING AND REHAB (IMPERIAL) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 52 hospital] called facility and stated that resident needs to be sent to [initials of hospital] ER (emergency room) due to creatinine of 10.5, hemoglobin 6.2 and K (potassium) 6.5. States that resident needs to get dialysis right away and he wants him (sic) taken to [initial of hospital]. Called MD (medical doctor) and received order to send resident to ER per Nephrologist request. RP (responsible party) was called and ambulance called. Writer also called [initials of hospital] to assure that resident would be accepted since hospital was on Ambulance diversional, spoke with MD at ER that will accept resident to ER." A request was made on 3/29/2022 at 10:45 a.m. of ASM (administrative staff member) #1, the administrator, for evidence of the medication list, care plan and other clinical documents were sent with R66 at the time of their transfer on 2/22/2022. On 3/29/2022 at 12:11 p.m. ASM #3, the quality assurance consultant, stated the facility did not have any documentation related to the documents sent with R66 upon transfer to the hospital on 2/22/2022. An interview was conducted with LPN (licensed practical nurse) #2 on 3/29/2022 at 3:32 p.m. When asked the process for sending a resident out to the hospital, LPN #2 stated on evening shift we assess them, call MD (medical doctor), family. We fill in an acute care transfer form. We send relative labs, face sheet and med (medication) list. The nurse calls report. When asked if they send the care plan goals with the resident, LPN #2 stated no, we don't send the	PROVIDER OR SUPPLIER DICA SKILLED NURSING AND REHAB (IMPERIAL) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 52 hospital] called facility and stated that resident needs to be sent to [initials of hospital] ER (emergency room) due to creatinine of 10.5, hemoglobin 6.2 and K (potassium) 6.5. States that resident needs to get dialysis right away and he wants him (sic) taken to [initial of hospital]. Called MD (medical doctor) and received order to send resident to ER per Nephrologist request. RP (responsible party) was called and ambulance called. 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When asked if they send the care plan goals with the resident, LPN #2 stated no, we don't send the	PROVIDER OR SUPPLIER JEAN STREET ADDRESS. CITY, STATE, 2IP 1719 BELLEVUE AVENUE REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 52 hospital] called facility and stated that resident needs to be sent to [initials of hospital] ER (emergency room) due to creatinine of 10.5, hemoglobin 6.2 and K (potassium) 6.5. States that resident needs to get dialysis right away and he wants him (sic) taken to [initial of hospital]. Called MD (medical doctor) and received order to send resident to ER per Nephrologist request. RP (responsible parly) was called and ambulance called. Writer also called [initials of hospital] to assure that resident would be accepted since hospital was on Ambulance diversional, spoke with MD at ER that will accept resident to ER." 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When asked if they send the care plan goals with the resident, LPN #2 stated on, we don't send the	PROMOBER OR SUPPLIER DICA SKILLED NURSING AND REHAB (IMPERIAL) SUMMARY STATEMENT OF DEFICIENCIES (REAH DEFICIENCY) SUMMARY STATEMENT OF DEFICIENCIES (REAH DEFICIENCY) CONTINUED FROM DICE IDENTIFYING INFORMATION) FRESIX CONTINUED FROM DICE IDENTIFYING INFORMATION) FROM DICE IDENTIFYING INFORMATION) FROM DICE IDENTIFYING INFORMATION FROM DICE IDENTIFY INFORMATION FROM DICE INFORMATION FR	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		495283	B. WING			03	C / 30/2022
MAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	P CODE	03.	73012022
		ING AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE RICHMOND, VA 23227			
(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 (X (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD HE APPROPE	BE	(X5) COMPLETION DATE
F 622	off what has been sabig envelope. Whe evidence what has they usually make aput it in the chart. It transfer is usually in sometimes you dor 911 call. ASM (administrative administrator, ASM nursing/MDS coord assurance consulta administrator, were concern on 3/29/20 No further information was facility for a facility if a facility if a facility if a facility if the most recent ARD of 3/7/2022, the severely cognitively decisions. The nurse's note dedocumented, "Resident refus (responsible party) encourage insulin compatition was a big and the second and th	atted there is a form to check sent with the resident, there is sen asked, how do you been sent, LPN #2 stated, a copy of the one sheet and LPN #2 stated the acute care in the chart. She further stated, it get all that Information for a se staff member) #1, the #2, the interim director of inator, ASM #3, the quality int, and ASM #5, the former made aware of the above 22 at 5:02 p.m. In was provided prior to exit. Tailed to evidence the required provided to the receiving initiated transfer for Resident	F 6				
	(emergency room) 1	er obtained to send to er for eval (evaluation), RP		1			

OLIVE	TO TOTT MILLOTO, WILL	O MADIO OLIVITORO				10 110, 0	7000 0001
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	ľ	X3) DATE : COMPL	
		495283	B. WING			C 03/3/	12022
NAME OF A	PROVIDER OR SUPPLIER	433203	0	STREET ADDRESS, CITY, STATE, ZIP (CODE	03/30	0/2022
		NG AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE RICHMOND, VA 23227	JODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD E		(X5) COMPLETION DATE
F 622	of hospital]." A request was mad of ASM (administrator, for evare plan and other with R66 at the time 3/19/2022. On 3/29/2022 at 12 assurance consulta have any document documents sent with hospital on 3/19/203. An interview was copractical nurse) #2 When asked the prout to the hospital, shift we assess the family. We fill in an send relative labs, f (medication) list. The asked if they send to resident, LPN #2 stocare plan. When as evidence that these resident, LPN #2 stoff what has been so a big envelope. Whe evidence what has they usually make a put it in the chart. Let transfer is usually in	e on 3/29/2022 at 10:45 a.m. tive staff member) #1, the vidence of the medication list, clinical documents were sent e of their transfer on: 11 p.m. ASM #3, the quality int, stated the facility did not tation related to the h R67 upon transfer to the 22. Inducted with LPN (licensed on 3/29/2022 at 3:32 p.m. pocess for sending a resident LPN #2 stated on evening m, call MD (medical doctor), acute care transfer form. We	F 6	522			
		e staff member) #1, the #2, the interim director of					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA NOD PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MUL A. BUILD			(X3) DATE SURVEY COMPLETED		
		495283	B. WING			0	3/30/2022
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		171	EET ADDRESS, CITY, STATE, ZIP CODE 9 BELLEVUE AVENUE CHMOND, VA 23227	, -	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 622	nursing/MDS coord assurance consulta administrator, were concern on 3/29/20 No further informati 4. The facility staff the documentation was facility for a facility if the on 2/24/2022. On the most recent assessment, with a resident was coded term memory proble impaired to make documented in part 6:00 a.m. to give his peg tube on the floosite, call placed to operson on call] receof hospital], hospice above. Called (sic) list, informed of what resident was going to have peg tube recall placed to ambulate to pick up resident was made ASM (administrator, for excare plan and other with R6 at the time of the concern of the construction of the	inator, ASM #3, the quality int, and ASM #5, the former made aware of the above 22 at 5:02 p.m. Ion was provided prior to exit. Iailed to evidence the required provided to the receiving nitiated transfer for Resident MDS assessment, a quarterly nARD of 12/31/2021, the as having both short and long ems and was severely aily decisions. Intel 2/24/2022 at 7:35 a.m., "Went to resident room at m his medication and found or, not bleeding noted from loctor on call. [Name of ived order to send to [Name et also called and informed of placed to person on contact at had happen and was told to be sent out to the hospital placed. Vital signs stable. Illance. 7:35 (a.m.) ambulance	F	222			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		405000					С	
		495283	B. WING			03/30/2022		
	PROVIDER OR SUPPLIER DICA SKILLED NURS	ING AND REHAB (IMPERIAL)		1719	EET ADDRESS, CITY, STATE, ZIP COE BELLEVUE AVENUE	PΕ		
				RIC	HMOND, VA 23227			
(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 622	have any document documents sent withospital on 2/24/20. An interview was opractical nurse) #2 When asked the prout to the hospital, shift we assess the family. We fill in assend relative labs, (medication) list. Tasked if they send resident, LPN #2 soff what has been a big envelope. Whevidence what has they usually make put it in the chart. transfer is usually isometimes you do 911 call. ASM (administrative administrator, ASM nursing/MDS coord assurance consultate administrator, were concern on 3/29/20. No further informat.	ant, stated the facility did not station related to the lith R6 upon transfer to make a side on 3/29/2022 at 3:32 p.m. rocess for sending a resident LPN #2 stated on evening lem, call MD (medical doctor), in acute care transfer form. We face sheet and med lith early the lith early to the lith early the lith early to lith early the lith early to lith early the lith early		522				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
			A, BUILU	11/4G			С	
		495283	B. WING			03	/30/2022	
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		171	REET ADDRESS, CITY, STATE, ZIP CODE 9 BELLEVUE AVENUE CHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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 622	#93 (R93) on 1/15/2 On the most recent assessment, with a resident scored a 7 indicating the reside impaired for making. The nurse's note da "Resident noted wit 81 - 86%. Initiated MD on all notified. (and to increase PRI call back to on-call check O2 sat (satur deep breaths. Resi Rechecked O2 sat 3 down to 86% on 2/1/2 called MD on call to order to send to [initidesaturation at this medical technician) given to EMT. MD Resident is own RP transport to [initials sent with EMT." A request was made ASM (administrative administrator, for everare plan and other with R93 at the time 1/15/2022. On 3/29/2022 at 8:1 assurance consultate have any document.	MDS assessment, a quarterly n ARD of 3/17/2022, the out of 15 on the BIMS score, ent is severely cognitively daily decisions. ated, 1/15/2022 documented, h low O2 (oxygen) saturation O2 at 2 l/m (liters per minute). Save order to give O2 at 2 l/m N (as needed). Also to give if O2 needs increased. Write ation) on 2l/m O2 at 94% with dent was repositioned in bed. 2 hours later noted O2 sat m, increased O2 to 2 l/m inform. MD on call gave tials of hospital] ER due to time. EMT (emergency called for transport. Report on call informed of transfer. and was made aware of of hospital]. Transfer sheet e on 3/28/2022 at 4:51 p.m. of e staff member) #1, the ridence of the medication list, clinical documents were sent of their transfer on 0 a.m. ASM #3, the quality int, stated the facility did not ation related to the R93 upon transfer to the	F6	i22				

<u> </u>	AG FOR INITIONAL	WINDOWND OF LANCE			WD 140, 0000-000			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED			
		495283	B. WING		C 03/30/3033			
NAME OF F	PROVIDER OR SUPPLIER	400200		STREET ADDRESS, CITY, STATE, ZIP CODE	03/30/2022			
PROMEC	DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)	1719 BELLEVUE AVENUE RICHMOND, VA 23227					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APPL DEFICIENCY)		BE COMPLETION			
F 622	An interview was co	ge 58 onducted with LPN (licensed on 3/29/2022 at 3:32 p.m. ocess for sending a resident	F 622	2	,			
	out to the hospital, shift we assess their family. We fill in an send relative labs, f (medication) list. The asked if they send the resident, LPN #2 straight as a big envelope. When as a big envelope. Where it in the chart. Let transfer is usually in	LPN #2 stated on evening m, call MD (medical doctor), acute care transfer form. We						
	administrator, ASM nursing/MDS coordi assurance consultar	e staff member) #1, the #2, the interim director of nator, ASM #3, the quality nt, and ASM #5, the former made aware of the above 22 at 5:02 p.m.						
F 623		on was provided prior to exit. s Before Transfer/Discharge)-(6)(8)	F 623	F 623 – Notice Requirements Prio Transfer / Discharge	rto			
100	§483.15(c)(3) Notice Before a facility tran resident, the facility (i) Notify the residen	sfers or discharges a must-		1. Residents # 452, # 66, # 67, # 6 have all been re-admitted to t facility.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTI A. BUILDIN		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495283	B, WING _				C 30/2022
NAME OF	PROVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE	1 03/	30/2022
PROME	DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)			BELLEVUE AVENUE IMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 623	representative(s) of the reasons for the language and mann facility must send a representative of the Long-Term Care Or (ii) Record the reas discharge in the resident and (iii) Include in the not paragraph (c)(5) of §483.15(c)(4) Timin (i) Except as specific (c)(8) of this section discharge required made by the facility resident is transferr (ii) Notice must be refore transfer or di (A) The safety of income the endangered und this section; (B) The health of income the endangered, under this section; (C) The resident's hallow a more immediate transfer dy (D) An immediate transfer dy (C) (E) A resident has no days.	f the transfer or discharge and move in writing and in a ner they understand. The copy of the notice to a e Office of the State mbudsman. ons for the transfer or sident's medical record in ragraph (c)(2) of this section; of the notice. ed in paragraphs (c)(4)(ii) and on the notice of transfer or under this section must be at least 30 days before the ed or discharged.	F 62	3.	Utilizing the "Unexpected Horeadmission" audit tool, a comprehensive review of dis from 3.1.22 - current; exclud will be completed to ensure appropriate paperwork was completed. The NHA / designee will educ facility Social Service departr "Focus on F-tag 623" on or b date of compliance. Utilizing the "Unexpected Horeadmission" audit tool 5 resweek will be audited by the I designee to validate compliance will be reviewed with The facility's alleged date of compliance will be April 28, 2	cate the ment on efore th ospital sidents, NHA / nce.	ne

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X:	3) DATE SURVEY COMPLETED
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		495283	B. WING			03/30/2022
	PROVIDER OR SUPPLIEF	SING AND REHAB (IMPERIAL)	1	TREET ADDRESS, CITY, STATE, ZIP (719 BELLEVUE AVENUE RICHMOND, VA 23227	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	
F 623	(ii) The effective d (iii) The location to transferred or disc (iv) A statement of including the name and telephone nur receives such required to obtain an appear completing the for hearing request; (v) The name, additelephone number Long-Term Care (vi) For nursing fact and developmental disabilities, the matelephone number the protection and developmental dis C of the Developmental disorder or related email address and agency responsible advocacy of individes tablished under for Mentally III Individual S483.15(c)(6) Chall the information in effecting the transfer must update the responsible transfer the protection of the protection o	ollowing: transfer or discharge; ate of transfer or discharge; which the resident is charged; the resident's appeal rights, e, address (mailing and email), mber of the entity which uests; and information on how al form and assistance in m and submitting the appeal lress (mailing and email) and of the Office of the State ombudsman; cility residents with intellectual al disabilities or related willing and email address and of the agency responsible for advocacy of individuals with abilities established under Part mental Disabilities Assistance act of 2000 (Pub. L. 106-402, C. 15001 et seq.); and cility residents with a mental disabilities, the mailing and telephone number of the e for the protection and disabilities, the mailing and telephone number of the e for the protection and disabilities, the mailing and telephone number of the e for the protection and disabilities, the facility viduals Act. Inges to the notice. In the notice changes prior to fer or discharge, the facility ecipients of the notice as soon the updated information	F 623			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION			TE SURVEY
		495283	B. WING			02	C
	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)		STREET ADDRESS, CITY STA 1719 BELLEVUE AVENUE RICHMOND, VA 23227	TE, ZIP CODE	03	/30/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE CROSS-REFERENCED		BE	(X5) COMPLETION DATE
10 D J	§483.15(c)(8) Notice In the case of facility the administrator of written notification in to the State Survey State Long-Term Council the facility, and the well as the plan for relocation of the residence of the facility and the state of the facility document facility document facility staff failed documentation to the facility initiated transin the survey samples, and #93. 1. The findings included in the facility staff failed documentation to the fa	te in advance of facility closure by closure, the individual who is if the facility must provide prior to the impending closure. Agency, the Office of the are Ombudsman, residents of resident representatives, as the transfer and adequate sidents, as required at § NT is not met as evidenced rview, clinical record review nt review, it was determined at to evidence written are Resident and/or RP and ombudsman upon a ser for five out of 50 residents e, Residents #452, #66, #67, ande: ed to evidence written are Resident/RP and Resident #452 was	F 6	23			

CLIVIE	ING FOR MILDICARE	A MILDICAID SERVICES				IND NO	<u> </u>
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		TE SURVEY MPLETED
		495283	B. WING		·	03	C 3/30/2022
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		17	REET ADDRESS, CITY, STATE, ZIP CODE 19 BELLEVUE AVENUE CHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 623	(certified nursing as P.M. of the aforeme of chest pain and S Vitals blood pressur respirations-22, terr saturation-95% on respirations-22, terr saturation-95% on requested. Emerger transported residen party) and NP (nursion 3/28/22 at approwas made for the et to the RP and ombuwas transferred to the Con 3/29/22 at approprogress note dated provided. ASM (administrative assurance consultar any additional evidence notification, ASM #3 An interview was copm, with LPN (licension when asked what we to the RP and ombut transferred to the hourses make a phorodocument in the chaknow if anything else stated she did not know the review was consulted any additional evidence notification, ASM #3 An interview was copm.	existant) notified nurse at 5:00 entioned resident complaining OB (shortness of breath). The state of the sta	F	523			

	TO TOTT MEDICITIE	C WILDION OF OFLIANCE				CIVID IN	O. 0000-000 I
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A BUILD		CONSTRUCTION		ATE SURVEY OMPLETED
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	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		171	EET ADDRESS, CITY, STATE, ZIP CODE 9 BELLEVUE AVENUE CHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPROPRIED TO TH	JLD BE	(X5) COMPLETION DATE
nomino	worker. When asked notification to the on she started work at and someone was a notification. She started work at and someone was a notification. She started work at about that ombudship of the starter of the same of the s	ed about the written mbudsman, OSM #5 stated the facility in January 2022, else doing the ombudsman atted she actually found out man notification today. PM, ASM (administrative staff fininistrator, ASM #2, the ursing, ASM #3, the quality nt, and ASM #5, the former informed of the above cility's "Interdisciplinary Care sts" policy, dated 10/19: lled nursing facility to acute family and representative, ation per state specific a representative from the legal estions. Notify ombudsman." on was provided prior to exit. ailed to provide written sident and/or responsible tiated transfer, and failed to an of a transfer to the hospital sident #66 (R66). MDS (minimum data set) ficant change assessment, sment reference date) of nt scored a 15 out of 15, nt is not cognitively impaired	F6	223			

	110 1 0111111111111111111111111111111	. at MEDIONID SERVICES			Olain I	10. 0930-039 I
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	1 1	LE CONSTRUCTION		DATE SURVEY COMPLETED
		495283	B. WING			C * 03/30/2022
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)	-	STREET ADDRESS, CITY, STATE, ZIP CO 1719 BELLEVUE AVENUE RICHMOND, VA 23227		0010012022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 623	(emergency room) hemoglobin 6.2 and that resident needs he want him (sic) to Called MD (medica send resident to EF (responsible party) called. Writer also assure that residen hospital was on Am with MD at ER that A request was mad of ASM (administrated administrator, for exto the resident and/notification to the or 2/22/2022. On 3/29/2022 at 12 assurance consulta have any document to the resident and/not have evidence of	[initials of hospital] ER due to creatinine of 10.5, d K (potassium) 6.5. States to get dialysis right away and iken to [initials of hospital]. I doctor) and received order to a per Nephrologist request. RP was called, and ambulance called [initials of hospital] to a twould be accepted since bulance diversional, spoke will accept resident to ER." The on 3/29/2022 at 10:45 a.m. tive staff member) #1, the vidence of a written notification or responsible party and mbudsman for R66's transfer. The m. ASM #3, the quality int, stated the facility did not ation of a written notification or responsible party and did	F 623			
	practical nurse) #2 of When asked if anyther resident and/or respfor the transfer, LPN with the resident. Wife responsible for no #2 stated not that sheven know how to not the stated to the stated t	anducted with LPN (licensed on 3/29/2022 at 3:32 p.m. ning is sent or given to the consible party for the reason I #2 stated an affidavit is sent then asked if the nursing staff tifying the ombudsman, LPN ne knew of, and that she didn't otify the ombudsman.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495283	B. WING				C 30/2022	
NAME OF	PROVIDER OR SUPPLIER	430200	1	STREET ADDRESS, CITY, STATE, ZIP O	CODE	บงก	30/2022	
		NG AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE RICHMOND, VA 23227	,002			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF1) TAG	PROVIDER'S PLAN OF CO. ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD B	BE	(X5) COMPLETION DATE	
F 623	member) # 5, socia 4:39 p.m. When as ombudsman of transtated she had just January 2022, and OSM #5 stated she ombudsman notification administrator, ASM (administrator, ASM nursing/MDS coord assurance consulta administrator, were concern on 3/29/20 No further information administrator, were concern on 3/29/20 The facility staff frontification to the reparty for a facility innotify the ombudsmon 3/19/2022 for Resolution administrator, were considered and state of the party of the nurse's note day documented, "Resident refusion administrator administrator, were considered and new order called and new order calle	all services, on 3/29/2022 at ked if she notified the sefers to the hospital, OSM #5 started at the facility in someone else was doing that. just found out about the ation today. The staff member) #1, the #2, the interim director of inator, ASM #3, the quality int, and ASM #5, the former made aware of the above 22 at 5:02 p.m. The sident and/or responsible itiated transfer, and failed to the hospital interior to the	F 6	23				

CENTE	KO FOR WEDICARE	& MEDICAID SERVICES				CIVIB IN	<u>0. 0938-0391</u>
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A BUILD		CONSTRUCTION		ATE SURVEY DMPLETED
		495283	B. WING			0	3/30/2022
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		1719	EET ADDRESS, CITY, STATE, ZIP CO BELLEVUE AVENUE HMOND, VA 23227	E, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 623	of ASM (administrated administrator, for every to the resident and/notification to the original of the original of the original of the resident and/not have evidence of the resident and/not have evidence of the resident and/not have evidence or to the resident and re	e on 3/29/2022 at 10:45 a.m. ive staff member) #1, the vidence of a written notification or responsible party and nbudsman for R67's transfer 11 p.m. ASM #3, the quality nt, stated the facility did not ation of a written notification or responsible party and did	Fé	523			
	practical nurse) #2 of When asked if anyther resident and/or responsible for the transfer, LPN with the resident. Wife responsible for no #2 stated not that she with the resident with the resident.	nducted with LPN (licensed on 3/29/2022 at 3:32 p.m. hing is sent or given to the ionsible party for the reason I #2 stated an affidavit is sent hen asked if the nursing staff tifying the ombudsman, LPN he knew of, and that she didn't otify the ombudsman.					
100	member) # 5, social 4:39 p.m. When ask ombudsman of trans stated she had just a January 2022, and s	nducted with OSM (other staff services, on 3/29/2022 at sed if she notified the sfers to the hospital, OSM #5 started at the facility in someone else was doing that just found out about the stion today.					
	administrator, ASM nursing/MDS coordi assurance consultar	staff member) #1, the #2, the interim director of nator, ASM #3, the quality nt, and ASM #5, the former made aware of the above					

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		E SURVEY
		495283	B. WING		i .	C
NAME OF	PROVIDER OR SUPPLIER	495203		REET ADDRESS, CITY, STATE, ZIP CODE	03/	/30/2022
		NG AND REHAB (IMPERIAL)	17	19 BELLEVUE AVENUE CHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	8E	(X5) COMPLETION DATE
F 623	concern on 3/29/20 No further informati 4. The facility staff if notification to the reparty for a facility in notify the ombudsm on 2/24/2022 for Reform the most recent assessment, with a resident was coded term memory proble impaired to make different to make	22 at 5:02 p.m. on was provided prior to exit. failed to provide written esident and/or responsible itiated transfer, and failed to nan of a transfer to the hospital esident #6 (R6). MDS assessment, a quarterly n ARD of 12/31/2021, the as having both short and long ems and was severely	F 623			

						7101122 1 4	<u> </u>
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUI A. BUILD		CONSTRUCTION		ATE SURVEY DMPLETED
		495283	B. WING				C
NAME OF	PROVIDER OR SUPPLIER	100200			DEET ADDRESS CITY STATE TIR CODE	, 0.	3/30/2022
		NG AND REHAB (IMPERIAL)		17	REET ADDRESS, CITY, STATE, ZIP CODE 19 BELLEVUE AVENUE CHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE		
F 623	have any document to the resident and/ not have evidence on the trion 2/24/2022.	ge 68 tation of a written notification or responsible party and did of the ombudsman's ansfer for R6 to the hospital	F	523			
	practical nurse) #2 When asked if anyt resident and/or resp for the transfer, LPN with the resident. Wif responsible for no #2 stated not that si	on 3/29/2022 at 3:32 p.m. hing is sent or given to the ponsible party for the reason N #2 stated an affidavit is sent then asked if the nursing staff tifying the ombudsman, LPN he knew of, and that she didn't totify the ombudsman.					
1	member) # 5, social 4:39 p.m. When ask ombudsman of tran- stated she had just January 2022, and s	Inducted with OSM (other staff is services, on 3/29/2022 at sted if she notified the sfers to the hospital, OSM #5 started at the facility in someone else was doing that just found out about the attion today.					
	administrator, ASM nursing/MDS coordi assurance consultar	e staff member) #1, the #2, the interim director of nator, ASM #3, the quality nt, and ASM #5, the former made aware of the above 22 at 5:02 p.m.					
	No further information	on was provided prior to exit.					
	notification to the resparty for a facility init	ailed to provide written sident and/or responsible tiated transfer, and failed to an of a transfer to the hospital sident #93 (R93).					

CENTE	KO FOR WEDICARE	A MEDICAID SERVICES			UIVID I	10. 0930-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		DATE SURVEY COMPLETED
		495283	B. WING_			C
		435255	-			03/30/2022
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP 1719 BELLEVUE AVENUE RICHMOND, VA 23227	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE LE APPROPRIATE	(X5) COMPLETION DATE
F 623	Continued From pa	ge 69	F 62	3		· · · · · · · · · · · · · · · · · · ·
	assessment, with a resident scored a 7 indicating the reside impaired for making. The nurse's note da "Resident noted wit 81 - 86%. Initiated MD on all notified. Cand to increase PRI call back to on-call icheck O2 sat (satur deep breaths. Resi Rechecked O2 sat down to 86% on 2l/r called MD on call to order to send to [init desaturation at this medical technician) given to EMT. MD of Resident is own RP	MDS assessment, a quarterly in ARD of 3/17/2022, the out of 15 on the BIMS, ent is severely cognitively in daily decisions. Inted, 1/15/2022 documented, in low O2 (oxygen) saturation O2 at 2 l/m (liters per minute). So we order to give O2 at 2 l/m (as needed). Also to give if O2 needs increased. Write ation) on 2l/m O2 at 94% with dent was repositioned in bed. 2 hours later noted O2 sat in, increased O2 to 2 l/m, inform. MD on call gave itals of hospital] ER due to time. EMT (emergency called for transport. Report on call informed of transfer, and was made aware of of hospital]. Transfer sheet				
	of ASM (administrati administrator, for ev to the resident and/o	e on 3/29/2022 at 10:45 a.m. ive staff member) #1, the idence of a written notification or responsible party and hbudsman for R93's transfer				
	assurance consultar have any documents to the resident and/o not have evidence o	11 p.m. ASM #3, the quality of stated the facility did not ation of a written notification or responsible party and did f the ombudsman's insfer for R93 to the hospital				

CLIVILL	13 FOR MEDICARE	& MEDICAID SEKVICES			U	MD MO	<u>. 0930-0391</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495283	B. WING			ž.	C / 30/2022
NAME OF	PROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
PROME	DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)			9 BELLEVUE AVENUE CHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 623	practical nurse) #2 of When asked if anyther asked if anyther esident and/or responsible for the transfer, LPN with the resident. Wife responsible for no #2 stated not that she with the second that she with the responsible for no #2 stated not that she with the responsible for no she with the responsible for	ge 70 Inducted with LPN (licensed on 3/29/2022 at 3:32 p.m. hing is sent or given to the consible party for the reason #2 stated an affidavit is sent then asked if the nursing staff tifying the ombudsman, LPN ne knew of, and that she didn't otify the ombudsman.	F 6	23			
	member) # 5, social 4:39 p.m. When ask ombudsman of trans stated, she had just January 2022, and s OSM #5 stated she ombudsman notifical	•					
	administrator, ASM nursing/MDS coordinassurance consultar	staff member) #1, the #2, the interim director of nator, ASM #3, the quality ht, and ASM #5, the former made aware of the above 22 at 5:02 p.m.					
F 625		on was provided prior to exit. Policy Before/Upon Trnsfr)(2)	F 62	25 F	625 – Bed Hold Notice		
	§483.15(d) Notice of	bed-hold policy and return-		1.	Residents # 452, # 66, # 67, ar	nd # 93	
	nursing facility transi the resident goes on	before transfer. Before a fers a resident to a hospital or therapeutic leave, the provide written information to			have all been re-admitted to t facility.	the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		COM	(X3) DATE SURVEY COMPLETED				
		495283	B. WING				30/2022
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		171	REET ADDRESS, CITY, STATE, ZIP CODE 19 BELLEVUE AVENUE CHMOND, VA 23227		:
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 625	specifies- (i) The duration of the any, during which the return and resume of facility; (ii) The reserve bed plan, under § 447.4 (iii) The nursing facility bed-hold periods, we paragraph (e)(1) of resident to return; a (iv) The information of this section. §483.15(d)(2) Bed-hold the time of transfer hospitalization or the facility must provide resident represental specifies the duration described in paragrathis REQUIREMEN by: Based on staff internand facility documer the facility staff failed provided at the time residents in the survey #66, #67 and #93. The findings included 1. The facility staff fawas provided when transferred to the hold resident #452's modata set) assessment with an assessment coded the resident assessment coded the residen	dent representative that the state bed-hold policy, if the resident is permitted to residence in the nursing payment policy in the state 0 of this chapter, if any; dity's policies regarding thich must be consistent with this section, permitting a and specified in paragraph (e)(1) anold notice upon transfer. At the a resident for the resident for the resident and the tive written notice which the of the bed-hold policy to the resident as evidenced to evidence a bed hold was to discharge to four out of 50 the resident #452, the state bed hold the sident #452 was	F6	3	2. Utilizing the "Unexpected I Re-admission" QAPI tool — Director of Nursing / design completed a comprehensive from 3.1.22 — current to endischarge requirements we each resident sent to acute Opportunities will be review QA&A. 3. The Director of Nursing / divilled ducate the facility lice nursing staff on "Focus on and the "Interdisciplinary Control Transition Checklist" on or date of compliance. 4. Utilizing the "Unexpected in Re-admission" QAPI tool; the facility-discharges for 5 residents / weeks. Results will be reviewed A&A. 5. The facility's alleged date of compliance will be April 28,	the nee ve review nsure that ere met for e care. wed with esignee ensed F-tag 625" Care before the nospital he Director audit acute initiated week x 4' ewed with	r 2

OLIVIL	VO LOIL MITDICVIL	A MEDICAID SERVICES				Olvio IV	<u>U. 0930-039 I</u>	
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495283	B. WING			0	C 3/30/2022	
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		1719	EET ADDRESS, CITY, STATE, ZIP CODE 9 BELLEVUE AVENUE HMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 625	the resident was made and a review of the nurs 3/20/22 at 7:04 PM. (certified nursing as P.M. of the aforement of chest pain and S Vitals blood pressur respirations-22, tensaturation-95% on to be in respiratory requested. Emerge transported residen party) and NP (nurs On 3/28/22 at approwas made for the ewhen Resident #45 hospital on 3/20/22. On 3/29/22 at appropriate on 3/20/22. ASM (administrative assurance consultational evide for this resident." Wadditional evidence #452, ASM #3 state	sing progress note dated revealed the following, "CNA sistant) notified nurse at 5:00 entioned resident complaining OB (shortness of breath). re-154/86, pulse-70, aperature-97.8, oxygen oom air. Resident appeared distress. 911 assistance ncy assistance arrived and to hospital. RP (responsible e practitioner) notified." oximately 5:00 PM a request vidence of the bed hold policy 2 was transferred to the	Fé	525				
	PM, with LPN (license When asked how the hold is provided whe the hospital, LPN #2 check off which documents are place with the resident to the	sed practical nurse) #2. e facility makes sure a bed en a resident is transferred to stated there is a form to uments are sent, and all ed in an envelope that goes he hospital. The bed hold is k part. An affidavit is sent						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DAT	E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILD	NG_			C
		495283	B. WING				30/2022
l	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)		17	REET ADDRESS, CITY, STATE, ZIP CODE 19 BELLEVUE AVENUE ICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	88	(X5) COMPLETION DATE
F 625	what has been sent make a copy of the the chart. On 3/29/22 at 4:40 administrator, ASM nursing, ASM #3, the consultant, and ASI were informed of the According to the fact Before/upon Transfir Before a nursing fact hospital, the nursing information to the representative that state bed-hold policity resident is permitted residence in the nursung further information. The facility staff facility	when asked how you evidence t, LPN #2 stated they usually check off sheet and put it in PM, ASM #1, the #2, the interim director of the quality assurance M #5, the former administrator the above concern. Cility's "Bed Hold Policy thereof a resident to a gracility must provide written the esident or resident the specifies, the duration of the ty, if any, during which the did to return and resume	F6	25			
	responsible party up 2/22/2022 for Resid	oon transfer to the hospital on ent # 66 (R66).					
	assessment, a signi with an ARD (asses: 3/5/2022, the reside the BIMS (brief inter	MDS (minimum data set) ficant change assessment, sment reference date) of nt scored a 15 out of 15 on view for mental status), nt is not cognitively impaired isions.					
i	part, "[Name of nept hospital] called facili	ted 2/22/2022 documented in prologist] from [initials of ty and stated that resident [initials of hospital] ER					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		495283	B. WING			C 03/30/2022
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP 1719 BELLEVUE AVENUE RICHMOND, VA 23227		03/30/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 625	(emergency room) hemoglobin 6.2 and that resident needs he want him (sic) ta Called MD (medica send resident to ER (responsible party) called. Writer also assure that resident hospital was on Am with MD at ER that A request was made of ASM (administrat administrator, for ev policy was given to responsible party fo On 3/29/2022 at 12: assurance consulta have any document was given to the res for R66 upon transfe 2/22/2022. An interview was co practical nurse) # 2 When asked if the b resident upon transf stated the bed hold with the resident. W documented, LPN # envelope that contai if a copy of that chec clinical record, LPN ASM (administrative administrator, ASM;	due to creatinine of 10.5, it K (potassium) 6.5. States to get dialysis right away and iken to [initials of hospital]. I doctor) and received order to the per Nephrologist request. RP was called an ambulance called [initials of hospital] to the would be accepted since bulance diversional, spoke will accept resident to ER." The on 3/29/2022 at 10:45 a.m. aive staff member) #1, the widence that the bed hold the resident and/or refects transfer on 2/22/2022. The pince that the bed hold the resident and/or refects transfer on 2/22/2022. The pince that the bed hold policy into the hospital on that the bed hold policy in the ferto the hospital on the ferto the hospital on the ferto the hospital, LPN #2 notice is sent in the envelope then asked where that is 2 stated there is a big into a check list. When asked is the side is maintained in the	F6	25		

	TO TOTAL MEDICALITE	G WEDIONID OF MADEO				MID INC	7. 0330-0331
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
İ		495283	B. WING	:			С
		493203	D ******			03	3/30/2022
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		171	REET ADDRESS, CITY, STATE, ZIP CODE 19 BELLEVUE AVENUE CHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHO		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(XS) COMPLETION DATE
	assurance consultar administrator, were concern on 3/29/20 No further informati 3. The facility staff f hold notice was give responsible party up 3/19/2022 for Resident of 3/7/2022, the 15 on the BIMS, indiseverely cognitively decisions. The nurse's note day documented, "Resident refus (responsible party) sencourage insulin coresident still refused called and new order (emergency room) from aware. Ambulance of hospital]." A request was made of ASM (administration, for every was sent with R66 are 3/19/2022. On 3/29/2022 at 12: assurance consultar	int, and ASM #5, the former made aware of the above 22 at 5:02 p.m. on was provided prior to exit. ailed to evidence that the bed en to the resident and/or con transfer to the hospital on ent # 67 (R67). MDS assessment, with an e resident scored a 7 out of icating the resident was impaired to make daily ted 3/19/2022 at 7:04 p.m. dent bs (blood sugar) reading led insulin coverage. RP spoke with resident to coverage via FaceTime and I. NP (nurse practitioner) or obtained to send to er or eval (evaluation), RP called for transport to [name et al. and in the bed hold notice the bed hold notice the bed hold notice the bed hold notice was sent the bed hold notice was sent the send to end to end the bed hold notice was sent the bed hold notice was sent the bed hold notice was sent the send to end in the bed hold notice was sent the send to end in the bed hold notice was sent the send to end in the bed hold notice was sent the send to end in the bed hold notice was sent the send to exist the send to end in the bed hold notice was sent the send in the send to exist the send to end in the bed hold notice was sent the send in the send	F C	625			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUI A. BUILD			(X3) DATE SURVEY COMPLETED		
		495283	B. WING			03	C 3/30/2022
	PROVIDER OR SUPPLIER DICA SKILLED NURS	ING AND REHAB (IMPERIAL)		171	REET ADDRESS, CITY, STATE, ZIP CODE 9 BELLEVUE AVENUE CHMOND, VA 23227	1 00	70012022
(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)	D BE	(XS) COMPLETION DATE
F 625	An interview was copractical nurse) # 2 When asked if the resident upon trans stated the bed hold with the resident. Who documented, LPN denvelope that condification acopy of that che clinical record, LPN ASM (administrator, ASM nursing/MDS coord assurance consulta administrator, were concern on 3/29/20 No further information of the facility staff if hold notice was given responsible party upon 1/15/2022 for Resident scored a 7 indicating the resident scored a 7 indicating the resident moted with 81 - 86%. Initiated MD on all notified. Cand to increase PRI call back to on-call in transport transport to the record of the call back to on-call in transport transport to the resident scored a 7 indicating the resident noted with 81 - 86%. Initiated MD on all notified. Cand to increase PRI call back to on-call in transport transpo	onducted with LPN (licensed on 3/29/2022 at 3;39 p.m. bed hold notice is sent with the sfer to the hospital, LPN #2 I notice is sent in the envelope when asked where that is #2 stated there is a big ains a check list. When asked eck list is maintained in the I #2 stated, no. The staff member) #1, the #2, the interim director of linator, ASM #3, the quality and, and ASM #5, the former made aware of the above 122 at 5:02 p.m. The staff of widence that the bed are to the resident and/or pon transfer to the hospital on lient # 93 (R93). MDS assessment, a quarterly in ARD of 3/17/2022, the out of 15 on the BIMS, ent is severely cognitively	FE	325			

CLIAIC	NO I OIL WEDIONIL	A MICDIONID OCITATOCO	_		Olylis IV	. 0000 000 1	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY . COMPLETED	
I		495283	B. WING		03	C //30/2022	
	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)	17	REET ADDRESS, CITY, STATE, ZIP COE 19 BELLEVUE AVENUE CHMOND, VA 23227		70012022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 625	Rechecked O2 sat down to 86% on 2l/called MD on call to order to send to [in desaturation at this medical technician] given to EMT. MD Resident is own RF transport to [initials sent with EMT." A request was mad ASM (administrator, for ewas sent with R93 1/15/2022. On 3/29/2022 at 8: assurance consulta have any evidence with R93 upon trans 1/15/2022. An interview was copractical nurse) # 2 When asked if the I resident upon trans stated the bed hold with the resident. We documented, LPN # envelope that contaif a copy of that checlinical record, LPN ASM (administrator, ASM nursing/MDS coordinates)	dident was repositioned in bed. 2 hours later noted O2 sat m, increased O2 to 2 l/m inform. MD on call gave itials of hospital] ER due to time. EMT (emergency called for transport. Report on call informed of transfer. In and was made aware of of hospital]. Transfer sheet if e on 3/28/2022 at 4:51 p.m. of e staff member) #1, the vidence the bed hold notice at the time of their transfer on a.m. ASM #3, the quality int, stated the facility did not the bed hold notice was sent after to the hospital on and active with the fer to the hospital, LPN #2 notice is sent in the envelope when asked where that is \$2 stated there is a big time a check list. When asked ck list is maintained in the	F 625				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				·	С	
		495283	B. WING		03/30/2022	
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)	-	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 641	No further informati Accuracy of Assess CFR(s): 483.20(g) §483.20(g) Accuracy The assessment mresident's status. This REQUIREMENT Based on staff intereview, it was deterfailed to maintain a data set) for 1 of 50 sample, Resident #complete the BIMS status) assessment quarterly MDS asses (assessment reference of the questions related to the BIMS assessment reference of the questions related to the BIMS assessment reference of the questions related to the BIMS assessment reference of the questions related to the BIMS assessment reference of the questions related to the BIMS assessment reference of the questions related to the BIMS assessment reference of the questions related to the properties of the questions related to the BIMS assessment reference of the questions related to the properties of the questions related to the properties of the questions related to the properties of the questions related to the properties of the questions related to the properties of the questions related to the properties of the questions related to the properties of the questions related to the properties of the questions related to the properties of the properties o	made aware of the above 22 at 5:02 p.m. Ion was provided prior to exit. Ion was provided prior to exit. Ion was provided prior to exit. Ion was provided prior to exit. Ion was provided prior to exit. Ion was provided prior to exit. Ion was accurately reflect the Ion was accurately reflect the Ion was accurately reflect the Ion was accurately reflect the Ion was accurately reflect the Ion was accurately for mental Ion was accurately Ion was accur	F 641	 BIMS was completed for residents. A comprehensive review of submitted MDS's from 3.1.22 current will be reviewed by the coordinator to validate accurdocumentation and completi. The Director of Nursing / deswill educate the facility Interdisciplinary team on "Fo F-tag 641" and "Social Service Documentation & Quick Tips' before the date of compliance. Utilizing the Assessment Scorn Report, the Director of Nursin Designee will audit 5 resident MDS weekly x 4 weeks. Resulbe reviewed with QA&A. The facility's alleged date of compliance will be April 28, 2 	dent # ! — he MDS ate on. ignee cus on es " on or e. ring hg / ts with ts will	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL		(X3) DATE SURVEY COMPLETED			
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	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		171	PEET ADDRESS, CITY, STATE, ZIP CODE 9 BELLEVUE AVENUE CHMOND, VA 23227		
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	dashes were entered completed. ASM # MDS with the ARD the BIMS should has stated that they folk assessment instruming the MDS assessment instruming the MDS assessment instruming the MDS assessment instruming the MDS assessment with OSI social services. OSI list of residents due they used to determ OSM #5 reviewed FARD of 2/16/2022 and completed and OSM #5 stated that assessment was not the CMS (centers from the CMS (centers from the CMS (centers from the CMS) RAI manual Colon: Should Brie Be Conducted? Item Rationale Health-related Qual Most residents are Interview for Mental A structured cognitive performant Without an attempinterview, a resident on his or her appear Code 1, yes: if the ibecause the resider	mpleted by the ARD that and in the area that were not 2 reviewed R51's quarterly of 2/16/2022 and stated that are been completed. ASM #2 owed the RAI (resident ment) manual in completion of ents. 32 p.m., an interview was M (other staff member) #5, 5M #5 stated that they had a for the BIMS assessment that nine when they were due. R51's quarterly MDS with the and stated that the BIMS was should have been completed. They did not know why the ot completed. for Medicaid and Medicare and documents the following: Interview for Mental Status (BIMS). ive test is more accurate and ation alone for observing	F6	41			

STATEMEN	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPLE CONSTRUCTION	(X3) DATE SURVEY
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		495283	B. WING		03/30/2022
		NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	
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	Attempt to conduct residents. This interlook-back period of Date (ARD)" On 3/29/2022 at 4:4 administrator, ASM nursing/MDS coord assurance consulta administrator were concern. No further information free of Accident Hac CFR(s): 483.25(d) (1) The ras free of accident has free o	the interview with ALL rview is conducted during the the Assessment Reference 11 p.m., ASM #1, the #2, the interim director of inator, ASM #3, the quality nt and ASM #5, the former made aware of the above on was presented prior to exit. izards/Supervision/Devices 1)(2) Its. sure that - esident environment remains hazards as is possible; and resident receives adequate istance devices to prevent IT is not met as evidenced on, resident interview, staff cord review and facility was determined that the provide care and services in e resident safety for four of 50 rey sample, Residents # 3, #	F 6		1. Care # 51 king # 21 lent # viewed ated. irrent se who Is was nee. ling and
	smoking.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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1137%		NG AND REHAB (IMPERIAL)	ID	171	REET ADDRESS, CITY, STATE, ZIP CODE 9 BELLEVUE AVENUE CHMOND, VA 23227 PROVIDER'S PLAN OF CORRECTION	•	(X5)
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLÉTION DATE
	On the most recent annual assessment reference date) of 1 scored 15 out of 15 for mental status), in cognitively intact for Section J1300 "Curras using tobacco. On 03/28/22 at appl an interview with (R the facility during eatimes at 10:30 a.m., p.m. On 03/28/2022 at appl an interview with (R the facility during eatimes at 10:30 a.m., p.m. On 03/28/2022 at appl an interview with (R the facility during eatimes at 10:30 a.m., p.m. The comprehensive 01/06/2021 docume of smoking in their vindependently. The comprehensive 01/06/2021 docume of smoking in communitiated: 01/06/2021." The Facility's "Smok 01/06/2021." The Facility's "Smok 01/06/2021 docume Information: 8a. Con (history) smoking, detime."	MDS (minimum data set), an a with an ARD (assessment 12/30/2021, the resident on the BIMS (brief interview indicating the resident is making daily decisions. The resident is making daily decisions. The resident is making daily decisions. The resident is making daily decisions. The resident is making daily decisions. The resident is making daily decisions. The resident is making as a making daily decisions. The resident is making daily decisions. The resident is making as a making daily decision daily decisions are revealed ents smoking with a staff further observation revealed wheelchair smoking decisions are plan for (R3) dated ented in part: "Focus: History munity/ current smoker. Date is Complete Smoking dated in part, "8. Additional ments: resident has HX ones not wish to smoke at this dical record failed to evidence smoking evaluation indicating dated in the resident has HX ones not wish to smoke at this dical record failed to evidence smoking evaluation indicating	F 68	4.	will educate the facility nursing on "Focus on F-tag 689" the "Smoking" nursing procedure positioning for HS snacks on a before the date of compliance	e and or e ignee f smoke validate hould be te needs. QA&A.	k

CENTE	V2 LOIL MEDICALE	. A MEDICAID SERVICES				IAID IAC	<u> </u>
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	On 3/29/22 at 9:49 conducted with RN 1 stated that a smo completed prior to determine if it was a 1stated that they we smoking assessme resident should be smoking after they non-smoking. On 03/29/22 at app interview was conducted from the evaluation when there is a chastatus or if there was resident's in conditionabove observations (R3) dated 01/06/20 [Name of R3] should due to their desire to smoke safely. If you independently, you protective clothing a smoking." On 03/29/2022 at all # 1, administrator, A nursing, ASM # 3, queries a smoke # 3, queries and manufactures and manufactures and manufactures and manufactures are sidently.	a.m., an interview was (registered nurse) # 1. RN # king assessment was allowing a resident to smoke to safe for them to do so. RN # ere not sure how often the nt was to be completed but a reassessed if they started were assessed as roximately 3:15p.m., an ucted with ASM (administrative quality assurance consultant. cribe the facility's protocol for to smoke, ASM # 3 stated that on done. When asked how is done ASM # 3 stated that nge in a resident's smoking as an overall change in the on. When informed of the and smoking evaluation for 121, ASM # 3 stated that d have had another evaluation o smoke. 'Smoking Guidelines" , "Each patient who smokes determine if they are able to	F6	89			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 689	2. The facility staff of a smoking apron Resident #51(R51) 3/28/2022. On the most recent quarterly assessmereference date) of 2 interview for mental The assessment dot to understand other and wants. R51's in assessment with air documented curren. On 3/27/2022 at 10 conducted of nine redesignated smoking observed sitting in a cigarette; no smoking in place. R51s was contractures of both manipulate the ciga and was observed to pants once with their An additional observations. R51 was ob of the pants they we on 3/28/2022 at apprinterview was conducted.	findings. on was provided prior to exit. failed to implement application during observations of smoking on 3/27/2022 and MDS (minimum data set), a ent with an ARD (assessment el/16/2022, the BIMS (brief status) was not completed. In the commented R51 as being able as and able to express ideas and able	F 689			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A, BUILD		E CONSTRUCTION	СОМ	E SURVEY IPLETED
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FROME	NOA GRIELED RORSI	TO AND REITAD (IIIII ERIAL)		RI	ICHMOND, VA 23227		
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F 689	supervising. R51 s was used "a couple necessary because The facility smoking for R51 documente physical limitations perform safe smoking rasp and handle c without assistance, gout that affects ha days when arthritis safety has agreed to areas on the assess risk smoker were both R51's comprehensipart, "History of smoth part, History of smot	tated that a smoking aprone of years ago" but it was not R51 thought it was ridiculous. It was ridiculous of evaluation dated 2/19/2020 din part, "Patient is free of interfering with the ability to ng techniques, e.g., able to igarette, lighter or matches NoPatient has arthritis and nds is able to smoke on most isn't acting up, however for o wear smoking apron." The sment for Safe Smoker and At	F	589			
	conducted with LPN	l (licensed practical nurse) #3.					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE COMP	SURVEY
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F 689	LPN #3 stated that smoking aprons we kept outside. LPN extender for their cismoking box, was a smoking apron. On 3/29/2022 at 12 conducted with CN, nurses let them known smoking apron or a smoking apron or a smoking aprons we designated smoking and proceeded to signated that R51 she was supervising guard that helped the Four smoking aproplastic storage box area. On 3/29/2022 at 3:1	they were not sure where the ere kept and thought they were #3 stated that R51 used an igarettes that was kept in the not aware of the use of a #228 p.m., an interview was A #5. CNA #5 stated that the ow if a resident required a not. CNA #5 stated that ere stored outside in the garea in a plastic storage box how where they were. CNA has not used an apron when g smoking and had used a nem get a better grip at times. In swere observed to be in a in the designated smoking	F 689		The second secon	
	member) #3, quality #3 stated that resid a smoking assessm stated that if a smoot to be in use on the staff should be usin should have been unot needed anymor. The facility policy "S	If (administrative staff y assurance consultant. ASM ents who smoke should have nent completed. ASM #3 king apron was documented assessment then the facility g one or the assessment updated to reflect that it was e. Smoking Policies" documented Education for Patients and				
	FamiliesAs a patie and cognitive functi by your nurse. That by the interdisciplina	ent in the center, your physical on will need to be assessed t assessment will be reviewed ary team and your attending nen decide if you are a Safe or				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		ONSTRUCTION		TE SURVEY MPLETED
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F 689	administrator, ASM nursing/MDS coord assurance coordina administrator were concern. No further information of the facility staff of provided adequate smoking accidents. Resident #21's most set) assessment, a with an assessment the BIMS (brief intelligible indicating the resident the BIMS (brief intelligible indicating the resident making J-Health Conditions for current tobaccoordinated 3/28/22, "FOCUS-History of smoker. INTERVE evaluation. Allow to designated smoking A review of the smoat 11:53 AM, reveal smoker-capable and administratory of the smoat 11:53 AM, reveal smoker-capable and administratory of the smoat 11:53 AM, reveal smoker-capable and administratory of the smoat 11:53 AM, reveal smoker-capable and administratory of the smoat 11:53 AM, reveal smoker-capable and administratory were constituted as a smoker-capable and administratory were consti	41 p.m., ASM #1, the #2, the interim director of linator, ASM #3, the quality ator and ASM #3, the former made aware of the above ion was provided prior to exit. failed to evidence that they supervision to prevent for Resident #21. st recent MDS (minimum data Medicare 5 day assessment, t reference date of 1/20/22, as scoring a 14 out of 15 on rview for mental status), ent was not cognitively did daily decisions. Section scoded the resident as "no" use. bbserved smoking on 3/28/22 gain on 3/29/22 at 10:30 AM. at #21's comprehensive care revealed the following, smoking in community current NTIONS-Complete smoking smoke in designated area at	F	689			

OCITIC	TO TOTAL MEDICITIES	E & MEDIO/ ND OF (ALONG			011101110	7, 0000 0001
	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIF	PLE CONSTRUCTION		TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		/30/2022
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F 689	An interview was of AM with Resident smokes, Resident When asked if he the facility, Resided because, initially, because of fracture not bear weight. Wismoking, Resident February. On 3/29/22 at 9:40 conducted with Reremembered if a significant completed, Reside	age 87 We staff member) #2. Sonducted on 3/28/22 at 11:56 #21. When asked if he #21 stated, Yes, I smoke. has smoked since entry into nt #21 stated he did not he could not get out of bed es to both legs, and he could then asked when he started #21 stated it was early AM, an interview was sident #21. When asked if he moking evaluation had been nt #21 stated that he did, and e yesterday and talked with	F 689			
	conducted with CN #5. When asked if smoking, CNA #5 severy day. When a has been smoking, had been smoking. On 3/29/22 at 2:40 director of nursing, asked if she had con Resident #21 or did. When asked was smoking evaluation yesterday. When a the evaluation on 3	O AM, an interview was A (certified nursing assistant) is he normally supervised the stated she did not supervise it sked how long Resident #21 CNA #5 stated the resident a couple of months. PM, ASM #2, the interim was interviewed. When smpleted a smoking evaluation of 3/28/22, ASM #2 stated she when she had completed the lasked why she had completed /28/22, ASM #2 stated she is smoking and needed one.				
		onducted on 3/29/22 at 3:20				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/08/2022 FORM APPROVED

F 689 Continued From page 88 PM with ASM #3, the quality assurance consultant. When asked what the protocol is for allowing a resident to smoke, ASM #3 stated a smoking assessment should be done. When asked how often a smoking assessment is done, ASM #3 stated that if the residents smoke on admission, if there is a change in their smoking status, if there is an overall change in their condition that might affect their ability to smoke then a smoking assessment is done. When asked if a smoking evaluation should be done when a resident started smoking, ASM #3 stated, "Yes, that would have been a change in his smoking status." On 3/29/22 at 4:40 PM, ASM #1, the administrator, ASM #2, the interim director of nursing, ASM #3, the quality assurance consultant, and ASM #5, the former administrator were informed of the above concern. No further information was provided prior to exit. 4. The facility staff failed to assist Resident #47 (R47) out of bed into a wheelchair to safely eat breakfast, per the speech therapist's recommendations. On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment)	CENTE	RS FOR MEDICARE	: & MEDICAID SERVICES			Ü	MR NO	. 0938-0391
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) (X4) ID SUMMARY STATEMENT OF DEFICIENCIES TAG Continued From page 88 PM with ASM #3, the quality assurance consultant. When asked what the protocol is for allowing a resident to smoke, ASM #3 stated that if the residents smoking assessment should be done. When asked how often a smoking heapen in their condition that might affect their ability to smoke then a smoking evaluation should be done when a resident started smoking. ASM #3 stated, "Yes, that would have been a change in this smoking status." On 3/29/22 at 4:40 PM, ASM #1, the administrator, ASM #2, the interim director of nursing, ASM #3, the quality assurance consultant, and ASM #5, the former administrator were informed of the above concern. No further information was provided prior to exit. 4. The facility staff failed to assist Resident #47 (R47) out of bed into a wheelchair to safely eat breakfast, per the speech therapist's recommendations. On the most recent MDS (minimum data set), an admission assessment this an ARD (assessment)				1		CONSTRUCTION	COM	#PLETED
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PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 689 Continued From page 88 PM with ASM #3, the quality assurance consultant. When asked what the protocol is for allowing a resident to smoke, ASM #3 stated a smoking assessment should be done. When asked how often a smoking assessment is done, ASM #3 stated that if the residents smoke on admission, if there is a noverall change in their condition that might affect their ability to smoke then a smoking assessment is done. When asked if a smoking evaluation should be done when a resident started smoking, ASM #3 stated, "Yes, that would have been a change in his smoking status." On 3/29/22 at 4:40 PM, ASM #1, the administrator, ASM #2, the quality assurance consultant, and ASM #5, the former administrator were informed of the above concern. No further information was provided prior to exit. 4. The facility staff failed to assist Resident #47 (R47) out of bed into a wheelchair to safely eat breakfast, per the speech therapist's recommendations. On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment)	NAME OF F	PROVIDER OR SUPPLIER			STRI	EET ADDRESS, CITY, STATE, ZIP CODE		
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) F 689 Continued From page 88 PM with ASM #3, the quality assurance consultant. When asked what the protocol is for allowing a resident to smoke, ASM #3 stated a smoking assessment should be done. When asked how often a smoking assessment is done, ASM #3 stated that if the residents smoke on admission, if there is a change in their smoking status, if there is an overall change in their condition that might affect their ability to smoke then a smoking assessment is done. When asked if a smoking assessment is done. When asked if a smoking assessment is done when a resident started smoking, ASM #3 stated, "Yes, that would have been a change in his smoking status." On 3/29/22 at 4.40 PM, ASM #1, the administrator, ASM #2, the interim director of nursing, ASM #3, the quality assurance consultant, and ASM #5, the former administrator were informed of the above concern. No further information was provided prior to exit. 4. The facility staff failed to assist Resident #47 (R47) out of bed into a wheelchair to safely eat breakfast, per the speech therapist's recommendations. On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment)	PROMEC	DICA SKILLED NURSI	ING AND REHAB (IMPERIAL)					
PM with ASM #3, the quality assurance consultant. When asked what the protocol is for allowing a resident to smoke, ASM #3 stated a smoking assessment should be done. When asked how often a smoking assessment is done, ASM #3 stated that if the residents smoke on admission, if there is a change in their smoking status, if there is an overall change in their condition that might affect their ability to smoke then a smoking assessment is done. When asked if a smoking evaluation should be done when a resident started smoking, ASM #3 stated, "Yes, that would have been a change in his smoking status." On 3/29/22 at 4:40 PM, ASM #1, the administrator, ASM #2, the interim director of nursing, ASM #3, the quality assurance consultant, and ASM #5, the former administrator were informed of the above concern. No further information was provided prior to exit. 4. The facility staff failed to assist Resident #47 (R47) out of bed into a wheelchair to safely eat breakfast, per the speech therapist's recommendations. On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	<	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
reference date) of 2/11/22, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is not cognitively impaired for making daily decisions. R47's comprehensive care plan revised on 3/23/22 documented, "Offer to get up into W/C (wheelchair) at end of night shift and to sit up in W/C for all meals"		PM with ASM #3, the consultant. When a allowing a resident smoking assessme asked how often a saked how often a saked how often a saked if there is an condition that might then a smoking assessed if a smoking when a resident sta "Yes, that would have smoking status." On 3/29/22 at 4.40 administrator, ASM nursing, ASM #3, the consultant, and ASM were informed of the No further information. 4. The facility staff for (R47) out of bed into breakfast, per the serecommendations. On the most recent admission assessment of the status, indicating the impaired for making comprehensive care documented, "Offer (wheelchair) at end	ne quality assurance asked what the protocol is for to smoke, ASM #3 stated a set should be done. When smoking assessment is done, if the residents smoke on is a change in their smoking a overall change in their taffect their ability to smoke sessment is done. When evaluation should be done unted smoking, ASM #3 stated, we been a change in his PM, ASM #1, the #2, the interim director of the quality assurance of the quality assurance of the above concern. On was provided prior to exit. Failed to assist Resident #47 of a wheelchair to safely eat peech therapist's MDS (minimum data set), and the interim the safely eat peech therapist's and the resident is not cognitively in daily decisions. R47's the plan revised on 3/23/22 to get up into W/C of night shift and to sit up in	F 6	89			

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 689	A review of R47's cl speech therapy disc 3/25/22 that docum medical history of d documented, "Com Strategies/Positions efficiency, it is recoifollowing strategies posture during mea (greater than) 30 m meals Collaborate patient's discharge/physician's order for dated 3/25/22 docut (out of bed) for all reconducted with R47 weeks ago, the spethat R47 was suppomorning to eat due nurses and CNAs (owere giving R47, "A resident out of bed if the conducted with CNA (a night shift CNA director of nursing a nurse) #4 has told hepartment wants R breakfast because thowever, CNA #2 st LPN (licensed practing CNA #2 staffing. CNA #2 st weekend, LPN #4 in	inical record revealed a charge summary dated ented R47 presented with a ifficulty swallowing and further pensatory is: To facilitate safety and mmended the patient use the during oral intakeUpright Is and Upright posture for > ins (minutes) after d with team regarding transition planning" A respect-language pathology mented, "Patient to be OOB egular textured meals." p.m., an interview was R47 stated that a few ech therapist put on record ised to be out of bed in the to swallowing issues but the certified nursing assistants) hard time" and not getting the	F 689			

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION			TE SURVEY MPLETED
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F 689	On 3/29/22 at 7:05 conducted with CN/#3 stated R47 has vevery morning but renough CNAs and to assist with transf director of nursing of 7:10 a.m. and aske CNA #3 stated there and she did not rec was supposed to be R47 asked to get of mornings but LPN #y'all to get him up." how to receive assist and she told the resistant about the reresident slides in the LPN #4 knows R47 would be difficult for	ge 90 a.m., an interview was A #3 (a night shift CNA). CNA verbalized the need to get up most of the time, there are not the resident requires two staff ers. CNA #3 stated the former came to her one morning at d why R47 was not out of bed. e was poor communication eive confirmation that R47 e out of bed. CNA #3 stated ut of bed two different #4 said, "No. That's a lot on CNA #3 stated R47 asked stance with getting out of bed sident to talk to the day shift aff because she was not sident's care plan and the e wheelchair. CNA #3 stated slides in the wheelchair and it r a staff member to stay with ent is assisted into the	F	689				
	conducted OSM (of speech therapist). admitted on a mech speech therapy eva regular textured diedeveloped strategie could tolerate a regular spiration, choking stated she recomme in the wheelchair be position at a 90 degeat and safely tolera worked with CNAs,	a.m., an interview was her staff member) #3 (the OSM #3 stated R47 was sanical soft diet and wanted a luation for an upgrade to a t. OSM #3 stated she s and techniques so R47 ular texture without a risk of and coughing. OSM #3 ended R47 eat all three meals ecause this is the safest ree angle for the resident to ate meat. OSM #3 stated she nurses, the former unit						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION			E SURVEY
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	week and a half. O was trying to determ the day shift staff she before breakfast. Owho assisted R47 of the resident served was out of bed for some on 3/29/22 at 2:45 conducted with CN/routinely cares for Febegins her shift at 8 bed when she arrive have asked her to a she serves breakfasterady on the unit wasked if the night shed most of the time. On 3/30/22 at 7:19 conducted with LPN approximately three therapist said R47 heair to eat so the foassigned the night sout of bed. LPN #4 have been assisting morning except for only one CNA. LPN R47 that she did not to get hurt. LPN #4 arrives at 7:00 a.m. of bed. On 3/30/22 at 7:42 a conducted with ASN	or on this strategy for the last as SM #3 stated the nursing staff nine if the night shift staff or mould assist R47 out of bed DSM #3 stated it didn't matter out of bed but she did not want breakfast until the resident afety reasons. p.m., an interview was A#1 (a day shift CNA who R47). CNA #1 stated she coo a.m. and R47 is usually in es. CNA #1 stated nurses assist R47 out of bed before at but the breakfast trays are when she arrives so she nift can assist R47 out of bed. has been eating breakfast in e.	Fé	689			

NAME OF PROVIDER OR SUPPLIER 495283 B. WING		AN OF CORRECTION	ES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	PREFIX	(EACH DEFICIENC	FICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETION DATE	
F 689 Continued From page 92 ASM #2 stated the nursing staff care planned R47 for being assisted out of bed for breakfast. ASM #2 stated R47 likes to get up before breakfast because the resident needs to sit up for meals. ASM #2 stated fine decision for the night shift staff to assist R47 out of bed was made because the breakfast trays arrive to the unit shortly after the day shift staff arrives. ASM #2 stated she sees R47 multiple times a day and she has never visualized R47 sliding in the wheelchair. On 3/29/22 at 4:42 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the interim director of nursing) were made aware of the above concern. No further information was presented prior to exit. Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(f) § 483.25(f) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, clinical record review, and facility staff failed to provide respiratory therapy in a sanitary manner for rone of 50 residents in the survey sample,	F 695 SS=D	ASM #2 stated the R47 for being assis ASM #2 stated R47 breakfast because meals. ASM #2 stated shortly after the day stated she sees R4 has never visualize wheelchair. On 3/29/22 at 4:42 staff member) #1 (t (the interim director of the above conce) No further information Respiratory/Trache CFR(s): 483.25(i) § 483.25(i) Respiratory care and tracheal scare, consistent wit practice, the compressed and 483.65 of this some This REQUIREMEN by: Based on observatives determined tha provide respiratory in the state of the sees of the	ed the nursing staff care planned g assisted out of bed for breakfast. ed R47 likes to get up before cause the resident needs to sit up for 1#2 stated the decision for the night assist R47 out of bed was made breakfast trays arrive to the unit the day shift staff arrives. ASM #2 ees R47 multiple times a day and she sualized R47 sliding in the at 4:42 p.m., ASM (administrative r) #1 (the administrator) and ASM #2 director of nursing) were made aware concern. formation was presented prior to exit. Tracheostomy Care and Suctioning 2.25(i) despiratory care, including y care and tracheal suctioning. The suctioning is provided such tent with professional standards of comprehensive person-centered are residents' goals and preferences, of this subpart. REMENT is not met as evidenced exervations, staff interview, clinical v, and facility document review, it need that the facility staff failed to tratory therapy in a sanitary manner.		F 695 – Respiratory Therapy / Ox Tubing / Nebulizer 1. Oxygen tubing was changed a stored in a sanitary manner for resident # 59. 2. A comprehensive review of completed by DON / designee. 3. The Director of Nursing / designer will educate the facility license nursing staff on "Focus on Feand the nursing procedure" of the sand the nursing procedure "on the sand the sa	and or urrent elated the ignee sed tag 695" oxygen"	- 1	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
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F 695	The findings included Resident #59's mosset) assessment, are assessment referencesident as scoring (brief interview for inthe resident was not resident was coded assistance in bed in bathing and personal transfers/locomotion. Resident #59 was of cannula oxygen tubin nebulizer face mask table on 3/28/22 at 9 at 12:15 PM. Resident #59's care revision date, reveal risk for respiratory in congestive heart fail Administer oxygen/rephysician order." A review of the physician order. Albuterol nebulizer 2 nebulizer every 6 hoof breath. An interview was con AM with Resident #5 the oxygen, Resident #5 the	ment in a sanitary manner. It recent MDS (minimum data n annual assessment, with an ace date of 3/2/22, coded the 14 out of 15 on the BIMS nental status score), indicating t cognitively impaired. The as requiring limited abbility, dressing, toileting, al hygiene; supervision with n and independence in eating. Ibserved with the nasaling lying on the bed and the clying face down on bedside 2:00 AM, 3:55 PM and 3/29/22 I plan dated 4/23/21 with no led the following, "Focus: At mpairment related to	F 698		The Director of Nursing / desi will audit 5 residents / week a weeks utilizing the "oxygen" of tool. Results will be reviewed the QA&A committee. The facility's alleged date of compliance will be April 28, 2	QAPI With	4/28/2022

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F 695	stated they take it of they turn the oxyge "No, my roommate An interview was on PM with ASM (adm the interim director the oxygen tubing a stored when not in be stored in a plast Resident #59 if the stated they use it ev	oxygen herself, Resident #59 off themselves. When asked if n off, Resident #59 stated, shuts it off." onducted on 3/29/22 at 12:20 inistrative staff member) #2, of nursing. When asked how and nebulizer mask should be use, ASM #2 stated it should ic bag. ASM #2 asked y use oxygen. Resident #59 very night. ASM #2 stated nebulizer mask and oxygen	F6	95			
	tubing to the resident. An interview was conducted on 3/29/22 at 2:19 PM with LPN (licensed practical nurse) #3. When asked the proper care and storage for respiratory therapy supplies, LPN #3 stated when the supplies are not in use, they go into a plastic bag to protect it. On 3/29/22 at 4:40 PM, ASM #1, the administrator, ASM #2, the interim director of nursing, ASM #3, the quality assurance consultant, and ASM #5, the former administrator were informed of the above concern.						
Į.	policy dated 7/17, re	cility's "Oxygen Administration" evealed the following, bag for oxygen cannula or					
	Mist Therapy" policy following, "Equipme	ility's "Respiratory: Nebulizer of dated 9/14, revealed the nt: labeled and dated plastic d mouthpiece of mask					1000

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F 695	Continued From pa	ge 95	F6	95			
F 697 SS≂E		on was provided prior to exit.	F6	97 F 69	7 – Pain Management Progra	am	
	§483.25(k) Pain Management. The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, clinical record review and facility document review, it was determined that the facility staff failed to implement a complete pain management program for one of 50 residents in the survey sample, Residents # 3 (R3). For Resident #3, the facility staff failed to conduct complete pain assessments and attempt non-pharmacological interventions prior to the administration of a prn [as needed] pain medication oxycodone-acetaminophen (1). The findings include: R3 was admitted to the facility with a diagnosis that included nerve pain and spinal stenosis. On the most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of 12/30/2021, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. Section J0300 "Pain Presence" coded R3 as having frequent pain in the past 5 (five) days.			2. / I	Non-pharmacological interveror for resident # 3 were added to plan and Kardex. Base line parassessments was conducted a additional assessment will be needed for resident # 3. A comprehensive review of coresidents with medication or PRN as needed pain managent be reviewed to validate non-pharmacological intervention part of the plan of care and assessment of location of pain pain level prior to administrate the Director of Nursing / designating staff on "Focus on F-taind "pain practice guide" on care	o care in and done a urrent ders for nent w s are and cion. gnee ed ag 697' or	îII
				4. T v n v F d	before the date of compliance of the Director of Nursing / design will audit 5 residents receiving needed pain medication week weeks to validate non-pharmacological interventions documented. Results will be reviewed with the QA&A com the facility's alleged date of	gnee g PRN a sly x 4 s were	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		DNSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 697	Section J0600 "Pai having a pain level being the worst pain level being the worst pain The physician's ord "Oxycodone-Acetar (milligram). Give 1 hours as needed for 01/01/2021 Start Discrete The comprehensive 01/04/2021 docume related to Spinal Strueuropathy. Date InImplement non-photate Initiated: 01/04 The eMAR (electror record) for R3 dated physician's order as of the eMAR reveal oxycodone-acetami and times, with no epain, type of pain ar interventions being 2:02 a.m., 03/03/20/1:43 a.m., 03/14/20/1:330 a.m., 03/20/20/03/24/2022 at 9:41 eMAR failed to evidenon-pharmacological attempted on: 03/22 On 03/28/22 at apprinterview was conduabout pain, R3 state When asked what the severe it was, R3 strues.	in Intensity" coded R3 as of seven out of ten, with ten in. er for R3 documented in part, minophen Tablet 5-325 MG tablet by mouth every 6 (six) in pain. Order Date: ate: 01/01/2021." e care plan for R3 dated ented in part, "Focus: Pain enosis, OA (osteoarthritis), initiated: 01/04/2021 in armacological interventions. A/2021." Inci medication administration of March 2022 documented the estated above. Further review ed R3 received 5-325 mgs of nophen on the following dates evidence of the location of ind non-pharmacological attempted on: 03/01/2022 at 22 at 3:28 a.m., 03/11/2022 at 22 at 4:55 a.m., 03/15/2022 at 22 at 6:11 a.m., and on o.m. Further review of the ence the location of pain and all interventions being	F€	697			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A, BUILD		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 697	asked about pain in receive scheduled a When asked if the sintensity and type of alleviate the pain be pain medication, R3 On 03/29/2022 at a interview was conducted in the pain in administering pring and documentation non-pharmacologic stated the resident's the pain is allocated a scale one to ten, and attempting interesident's pain before these are not successed on the search of the pain is allocated a scale one to ten, and attempting interesident's pain before these are not successed that it should note a very time the administered. After orders, the March 2 progress notes date 03/24/2022 for R3, was documentation pain, and that non-pwere attempted priciphysician ordered proxycodone-acetamia above. LPN # 2 statements.	nedication R3 stated they and prn pain medication. staff ask about the location, if pain, and if they try to before administering the prn 3 stated no. spproximately 12:50 p.m. an ucted with LPN (licensed regarding the procedure for as needed) pain medication of a pain assessment and all interventions. LPN # 2 s pain is assessed by where does not alleviate the special pain medication. If assessed, then she gives the asked about documenting the fipain and the attempts of all interventions LPN # 1 to be documented in the nurse's prn pain medication if the reviewing the physician's processed of the location and type of the location and type of the location and type of the location	F	697				
	"Non-pnarmacologi	c interventions should be						1

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		D BE	(X5) COMPLETION DATE	
F 698 SS=E	On 03/29/2022 at a (administrative staf ASM # 2, interim di quality assurance dadministrator, were findings. No further information was the enough to require a which alternative to This information was https://dailymed.nlmm?setid=f2137f1a-ld. Dialysis CFR(s): 483.25(l) §483.25(l) Dialysis. The facility must en require dialysis receivith professional stromprehensive per the residents' goals This REQUIREMEN by: Based on staff inte and clinical record in the facility staff faile for a complete dialysis faile faile for a complete dialysis faile faile for a complete dialysis faile f	pproximately 4:40 p.m., ASM f member) # 1, administrator, rector of nursing, ASM # 3, consultant and ASM # 5, former made aware of the above ion was provided prior to exit. It management of pain severe in opioid analgesic and for eatments are inadequate. It is obtained from the website: in.nih.gov/dailymed/druglnfo.cf o49a-40bd-97ac-cd6b36e295f insure that residents who exive such services, consistent and preferences. It is not met as evidenced in any provided care plan, and and preferences. It is not met as evidenced in any provided care and service with the provide care and service in the provid	F6	F 698 – Dialysis / Missing Communication Sheets and Mc Site 1. Dialysis Unit notified of miss communication sheets for F # 73 and # 66 by acting DON will send with each visit mo forward and no new orders changes to plan of care. 2. A comprehensive review of residents requiring hemodia be completed by the Director Nursing / designee.	sing Resident: N, stated ving or current alysis wil	s'	
	the residents' goals This REQUIREMEN by: Based on staff inte and clinical record r the facility staff faile for a complete dialy residents in the surr and # 66.	and preferences. NT is not met as evidenced rview, facility document review review, it was determined that d to provide care and service ysis [1] program for two of 50 vey sample, Residents # 73		# 73 and # 66 by acting DON will send with each visit mo forward and no new orders changes to plan of care. 2. A comprehensive review of residents requiring hemodia be completed by the Directory	N, stated ving or current alysis wil		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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"""	SUMMARY STA	NG AND REHAB (IMPERIAL) TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227 PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 698	1a. The facility staff communication form and the dialysis cer 03/26/2022. Resident # 73 was diagnoses that including the dialysis cer 03/26/2022. Resident # 73 was diagnoses that including the dialysis certain the diagnoses that including the di	if failed to provide dialysisms for Resident #73's (R73's) inter from 03/01/2022 through admitted to the facility with used end stage renal disease. MDS (minimum data set), and with an ARD (assessment 03/08/2022, the resident on the BIMS (brief interview indicating the resident is it making daily decisions. Treatments, Procedures and 173 for "Dialysis" while a der for R73 documented in 19:00 (a.m.) Tues-Thurs (a.m.) Thursday and Saturday) pick in cheduled transportation with atton Company). Order Date: It care plan for R73 dated and to: ESRD (end stage renal ated: 05/28/2021 Days of urs, Sat. Date Initiated: Deproximately 8:10 a.m., ASM member) #3, quality int, provided copies the munication forms for R73 grough 02/282022. When	F 698	 The Director of Nursing / deswill educate the facility licens nursing staff on the "Focus of 698" and the "Hemodialysis" procedure on or before the compliance. The Director of Nursing / deswill audit 5 residents / week weeks that require hemodial validate communication form evaluations of atrial vascular fistulas and graphs are comp Results will be reviewed with The facility's alleged date of compliance will be April 28, 2 	sed in F-tag in rotag	

OLITTE	TO TOTT WILLDION WILL	W MILDION NO OLIVIOLO					BID 147	7. 0330-033 t
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		495263	B, WINC	_			03	3/30/2022
2000 1000	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP O 1719 BELLEVUE AVENUE RICHMOND, VA 23227				
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F 698	asked about the dia March 2022 ASM # provided is all that t	ollysis communication forms for 3 stated that what was hey had.	F	598				
	interview was condi- practical nurse) # 3 procedure regarding communication form nurse was responsi- of the form that includialysis access site, tests, diet order, flui- sign and date the for- resident to the dialy- often the communical # 3 stated it should the resident every ti- asked why it was im- dialysis communical the resident for each that it was important	roximately 2:19 p.m., an ucted with LPN (licensed. When asked to describe the g a resident's dialysis as LPN # 3 stated that the ble for completing section one uded the resident's vital signs, resident's status, laboratory d restrictions, medications, arm and send it with the sis center. When asked how eation form is completed LPN be completed and sent with me they go to dialysis. When apportant to complete the tion forms and send them with h dialysis visit LPN # 3 stated to make sure the resident is the dialysis process.						
	# 1, administrator, A nursing, ASM # 3, q	oproximately 4:40 p.m., ASM ASM # 2, interim director of uality assurance consultant or administrator, were made findings.						
	No further information	on was provided prior to exit.						
	removes waste from kidneys can no long (and other types of of the kidneys when	nd-stage kidney failure. It n your blood when your er do their job. Hemodialysis dialysis) does some of the job they stop working well. This ained from the website:						

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		S1	TREET ADDRESS, CITY, STATE, ZIP CODE 719 BELLEVUE AVENUE CICHMOND, VA 23227	1 03	3012022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)			BE	(X5) COMPLETION DATE
F 698	https://medlineplus. 00707.htm. [2] The last stage of is when your kidney body's needs. This from the website: https://medlineplus. 1b. The facility staff and thrill (2) of R73' the physician's order part, "Monitor/report to or affecting an art for s/s (signs or syrr swelling, warmth or Ordered: 06/30/202 The comprehensive 05/20/2021 docume insufficiencies related disease). Date Initia "Interventions" it docaccess site for lack infection, swelling, of facility guidelines. Rephysician Date Initia The eTAR (electronice record) for R73 date the physician's order eview of the eTAR (bruit and thrill was could out the property of the eTAR (bruit and thrill was could out the property of the eTAR (bruit and thrill was could out the property of the eTAR (bruit and thrill was could out the property of the eTAR (bruit and thrill was could out the property of the eTAR (bruit and thrill was could out the property of the eTAR (bruit and thrill was could out the property of the eTAR (bruit and thrill was could out the property of the eTAR (bruit and thrill was could out the property of the eTAR (bruit and thrill was could out the property of the eTAR (bruit and thrill was could out the property out the eTAR (bruit and thrill was could out the property out the eTAR (bruit and thrill was could out the property out the eTAR (bruit and thrill was could out the property out the eTAR (bruit and thrill was could out the property out the property out the property out the property out the property of the eTAR (bruit and thrill out the property out	gov/ency/patientinstructions/0 f chronic kidney disease. This is can no longer support your information was obtained gov/ency/article/000500.htm. failed to monitor the bruit (1) is dialysis fistula according to irs. er for R73 documented in the AV (arteriovenous - relating tery or vein) fistula access site inptoms) of infection: redness, drainage. Every shift. Date 1. Start Date: 06/30/2021." I care plan for R73 dated anted in part, "Focus: Renal anted: 05/28/2021. Under cumented in part "Check of thrill/bruit, evidence of ir excessive bleeding per eport abnormalities to ited: 05/28/2021." c treatment administration ind February 2022 documented in as stated above. Further failed to evidence (R73's) hecked on 02/05/2022, 19/2022 on the 7:00 a.m. to ion 02/09/2022 on the 3:00	F6	98			

- 11 11 - 11	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		N. C.	LTIPLE CONSTRUCTION	(X3)	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	E, ZIP CODE	03/30/2022	
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F 698	documented the p above. Further revidence (R73's) to 03/13/2022, 03/20 7:00 a,m. to 3:00 to 11:00 p.m. to 7 On 03/29/22 at apinterview was compractical nurse) # physician's or for cand the eTARs da'LPN # 3 was aske followed. LPN # 3 documented then why it was importa LPN #3 stated to eworking properly. On 03/29/2022 at # 1, administrator, nursing, ASM # 3, and ASM # 5, form aware of the above No further informal References:	dated March 2022 hysician's order as stated view of the eTAR failed to bruit and thrill was checked on /2022, and 03/21/2022 on the b.m. shift and on 03/26/2022 on /200 a.m. shift. proximately 2:19 p.m., an ducted with LPN (licensed 3. After reviewing the checking (R73") bruit and thrill ted February and March 2022, d if the physician's order was stated that if it was not it wasn't done. When asked ant to check the bruit and thrill ensure the access site is approximately 4:40 p.m., ASM ASM # 2, interim director of quality assurance consultant are administrator, were made	F.	698			
	dialysis access site slide your fingertips a gentle vibration, Another sign is whalloud swishing no "bruit." If both of the normal, the graft is	e is functioning well. When you so over the site you should feel which is called a "thrill." en listening with a stethoscope ise will be heard called a ese signs are present and still in good condition. This otained from the website:					

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 698	https://www.vascular-su cess/ 2a. The facility staff communication with of 13 days for Resident of 13 days for Resident assessment, a sign with an ARD (asses 3/5/2022, the resident for making daily detereatments, proceduresident was coded resident at the facilia The nurse's note dadocumented in part admitted to hosp (h functiondid have of the total time is 12ha (catheter) to right chair time is 12ha (catheter) to right chair time is 12ha (catheter) to right chair time is 13ha (catheter) to right chair time is 12ha (catheter) to right chair time is 13ha (catheter) time is 13ha (catheter) time is 13ha (catheter) time is 13ha	arhealthclinics.org/institutes-di rgery-and-medicine/dialysis-ac failed to evidence in the dialysis center for seven dent #66 (R66). MDS (minimum data set) ificant change assessment, issment reference date) of ent scored a 15 out of 15 ent is not cognitively impaired cisions. In Section O - Special ares and programs, the as receiving dialysis while a	Fe	598			

	TO TOTAL MILESTONIA	- WINEDIGHTE CELLAROLO				ALAID LAC	7. 0000-0001
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUL A BUILD		(X3) DATE SURVEY COMPLETED		
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F 698	physician and/or dia regarding changes times/dosage pre-d A request was mad to ASM (administration administrator, for consumment of the forms for R66 for Forms for R66 for Forms for R66 for Forms for R66 for Forms for R66 for Forms for R66 for Forms for R66 for Forms for R66 for Forms for R66 for Forms for R66 for Forms for R66 for Forms for R66 for Forms was condupted for the procedure regarded for the form that including forms was responsified for the form that including forms was responsified for the forms for the form that including forms for the form that including forms for the form that including forms for the form that including forms for the forms for the forms for the forms for the communical forms for the forms for each that it was important stable to go through ASM (administrative administrator, ASM nursing/MDS coording assurance consultations for the forms fo	alysis treatment center in medication administration lialysis as needed." e on 3/29/2022 at 10:34 a.m. tive staff member) #1, the opies of all communication ebruary and March 2022. 6 p.m. ASM #3, the quality nt, stated the above ns is all the facility had. pproximately 2:19 p.m., an acted with LPN (licensed with LPN (licensed then asked to describe rding a resident's dialysis ns, LPN # 3 stated that the ble for completing section one uded the resident's vital signs, resident's status, laboratory of restrictions, medications, arm, and send it with the sis center. When asked how eation form is completed, LPN be completed and sent with me they go to dialysis. When approximately 2:19 p.m., and send them with a dialysis visit, LPN # 3 stated to make sure the resident is the dialysis process. e staff member) #1, the #2, the interim director of nator, ASM #3, the quality nt, and ASM #5, the former made aware of the above	F6	98			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 698	Continued From pa	ge 105	F 6	98			
	No further informati	on was provided prior to exit.		-1			
	2b. The facility staff R66's dialysis acces	failed to assess and monitor ss in their left arm.					
		ated, 2/26/2022 at 6:10 p.m. , "Has perma cath to right left arm."		j			
	Review of the physical aphysician order to sites.	cian orders failed to evidence monitor the dialysis access					
	documented in part,	ited, 3/11/2022 at 7:55 p.m. "Returned from dialysis catheter intact."					
	documented in part, vascular) fistula left right chest." There v documented that the	ted 3/25/2022 at 5:33 p.m. "Body audit: AV (arterial arm, dialysis cath (catheter) was no other evidence e dialysis access in the ad been checked for a bruit					
	record) and TAR (tre record) for February documentation of ch	(medication administration eatment administration and March 2022 revealed no secking the dialysis access in m for a bruit and thrill.					
2.20.00	and revised on 2/28/ "Focus: Renat insuff Check access site						

PRINTED: 04/08/2022 FORM APPROVED

	O MILDIOAID SERVICES			OIVID	<u>NO. </u> 0938-0391
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Continued From page 106		F 69	98		
3/29/2022 at 2:40 p dialysis access is, L a port in their right to R66 had any other stated R66 had son utilized. When aske access site, should monitored, LPN #3 check on this. On 3/29/2022 at 3; stated [R66] has a f	.m. When asked where R66's .PN #3 stated the resident had upper chest. When asked if dialysis access sites, LPN #3 nething else but it wasn't being ed if the resident had another that site be accessed and stated she would have to				
When asked if she bruit and thrill, LPN	needed an order to check the #3 stated, of course.				
a physician's order of bruit and thrill, ASM why not, ASM #3 stated at least every. The facility policy, "A shunts, fistulas & gra "Purpose: The evaluation shunts, fistulas and intended to facilitate complications which symptoms of infection and symptoms of infection and symptoms of infection and symptoms of infection symptoms of infection and symptoms of infection and symptoms of infection and symptoms of infection and symptoms of infection and symptoms of infection and symptoms of infection and symptoms of infection and symptoms of infection and symptoms of infections, swelling symptoms of infections, swelling symptoms of infections, swelling symptoms of infections, swelling symptoms of infections, swelling symptoms of infections.	#3 stated, no. When asked ated because it is a nursing of care to check it. When hould be checked, ASM #3 shift and PRN (as needed). Assessment of arteriovenous afts" documented in part, eation of arteriovenous grafts by a licensed nurse is early detection of potential includes signs and symptoms should be ician7. Observe for signs fection including pain, or redness around the				
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa An interview was co 3/29/2022 at 2:40 p dialysis access is, L a port in their right to R66 had any other stated R66 had son utilized. When aske access site, should monitored, LPN #3 check on this. On 3/29/2022 at 3; stated [R66] has a f staff should be chec When asked if she bruit and thrill, LPN An interview was co 3/29/2022 at 3:12 p. a physician's order f bruit and thrill, ASM why not, ASM #3 sta standard of practice asked how often it s stated at least every The facility policy, "A standard of practice asked how often it s stated at least every The facility policy, "A standard of practice asked how often it s stated at least every The facility policy, "A standard of practice asked how often it s stated at least every The facility policy, "A standard of practice asked how often it s stated at least every The facility policy, "A standard of practice asked how often it s stated at least every The facility policy, "A standard of practice asked how often it s stated at least every The facility policy, "A standard of practice asked how often it s stated at least every The facility policy, "A standard of practice asked how often it s stated at least every The facility policy, "A standard of practice asked how often it s stated at least every	TOF DEFICIENCIES DE CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495283 PROVIDER OR SUPPLIER DICA SKILLED NURSING AND REHAB (IMPERIAL) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 106 An interview was conducted with LPN #3 0n 3/29/2022 at 2:40 p.m. When asked where R66's dialysis access is, LPN #3 stated the resident had a port in their right upper chest. When asked if R66 had any other dialysis access sites, LPN #3 stated R66 had something else but it wasn't being utilized. When asked if the resident had another access site, should that site be accessed and monitored, LPN #3 stated she would have to	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CUA A BUILDIE A SUPPLIER CORRECTION 495283 B. WING PROVIDER OR SUPPLIER DICA SKILLED NURSING AND REHAB (IMPERIAL) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 106 An interview was conducted with LPN #3 0n 3/29/2022 at 2:40 p.m. When asked where R66's dialysis access is, LPN #3 stated the resident had a port in their right upper chest. When asked if R66 had any other dialysis access sites, LPN #3 stated R66 had something else but it wasn't being utilized. When asked if the resident had another access site, should that site be accessed and monitored, LPN #3 stated she would have to check on this. On 3/29/2022 at 3; 05 p.m. LPN #3 returned and stated [R66] has a fistula in his left arm and the staff should be checking it for a bruit and thrill. When asked if she needed an order to check the bruit and thrill, LPN #3 stated, no. When asked why not, ASM #3 stated, no. When asked why not, ASM #3 stated because it is a nursing standard of practice of care to check it. When asked how often it should be checked, ASM #3 stated at least every shift and PRN (as needed). The facility policy, "Assessment of arteriovenous shunts, fistulas & grafts" documented in part, "Purpose: The evaluation of arteriovenous shunts, fistulas and grafts by a licensed nurse is intended to facilitate early detection of potential complications which includes signs and symptoms of infection, leakage, and thrombosis. Any abnormal signs and symptoms should be reported to the physician.". Observe for signs and symptoms of infection including pain, tenderness, swelling or redness around the	TOF DEFICIENCIES DEFICIENCIES DEFICIENCIES DEFICIENCIES DEFICIENCIES DEFICIENCIES DEFICIENCIES DEFICIENCY DEFI	ICAD EPICIONACIES DE CORRECTION (ICA) PROVIDERSUPPILERICULA (ICA) MULTIPLE CONSTRUCTION (ICA) A BUILDING A BUI

	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 7	of blood flowing threstethoscope, auscupresence of bruit (as a whooshing noise sound)Document assessment on TAF any abnormalities a including communic practitioner or famile ASM (administrator, ASM nursing/MDS coord assurance consulta administrator, were concern on 3/29/20. On 3/30/2022 at 11: assurance consulta their policies and precipinate their solicies and precipinate competent Nursing CFR(s): 483.35 (a)(3) §483.35 Nursing Set The facility must have the appropriate comprovide nursing and resident safety and a practicable physical, well-being of each reresident assessmen and considering the diagnoses of the facility must have appropriate to the facility must have appropriate comprovide nursing and resident safety and a practicable physical, well-being of each reresident assessmen and considering the diagnoses of the facility must have appropriate to the facility must have appropriate comprovide nursing and resident assessmen and considering the diagnoses of the facility must have appropriate comprovide nursing and resident assessmen and considering the diagnoses of the facility must have appropriate comprovide nursing and resident assessmen and considering the diagnoses of the facility must have appropriate comprovide nursing and resident assessmen and considering the diagnoses of the facility must have appropriate comprovide nursing and resident assessmen and considering the diagnoses of the facility must have appropriate comprovide nursing and resident assessmen and considering the diagnoses of the facility must have appropriate comprovide nursing and resident assessmen and considering the diagnoses of the facility must have appropriate comprovide nursing and the facility must have appropriate comprovide nursing and the facility must have appropriate comprovide nursing and the facility must have appropriate comprovide nursing and the facility must have appropriate comprovide nurs	the presence of thrill (motion ough the site). 9. Using a altate over the site for the sound which may range from to a whistle-like completion of observation or R. Record in Progress Note and subsequent interventions eations with medical y." The staff member) #1, the #2, the interim director of inator, ASM #3, the quality int, and ASM #5, the former made aware of the above 22 at 5:02 p.m. 47 a.m. ASM #3, the quality int, stated the facility follows ocedures that are based on tandard of nursing practice. The one was provided prior to exit. Staff (a)(4)(c) Tryices The sufficient nursing staff with petencies and skills sets to related services to assure attain or maintain the highest mental, and psychosocial esident, as determined by its and individual plans of care	F 698		nad a	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MULTI A. BUILDIN		ONSTRUCTION		TE SURVEY MPLETED
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	licensed nurses had and skill sets neces needs, as identified assessments, and of §483.35(a)(4) Provilimited to assessing implementing reside to resident's needs. §483.35(c) Proficier The facility must ento demonstrate complementing residents assessments, and of This REQUIREMENTAL Based on observation document review an investigation it was of failed to ensure skill TNA's (temporary not TNA#10, TNA#13, and TNA#19. For The facility possessed the skills basic ADL (activities residents. The findings include On 3/28/2022 at 8:48 to ASM (administration and ASM (administration and ASM (administration).	facility must ensure that we the specific competencies is sary to care for residents' through resident described in the plan of care. ding care includes but is not it, evaluating, planning and ent care plans and responding ancy of nurse aides. Sure that nurse aides are able it petency in skills and any to care for residents' through resident lescribed in the plan of care. IT is not met as evidenced on, staff interview, facility and in the course of a complaint determined the facility staff is competencies for six of six arsing assistants) reviewed, TNA #16, TNA #17, TNA #18, failed to ensure each TNA and competencies to provide of daily living) care for	F 72	4.	The NHA / designee will eduction facility interdisciplinary team management staff on "Focus 726" on or before the date of compliance. The Human Resource Director designee will utilize "Nursing sufficient and competency" and mandatory education to new employee files weekly x to validate compliance. Resulbe reviewed with QA&A. The facility's alleged date of compliance will be April 28, 20	on F-ta f or / g staff audit to review 4 week alts will	ag ool 5

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	(×	(3) DATE SURVEY COMPLETED
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	PROVIDER OR SUPPLIES			STREET ADDRESS, CITY 1719 BELLEVUE AVER RICHMOND, VA 232	NUE	03/30/2022
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	X (EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)	
F 726	employed at the far on 3/28/2022 at a #5 provided a list unit and date of hi on 3/28/2022 at 1 to ASM #5 for evic competencies for TNA #18 and TNA on 3/29/2022 at 1 to OSM (other star resource director is skills competencies on 3/29/2022 at a #5 provided copies for "AHCA/NCAL training" online con TNA #17, TNA #18 on 3/30/2022 at a #12 provided a copies for "AHCA/NCAL training" online con On 3/27/2022 at 1 conducted with CN #15. CNA #15 star or oversee the TN/stated that she had and they had theirs on 3/27/2022 at 2: conducted with TN they had been ther #10 stated that the	pproximately 10:30 a.m., ASM of 9 TNA's with their assigned re. 2:11 p.m., a request was made lence of training and skills TNA #13, TNA #16, TNA #17, 4*19. 3:41 p.m., a request was made ff member) #12, human for evidence of training and its for TNA #10. pproximately 8:00 a.m., ASM is of the completion certificates femporary nurse aide 8 hour curse for TNA #19. pproximately 8:00 a.m., OSM of the completion certificate femporary nurse aide 8 hour curse for TNA #19. pproximately 8:00 a.m., OSM of the completion certificate femporary nurse aide 8 hour curse for TNA #10. 0:30 a.m., an interview was lA (certified nursing assistant) ted that they did not supervise A's on the unit. CNA #15 d her own patient assignment	F	726		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 04/08/2022 FORM APPROVED

CENTE	45 FOR MEDICARE	& MEDICAID SERVICES			(<u>MB NC</u>	<u>). 0</u> 938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		495283	B. WING			03	C /30/2022
NAME OF	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		
PROME	DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)			9 BELLEVUE AVENUE CHMOND, VA 23227		
				KIC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFILIENCY)	BE	(X5) COMPLETION DATE
	that they would be the February but had not at 10 stated that at time TNA's on the 100 under TNA #10 stated that skills checklist during taught what to do do CNA. On 3/29/2022 at 9:1 conducted with TNA they had been there months. TNA #10 swith a CNA for about them. TNA #10 state receiving 2 days with their own with a resistated that on some the 100 unit and at the brand new TNA along had a hard time concesidents because the training to complete also. TNA #10 state experience in health some of the new TN bedpan after the 2 did teach them. TNA #1 allowed wiggle room work because they redays when she was someone else got the one enforced staff as scheduled because is someone showed upstaffing had not impression.	ge 110 #10 stated that they were told rained to become certified in of been offered this yet. TNA mes that there were only two nit by themselves on day shift. It they did not recall any formaling their training and were uring the 4 or 5 days with the 5 a.m., an interview was 1.413. TNA #13 stated that for about 1 and a half tated that they had worked at 4 or 5 days shadowing ted that now the TNA's were in a CNA and then were on dent assignment. TNA #10 days there were all TNA's on imes she was there with a nee. TNA #10 stated that she inpleting her tasks for her in enew TNA was needing their resident assignment and that she had previous care prior to this position but A's do not know how to use a lays of training and she has to 10 stated that the facility with the staff arriving for ode the bus so there were the only aide on the floor until tere. TNA #10 stated that no rriving at 7:00 a.m. as they were so grateful that toved since she had been they were only hiring TNA's	F7	726			
	currently.						

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI		CONSTRUCTION		TE SURVEY MPLETED
		495283	B. WING			0.3	C 3/30/2022
	PROVIDER OR SUPPLIEF			171	EET ADDRESS, CITY, STATE, ZIP CODE 9 BELLEVUE AVENUE CHMOND, VA 23227	1 00	3012022
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	made of TNA #10 daily living) care. trained to use the chair. TNA #10 st trained how to use care. TNA #10 stathey could with the On 3/29/2022 at a request was made assurance consult for the TNA's selection of the TNA's selection	0:23 a.m., an observation was providing ADL (activities of TNA #10 that they were not shower stretcher or shower ated that they were never mouth swabs to provide mouth ated that they did the best that training they had received. pproximately 10:00 a.m., a to ASM #3, the quality ant for any skills competencies cted. 2:13 p.m., an interview was M #2, the interim director of dinator. ASM #2 stated that the very new at the facility and NA's required a CNA to work whad to defer to human 2:15 p.m., an interview was SM #12, human resource a stated that TNA's were NA for 2 to 3 days for training were on their own for resident as made for the par TNA training and skills	F	726			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A BUILDING BUILDING BUILDING COMPLETED C COMPLETED C COMPLETED C COMPLETED C C D3/30/2022	CENTE	NO FOR MEDICARE	A MILDICAID SERVICES			U	<u>VID INO. 0930-039 I</u>
MAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTION PREFIX TAG) FREGULATORY OR LSC IDENTIFYING INFORMATION) F.726 Continued From page 112 that as of yesterday they realized that they did not have anything in place so they started working to catch up on these. The facility policy "Skills and Techniques Evaluation (Temporary Nurse Aide/Patient Care Assistanty" dated 10/20/21 documented in part, "For each skill identified, the facilitator enters the date and skill validation or demonstration was completed and enters a full signature in the column provided. The skills and techniques evaluation. To be used for new employees who complete AHCA/NCAL's Temporary Nurse Aide Training Program (www.TempourseAide.com)Demonstration of complete AHCA/NCAL's Temporary Nurse Aide Training Program (www.TempourseAide.com)Demonstration of completency Competency way not be demonstrated simply by documenting that staff attended a training, lecture or video must be evaluated by the facility staff already determined to be competent in these skill areas" On 3/29/2022 at 4:41 p.m., ASM #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM #3, the quality assurance consultant, and ASM #3, the former administrator were made aware of the concern. No further information was provided prior to exit. Complaint deficiency F.730				[' '			(X3) DATE SURVEY
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) (Q1) SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE RECORD BY FILL PREFIX TAG (EACH DEFICIENCY MUST BE RECORD BY FILL PREFIX TAG (EACH DEFICIENCY MUST BE RECORD BY FILL PREFIX TAG (EACH DEFICIENCY) F 726 Continued From page 112 that as of yesterday they realized that they did not have anything in place so they started working to catch up on these. The facility policy "Skills and Techniques Evaluation (Temporary Nurse Aide/Patient Care Assistant)" dated 10/20/21 documented in part, " For each skill identified, the facilitator enters the date and skill validation or demonstration was completed and enters a full signature in the column provided. The skills and techniques evaluation is completed during job specific orientation and re-validated at least annually at the time of the employee's annual performance evaluation. To be used for new employees who complete AHCA/NCAL's Temporary Nurse Aide Training Program (www.TempNurseAide.com)Demonstration of competency. Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff's ability to use and integrate the knowledge and skills that were subject of the training, lecture or video must be evaluated by the facility staff already determined to be competent in these skill areas" On 3/29/2022 at 4:41 p.m., ASM #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM #3, the former administrator were made aware of the concern. No further information was provided prior to exit. Complaint deficiency F 730 Nurse Aide Peform Review-12 hr/yr In-Service F 730 Nurse Aide Peform Review-12 hr/yr In-Service			405292	a winc			
PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) (X4) ID PREFEX (CACH DEFICIENCY MUST BE PRECEDED BY FILL TAG (X4) ID PREFEX (CACH DEFICIENCY MUST BE PRECEDED BY FILL TAG (X4) ID PREFEX (CACH DEFICIENCY MUST BE PRECEDED BY FILL TAG (X5) ID PREFEX (CACH DEFICIENCY MUST BE PRECEDED BY FILL TAG (X6) IT AG F 726 Continued From page 112 that as of yesterday they realized that they did not have anything in place so they started working to catch up on these. The facility policy "Skills and Techniques Evaluation (Temporary Nurse Aide/Patient Care Assistant)" dated 10/20/21 documented in part, " For each skill identified, the facilitator enters the date and skill validation or demonstration was completed and enters a full signature in the column provided. The skills and techniques evaluation is completed during job specific orientation and revalidated at least annual performance evaluation. To be used for new employees who complete AHCANCAL's Temporary Nurse Aide Training Program (www.TempNurseAide.com)Demonstration of competency- Competency may not be demonstrated simply by documenting that staff attended a training, lecture or video must be evaluated by the facility staff already determined to be competent in these skill areas" On 3/29/2022 at 4:41 p.m., ASM #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM #3, the former administrator were made aware of the concern. No further information was provided prior to exit. Complaint deficiency F 730 Nurse Aide Peform Review-12 hr/yr In-Service F 730			490283	a. WING			03/30/2022
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 726 Continued From page 112 that as of yesterday they realized that they did not have anything in place so they started working to catch up on these. The facility policy "Skills and Techniques Evaluation (Temporary Nurse Aide/Patient Care Assistant)" dated 10/20/21 documented in part, "For each skill identified, the facilitator enters the date and skill validation or demonstration was completed and enters a full signature in the column provided. The skills and techniques evaluation is completed during job specific orientation and re-validated at least annually at the time of the employee's annual performance evaluation. To be used for new employees who complete AHCANCAL's Temporary Nurse Aide Training Program (www.TempNurseAide.com)Demonstration of competency- Competency may not be demonstrated simply by documenting that staff attended a training, listence to a lecture, or watched a video. A staff's ability to use and integrate the knowledge and skills that were subject of the training, lecture or video must be evaluated by the facility staff afterady determined to be competent in these skill areas" On 3/29/2022 at 4:41 p.m., ASM #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM #3, the quality assurance consultant, and ASM #5, the former administrator were made aware of the concern. No further information was provided prior to exit. Complaint deficiency F 730			ING AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE	, ZIP CODE	
that as of yesterday they realized that they did not have anything in place so they started working to catch up on these. The facility policy "Skills and Techniques Evaluation (Temporary Nurse Aide/Patient Care Assistant)" dated 10/20/21 documented in part, "For each skill identified, the facilitator enters the date and skill validation or demonstration was completed and enters a full signature in the column provided. The skills and techniques evaluation is completed during job specific orientation and re-validated at least annually at the time of the employee's annual performance evaluation. To be used for new employees who complete AHCA/NCAL's Temporary Nurse Aide Training Program (www.TempNurseAide.com)Demonstration of competency- Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff's ability to use and integrate the knowledge and skills that were subject of the training, lecture or video must be evaluated by the facility staff already determined to be competent in these skill areas" On 3/29/2022 at 4.41 p.m., ASM #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM #3, the quality assurance consultant, and ASM #5, the former administrator were made aware of the concern. No further information was provided prior to exit. Complaint deficiency	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE A CROSS-REFERENCED T	CTION SHOULD O THE APPROPE	BE COMPLETION
The facility policy "Skills and Techniques Evaluation (Temporary Nurse Aide/Patient Care Assistant)" dated 10/20/21 documented in part, "For each skill identified, the facilitator enters the date and skill validation or demonstration was completed and enters a full signature in the column provided. The skills and techniques evaluation is completed during job specific orientation and re-validated at least annually at the time of the employee's annual performance evaluation. To be used for new employees who complete AHCA/NCAL's Temporary Nurse Aide Training Program (www.TempNurseAide.com)Demonstration of competency- Competency may not be demonstrated simply by documenting that staff attended a training, listened to a lecture, or watched a video. A staff's ability to use and integrate the knowledge and skills that were subject of the training, lecture or video must be evaluated by the facility staff already determined to be competent in these skill areas" On 3/29/2022 at 4:41 p.m., ASM #1, the administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM #3, the quality assurance consultant, and ASM #5, the former administrator were made aware of the concern. No further information was provided prior to exit. Complaint deficiency F 730 Nurse Aide Peform Review-12 hr/yr In-Service F 730	F 726	that as of yesterday have anything in pla	they realized that they did not	F 7:	26		
administrator, ASM #2, the interim director of nursing/MDS coordinator, ASM #3, the quality assurance consultant, and ASM #5, the former administrator were made aware of the concern. No further information was provided prior to exit. Complaint deficiency F 730 Nurse Aide Peform Review-12 hr/yr In-Service F 730		The facility policy "S Evaluation (Tempor Assistant)" dated 10 "For each skill vice the date and skill vice completed and entered column provided. The valuation is complorientation and re-vithe time of the emplevaluation. To be used to be completed a training, watched a training, watched a video. A integrate the knowless subject of the training evaluated by the fact to be competent in the subject of the training to be competent in the subject of the training to be competent in the subject of the training to be competent in the subject of the training to be competent in the subject of the training to be competent in the subject of the training to be competent in the subject of the training to be competent in the subject of the training to be competent in the subject of the training to be competent in the subject of the training to be competent in the subject of the training to be subject of the training	rary Nurse Aide/Patient Care 0/20/21 documented in part, entified, the facilitator enters alidation or demonstration was ers a full signature in the The skills and techniques eted during job specific ralidated at least annually at aloyee's annual performance sed for new employees who cal's Temporary Nurse Aide december of the staff listened to a lecture, or a staff's ability to use and edge and skills that were ng, lecture or video must be cility staff already determined these skill areas"				
Complaint deficiency F 730 Nurse Aide Peform Review-12 hr/yr In-Service F 730		administrator, ASM nursing/MDS coordi assurance consulta-	#2, the interim director of inator, ASM #3, the quality nt, and ASM #5, the former		W E		
F 730 Nurse Aide Peform Review-12 hr/yr In-Service F 730		No further information	on was provided prior to exit.				
		Nurse Aide Peform	Review-12 hr/yr In-Service	F 73	30		

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
:		495283	B. WING _	-	C 03/30/2022
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	03/30/2022
		ING AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE RICHMOND, VA 23227	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
F 730	Continued From pa	nge 113	F 73	F 730 – Performance Evals	
	The facility must co of every nurse aide months, and must education based or reviews. In-service requirements of §4: This REQUIREMET by: Based on staff inte and facility docume the facility staff faile evaluations and ma CNA's (certified nur CNAs #1, #6, #7, #6). The findings included During the Sufficient facility task review of revealed no evidence and mandatory train (certified nursing as On 3/28/22 at 9:40, was reviewed. The addressed the residultural and religious taff competencies, physical structures, systems, patient train hazard risk assessmand annual review of On 3/29/22 at 1:38 Imember) #12, the Forought in the five On the structure of the prought in the five On the structure of the	orview, clinical record review on treview, it was determined and to provide performance andatory training for five of five ring assistants) reviewed, and #9. The art and Competent Staffing on 3/29/22 at 1:38 PM are of performance evaluations and for five of five CNA's esistants) reviewed. AM, the "Facility Assessment"		 Cited employees CNA's # 1, 8 and # 9 have had perform evaluations completed and mandatory education provided. A comprehensive review of employees will be completed. Human Resource Director / to validate timely performate evaluations and mandatory education completed. The NHA / designee will education facility Nurse Management: "Focus on F-tag 730" on or but date of compliance. The NHA / designee will utili "employee file review" audit employees / week x 4 weeks validate performance evaluation completed per regulation and mandatory education completed per viewed with the facility's alleged date of compliance will be April 28, 	ance ded. current ed by the designee nce cate the staff on pefore the t 5 s to ations are nd leted. h QA&A.

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		ONSTRUCTION			TE SURVEY MPLETED
		495283	B. WING		THE STATE OF THE S		l	C
1	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)	B. WING	STRE	EET ADDRESS, CITY, STATE, ZIP COE BELLEVUE AVENUE HMOND, VA 23227)E	03	/30/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD	BE	(X5) COMPLETION DATE
F 730	following:		F7	30				
		ate of hire of 8/29/20, rmance evaluation, dementia ue.						9 60 7
	CNA #6 with a date dementia training p	ate of hire of 5/9/01, evidenced ast due.						
	3. CNA #7 with a da evidenced demention	ate of hire of 1/28/08, a training past due.						
	evidenced dementia	ate of hire of 11/23/05, a and abuse training past due.						
	evidenced dementia	ate of hire of 11/6/17, a and abuse training past due.		÷				
	conducted with OSI results of the CNA e asked if there was a CNA #1 and eviden for CNA #1, #6, #7, there is no evaluated did not complete the	PM an interview was M #12. When shown the employee file review and a performance evaluation for ce of the mandatory education #8 and #9, OSM #12 stated on for CNA#1 and the CNAs eir education. She stated education sheets staff.						
	nursing, ASM #3, th	#2, the interim director of e quality assurance M #5, the former administrator						
	evaluation for all nu completed annually	cility's "Performance dated 9/21; 'A skills techniques rsing assistants is to be for all nursing assistants at all performance appraisal."						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION		SURVEY PLETED
		495283	B. WING_			30/2022
		433233	-5	ATREET ARREST OFF OFF	03/	3012022
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 732 SS=C	Posted Nurse Staffi CFR(s): 483.35(g)(1) §483.35(g) Nurse S §483.35(g)(1) Data must post the follow basis: (i) Facility name. (ii) The current date (iii) The total numbe by the following caturalicensed nursing resident care per sh (A) Registered nurs (B) Licensed practic vocational nurses (a) C) Certified nurses (c) Certified nurses (iv) Resident census §483.35(g)(2) Postin (i) The facility must specified in paragradily basis at the be (ii) Data must be po (A) Clear and reada (B) In a prominent presidents and visitor §483.35(g)(3) Public staffing data. The fawritten request, makavailable to the public exceed the commur	ion was provided prior to exit. ing Information 1)-(4) Staffing Information. requirements. The facility ving information on a daily e. er and the actual hours worked egories of licensed and staff directly responsible for nift: es. cal nurses or licensed as defined under State law). aides. s. ing requirements. post the nurse staffing data ph (g)(1) of this section on a ginning of each shift. sted as follows: ble format. clace readily accessible to rs. c access to posted nurse acility must, upon oral or ree nurse staffing data lic for review at a cost not to nity standard.	F 732	 F 732 – Staffing Posting The facility posting has been updated. The Staffing Coordinator has educated and the staffing postobserved daily by the NHA / designee. The NHA / designee has educ facility IDT management staff "Focus on F-tag 732." The NHA / designee will utiliz "Nursing staff info posted" au 5 times a week x 4 weeks to withe staffing postings have been updated. Results will be reviewith QA&A. The facility's alleged date of compliance will be April 28, 2 	ated the on e the udit tool validate en	
						I

X17 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ABUILDING B. WING B. WING COMPLETED COM		TO TOTAL TRICE TO THE	O MEDIONIO CENTICES					. 0000 0001
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA. 23227 REGULATORY OR LSC IDENTIFYING INFORMATION) FREEX TAG CROSS-REFERENCED TO THE APPROPRIATE TAG CROSS-REFERENCED TO THE APPROPRIATE OEPICIENCY TAG CROSS-REFERENCED TO THE APPROPRIATE OEPICIENCY TAG F732 Continued From page 116 posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review, it was determined the facility staff field to post daily staffing for three of four days reviewed. The facility failed to post daily nursing staffing on 3/27/22 and ending on 3/30/22, a review of the daily staffing facility task review started on 3/27/22 and ending on 3/30/22, are view of the daily staffing evidenced the following: On 3/27/22 at 10:17 AM, on the desk at the front entrance, the daily staff posting was dated 3/27/22. On 3/28/22 at 8:00 AM, on the desk at the front entrance, the daily staff posting was dated 3/27/22. On 3/29/22 at 10:45 AM, on the desk at the front entrance, the daily staff posting was dated 3/27/22. On 3/29/22 at 10:45 AM, on the desk at the front entrance, the daily staff posting was dated 3/27/22. On 3/29/22 at 10:10 PM an interview was conducted with OSM (other staff member) #7, the staffing coordinator. When asked who is responsible for posting the daily staffing, OSM #7 stated, "I am responsible to the onewekends the				l ' '				
PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) (PA1) D (PA1) D (PA1) D (PA2) D			495283	B. WING	i		1	_
RICHMOND, VA 23227 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PILL PROVIDERS PLAN OF CORRECTION SHOULD BE CARD DEFICIENCY MUST BE PRECEDED BY PILL PRECED BY PILL PRECEDED BY PILL PRECEDED BY PILL PRECEDED BY PILL PRECED BY PILL PRECEDED BY PILL PRECED BY PILL PRECEDED BY PILL PRECED BY PILL PRECED BY PILL PRECEDED BY PILL PRECEDED BY PILL PR	NAME OF	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
FREEX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FOR REGULATORY OR LSC IDENTIFYING INFORMATION FOR REGULATORY OR LSC IDENTIFY FOR REGULATORY FOR REGULATO	PROME	DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)					
posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review, it was determined the facility staff failed to post daily staffing for three of four days reviewed. The facility failed to post daily staffing for three of four days reviewed. The facility failed to post daily nursing staffing on 3/27/22, 3/28/22, and 3/29/22. The findings include: During the Sufficient and Competent Staffing facility task review started on 3/27/22 and ending on 3/30/22, a review of the daily staffing evidenced the following: On 3/27/22 at 10:17 AM, on the desk at the front entrance, the daily staff posting was dated 3/22/22. On 3/28/22 at 8:00 AM, on the desk at the front entrance, the daily staff posting was dated 3/27/22. On 3/29/22 at 1:0.45 AM, on the desk at the front entrance, the daily staff posting was dated 3/28/22. On 3/29/22 at 1:10.45 AM, on the desk at the front entrance, the daily staff posting was dated 3/28/22. On 3/29/22 at 1:10.9 PM an interview was conducted with OSM (other staff member) #7, the staffing coordinator. When asked who is responsible for posting the daily staffing, OSM #7 stated, "I am responsible but on weekends the	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
When asked if she had been on duty on 3/27/22	F 732	posted daily nurse so 18 months, or as re is greater. This REQUIREMENT by: Based on staff intered and facility docume the facility staff failed three of four days repost daily nursing so and 3/29/22. The findings included During the Sufficient facility task reviews on 3/30/22, a review evidenced the followord of the facility task reviews on 3/30/22, a review evidenced the followord of the followord of the facility task reviews on 3/30/22, a review evidenced the followord of the facility task reviews on 3/30/22, a review evidenced the followord of the facility task reviews on 3/30/22, a review evidenced the followord of the facility task reviews on 3/27/22 at 10:17 entrance, the daily so 3/22/22. On 3/28/22 at 10:45 entrance, the daily so 3/28/22. On 3/29/22 at 1:10 If conducted with OSM staffing coordinator, responsible for post stated, "I am responsible for post stated, "I am responsible for post stated, "I am responsible for post stated, "I am responsible for post stated, "I am responsible for post stated," I am responsible for post stated, "I am responsible for post stated," I am responsible for post stated, "I am responsible for post stated," I am responsible for post stated, "I am responsible for post stated," I am responsible for post stated, "I am responsible for post stated," I am r	staffing data for a minimum of equired by State law, whichever NT is not met as evidenced rview, clinical record review nt review, it was determined at to post daily staffing for eviewed. The facility failed to taffing on 3/27/22, 3/28/22, at and Competent Staffing started on 3/27/22 and ending v of the daily staffing ving: AM, on the desk at the front staff posting was dated AM, on the desk at the front staff posting was dated AM, on the desk at the front staff posting was dated PM an interview was M (other staff member) #7, the When asked who is ing the daily staffing, OSM #7 isible but on weekends the duty) is responsible to post it."	F	732			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		495283	B. WING		02/2	
NAME OF I	PROVIDER OR SUPPLIER	495265		STREET ADDRESS, CITY, STATE, ZIP CODE	03/3	0/2022
		NG AND REHAB (IMPERIAL)	1	1719 BELLEVUE AVENUE RICHMOND, VA 23227	<u>.</u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 732	not done 3/28 or 3/2 doing other tasks w On 3/29/22 at 1:20 conducted with OSI director. When ask 3/27/22, OSM #2 st facility on Sunday. responsibility to pos "No, not that I know to get this informati this would be poste thing he posts is the On 3/29/22 at 4:40 administrator, ASM nursing, ASM #3, th consultant, and ASN were informed of the According to the fac Information" policy, "The facility must po on a daily basis: Fa number and the act following categories nursing staff directly per shift: registered nurses, certified nur census. The facility	ced why the daily posting was 29, OSM #7 stated, "I was when I came to work." PM an interview was M #2, the food services and if he was the MOD on ated, he was the MOD for the When asked is it your at the staffing, OSM #2 stated, of. I would not know where on." OSM #2 asked where d. OSM #2 stated the only a menu for the day. PM, ASM #1, the #2, the interim director of the quality assurance M #5, the former administrator	F 732			
		on was provided prior to exit. sychotropic Meds/PRN Use ()(e)(1)-(5)	F 758			

A BUILDING A 95283 NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 758 Continued From page 118 § 483.45(e) Psychotropic Drugs. § 483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227 PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 758 F 758 F 758 - Free from Psychotropic Meds 1. The diagnosis for Seroquel was updated and target behaviors added to the care plan for resident # 6. 2. A comprehensive review of residents receiving antipsychotic medication will be completed by the DON /	CTATEMENT	TO DEFICIENCIES	(V4) PROVIDER/GURDUER/GUA	(Va) MIII TI	IDLE CONSTRUCTION		E CHEVEY
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 758 Continued From page 118 §483.45(e) Psychotropic Drugs. §483.45(e) Psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG F 758 F 758 - Free from Psychotropic Meds 1. The diagnosis for Seroquel was updated and target behaviors added to the care plan for resident # 6. 2. A comprehensive review of residents receiving antipsychotic medication will be completed by the DON /			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CON	MPLETED
NAME OF PROVIDER OR SUPPLIER PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 758 Continued From page 118 §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 758 F 758 - Free from Psychotropic Meds 1. The diagnosis for Seroquel was updated and target behaviors added to the care plan for resident # 6. 2. A comprehensive review of residents receiving antipsychotic medication will be completed by the DON /			495283	B. WING_		1	_
PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL) 1719 BELLEVUE AVENUE RICHMOND, VA 23227	NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP		13012022
F 758 Continued From page 118 §483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-depressant; (iiii) Anti-anxiety; and PREFIX TAG PREFIX TAG PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 758 F 758 – Free from Psychotropic Meds 1. The diagnosis for Seroquel was updated and target behaviors added to the care plan for resident # 6. 2. A comprehensive review of residents receiving antipsychotic medication will be completed by the DON /	PROME	DICA SKILLED NURS	NG AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE		
§483.45(e) Psychotropic Drugs. §483.45(c)(3) A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and 1. The diagnosis for Seroquel was updated and target behaviors added to the care plan for resident # 6. 2. A comprehensive review of residents receiving antipsychotic medication will be completed by the DON /	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI	N SHOULD BE E APPROPRIATE	COMPLETION
designee to validate appropriate diagnosis and target behaviors are identified for the use of antipsychotic medications. \$483.45(e)(1) Residents who have not used psychotropic drugs are not given these drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record; \$483.45(e)(2) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs; \$483.45(e)(3) Residents do not receive psychotropic drugs pursuant to a PRN order unless that medication is necessary to treat a diagnosed specific condition that is documented in the clinical record; and \$483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days. Except as provided in \$483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their	F 758	§483.45(e) Psychology affects brain activitic processes and behalt but are not limited to categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic Based on a compressed on a compressident, the facility §483.45(e)(1) Residus psychotropic drugs unless the medicatic specific condition as in the clinical record drugs receive gradus behavioral intervent contraindicated, in a drugs; §483.45(e)(2) Residus psychotropic drugs unless that medicated diagnosed specific in the clinical record systems of the systems of	tropic Drugs. Achotropic drug is any drug that es associated with mental avior. These drugs include, o, drugs in the following Achensive assessment of a must ensure that dents who have not used are not given these drugs on is necessary to treat a sidiagnosed and documented distributed in the formal dose reductions, and ions, unless clinically an effort to discontinue these dents do not receive pursuant to a PRN order ion is necessary to treat a condition that is documented is and orders for psychotropic drugs as Except as provided in attending physician or ner believes that it is PRN order to be extended	F 75	 The diagnosis for Serce updated and target be to the care plan for ree. A comprehensive revireceiving antipsychotic will be completed by the designee to validate a diagnosis and target be identified for the use of medications. The DON / designee we facility Nurse Manage "focus on F-tag 758" at tropic medication use or before the date of the DON / designee we residents / week x 4 we residents / week x 4 we residents receiving an medications utilizing the "Unnecessary Medica" to validate appropriate target behaviors identiantipsychotic. Results reviewed with QA&A. The facility's alleged diagrams 	equel was ehaviors added esident # 6. ew of resident ic medication the DON / appropriate behaviors are of antipsychoti vill educate the ment team on and "psycho- " procedure or compliance, vill audit 5 veeks of tipsychotic the tion" QAPI too e diagnosis and tified for use of s will be	s ic

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ONSTRUCTION		É SURVEY IPLETED
		495283	B. WING				C 30/2022
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)	<u> </u>	1719	ET ADDRESS, CITY, STATE, ZIP CODE BELLEVUE AVENUE IMOND, VA 23227		-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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
	indicate the duration §483.45(e)(5) PRN drugs are limited to renewed unless the prescribing practition the appropriateness. This REQUIREMENT by: Based on staff interest and clinical record of 50 residents in the unnecessary psychological form of 50 residents in the unnecessary psychological (Quetiapine Fumara schizophrenia, Bipo other medications to failed to identify targonic The findings included to the most recent assessment, with an resident was coded term memory problem impaired to make days of an antipsychological period.	dent's medical record and in for the PRN order. orders for anti-psychotic 14 days and cannot be attending physician or oner evaluates the resident for sof that medication. The is not met as evidenced arview, facility document review eview, it was determined one in esurvey sample received otropic medications, Resident ent #6, the facility staff failed to gnosis for the use of Seroquel attent (used to treat lar disorder and in addition to be treat depression) (1); and get behaviors for the Seroquel. MDS assessment, a quarterly in ARD of 12/31/2021, the as having both short and long ems and was severely ally decisions. In Section Nescoded as receiving seven notic during the look back	F7	758			
	(milligrams), give 50 (gastrostomy tube -	apine Fumarate Tablet 25 MG MG via G-Tube a tube placed through the omach for feeding) (2), two					

- 02,112	TO TOTA MEDICINA	a mediana centroles	T	-	· · · · · · · · · · · · · · · · · · ·	<u> </u>	_ ,,,_	0000 0007
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMB		(X2) MUL A. BUILD		CONSTRUCTION	()		E SURVEY IPLETED
		495283	B. WING					C 30/2022
NAME OF	PROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE			
PROME	DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)	Ì		9 BELLEVUE AVENUE CHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BI		(X5) COMPLETION DATE
F 758	MG via G - tube two The physician orde documented, "Quet MG; give 25 MG via related to: Hemiple, cerebral infarction a until 4/2/2022." The physician orde documented, Seroo via G - tube at bedt	r dated, 3/9/2022, quel Tablet 50 MG, give 50 o times a day for anxiety." r dated, 3/25/2022 iapine Fumarate tablet 25 a G- tube in the morning gia and hemiparesis following affecting right dominant side r dated, 3/25/2022 guel 50 MG tablet, give 50 MG ime related to: Hemiplegia and ng cerebral infarction affecting	F 7	758	. 11			
		h 2022 MAR (medication rd) revealed the above stered as ordered.						
	The comprehensive care plan dated, 10/7/2021, documented in part, "Focus: At risk for adverse effects related to: use of antipsychotic medication Administer medications as ordered. Notify physician of decline in ADL (activities of daily living) ability or mood/behavior related to a dosage change. Report to physician signs of adverse reaction such as decline in mental status, decline in positioning/ambulation ability, lethargy, complaints of dizziness, tremors, etc." Review of the nurse's notes for March, February and January 2022 failed to evidence any documentation of any behaviors for R6.						-	
				and the state of t				
	practical nurse) #1	enducted with LPN (licensed on 3/29/2022 at 2:40 p.m. Seroquel is given for, LPN 31		- Contractive				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495283	B. WING				C
		453283	D. 111110		2005	1 03/	/30/2022
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP O 1719 BELLEVUE AVENUE RICHMOND, VA 23227	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	STEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD	BE	(X5) COMPLETION DATE
F 758	given for depression of hemiplegia and happropriate diagnost LPN #1 stated no. It targeted behaviors be aggressive. Who documents the behaviors have behaviors. LPN #1 check further. On 3/29/2022 at 3:0 had clarified the order hospice nurse and to When asked where documented, LPN #exception and would behaviors. An interview was concaded assurance consultated it's used to the antipsychotic. When hemiplegia or hemiplegi	n the patient, but it can be n. When asked if a diagnosis nemiparalysis be an issis for the use of Seroquel, When asked what R6's were, LPN #1 stated they can en asked where she aviors for R6, LPN #1 stated document any as he hasn't was on duty. LPN #1 stated are a check box on the MAR for stated she would need to 105 p.m., LPN #1 stated she ler for Seroquel with the she diagnosis is psychosis. the behaviors are 11 stated the facility charts by displaying the stated the resident has	F 7	758	77		

<u> </u>	TO TOT WED TO THE	a medio no ocitatoro					1	- 0000 000 1	
	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING					(X3) DATE SURVEY COMPLETED	
		495283	B. WING				03	C 3/30/2022	
27473111	PROVIDER OR SUPPLIER DICA SKILLED NURS	ING AND REHAB (IMPERIAL)		171	REET ADDRESS, CITY, STATE, ZIP CO 19 BELLEVUE AVENUE CHMOND, VA 23227	DE	*		
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD	BE	COMPLETION DATE	
F 758	was reviewed with a order needs to be of proper diagnoses for the facility policy, "Guidelines" docume psychoactive medicas long as is neces patient's behavior interventions should of any psychoactive individualized compaddresses the behavior addresses the behavior to behaviors and the plar to behaviorsIn the a new or escalating documented in [initial	ASM #3. ASM #3 stated the clarified, and that those are not or the use of the Seroquel. Behavior Management ented in part, "The use of cations should be utilized only sary as demonstrated by theNon-pharmacological d be attempted prior to the use	F 7	758					
	director of nursing, former administrato above concern on 3 8:45 a.m. No further information REFERENCES	ASM #3, and ASM #5, the or, were made aware of the 3/30/2022 at approximately ion was obtained prior to exit.							
	https://medlineplus. tml (2) This information following website: https://medlineplus.	gov/druginfo/meds/a698019.h was obtained from the gov/ency/article/002937.htm Store/Prepare/Serve-Sanitary)(2)	F8	12					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED
	NO. 7655	***	A. BUILD	, , , , , , , , , , , , , , , , , , ,	С
		495283	B. WING		03/30/2022
	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		D BE COMPLETION
F 812	Continued From pa	ge 123	F8	F 812 – Kitchen Sanitation	1
	approved or considestate or local author (i) This may include from local producer and local laws or re- (ii) This provision defacilities from using gardens, subject to safe growing and for (iii) This provision defrom consuming for serve food in accordand for food serve food in accordand for food serve food in accordand for food serve food in accordand for food serve food in accordand for food serve food in accordand for food serve food in accordand for food serve food in accordand for food serve food in a sanitary manner one of one cook's retraditional ovens in to 3/27/22, the micropieces of food and contained grease ardebris, and the cook evidence of multiple bottom shelf. The findings include	ure food from sources ered satisfactory by federal, rities. food items obtained directly s, subject to applicable State gulations. Des not prohibit or prevent produce grown in facility compliance with applicable od-handling practices. Des not preclude residents and not procured by the facility. Des, prepare, distribute and dance with professional service safety. Destroy it is not met as evidenced on, staff interview, and facility was determined that the maintain kitchen equipment of for one of one microwave, efrigerators, and in one of one he kitchen. On observation owave contained numerous lebris, the two ovens and multiple food chunks and this refrigerators contained sticky liquid spills on the		 The kitchen was cleaned by dietary staff on March 27, 2 The Dietary Manager comple "Kitchen" QAPI tool to valid cleanliness. The Dietary Manager will edfacility dietary staff on "focuting 812" on or before the dacompliance. Utilizing the "kitchen" QAPI Dietary Manager / designee the kitchen weekly x 4 week validate compliance. Result reviewed with QA&A. The facility's alleged date of compliance will be April 28, 	o22. eted a ate ucate the s on F- te of tool the will audit s to s will be

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A BUILDING	E CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		495283	B. WING		0;	C 3/30/2022
	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)	11	TREET ADDRESS, CITY, STATE, ZIP C 719 BELLEVUE AVENUE (ICHMOND, VA 23227		
(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 COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 812	refrigerator contain spills. Some of the OSM #2 stated the to be wiped down. should be cleaned that this task was not and debris on all for base. OSM #2 state "good," and that it reproduced that the traditional oven grease on the hand interior of both side on food and greasy facility is in the produced a new oven. He state oven makes it impost he stated: "It's not a been dealing with fewould describe this unsanitary, he statemuch cleaning to be	age 124 tor. Both sides of the cook's ed evidence of multiple liquid liquid material was sticky. refrigerator definitely needed He stated the refrigerator each evening, and it appeared nissed the previous evening. ntained multiple pieces of food ur sides, the top, and the ed the microwave did not look needed cleaning. Both sides of contained multiple areas of lles and exterior doors. The s of the oven contained baked materials. OSM #2 stated the cess of attempting to purchase ted the current condition of the sible to get completely clean. acceptable, but it's what we've or a while." When asked if he kitchen equipment as ed there was definitely room for e done. He stated he was not gh cleaning of the oven had	F 812			
	quality assurance c regional director of	a.m., ASM #1, ASM #3, the onsultant, ASM #4, the operations, and ASM #5, the r, were informed of these				
Andrew Maria de Andrews Angeles de Andrews Angeles de Andrews Angeles de Ange	in part: "Cleaning P according to manuficutter and water in a surface of the oven minutesUsing a b	ity policy, "Ovens," revealed, rocedurePrepare a solution acturer's guidelines of grease a spray bottleSpray entire and allow to soak for 15 rush or scrub pad, scrub all he burned-on soil. Use a dull				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURV COMPLETE	
		495283	8. WING		C 03/30/20	122
NAME OF	PROVIDER OR SUPPLIER	430200	-	STREET ADDRESS, CITY, STATE, ZIP CODE	03/30/20	22
1		NG AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE COMP	(X5) PLETION PATE
F 812	of oven with detergate A review of the facil revealed, in part: "C	n spotsSpray or wipe outside ent solution." ity policy, "Microwave Oven," cleaning ProcedureWipe up Wash walls inside and	F 81	2		
	Safe/Functional/Sal CFR(s): 483.90(i) §483.90(i) Other En The facility must prosanitary, and comforesidents, staff and This REQUIREMEN by: 2. The facility staff functioning toilet in little of the functioning toilet in little on the most recent admission assessm reference date) of 2 out of 15 on the BIN status), indicating the impaired for making On 3/28/22 at 3:17 pconducted with R47 room has been brok won't flush. R47 stasomeone in the mai toilet has not been fluse the toilet but the urine from the reside this time, an observation.	failed to maintain a Resident #47's (R47) room. MDS (minimum data set), an ent with an ARD (assessment //11/22, the resident scored 15 IS (brief interview for mental the resident is not cognitively	F 92	 F 921 – Clean / Sanitary Cond Toilet for resident # 47 repair Hole in BR door for resident repaired. Room cleaned for # 97. A review of resident areas we completed by the Interdiscipteam utilizing the "Houseked audit tool to validate safe / Chomelike environment. The NHA / designee will edute facility housekeeping / main department on the "Focus of 921" on or before the date of compliance. Utilizing the "Housekeeping tool the NHA / designee will resident rooms / week x 4 we validate a safe / clean / homenvironment. Results will be reviewed with QA&A. The facility's alleged date of compliance will be April 28, 	# 36 was resident fill be plinary eping" clean / cate the tenance n F-tag of " audit audit 5 reeks to relike	/2022

	10 1 011 (112010) 1112						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495283	B WING			03	C /30/2022
NAME OF I	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	, ,,	
PROME	DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)			19 BELLEVUE AVENUE CHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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)	BΕ	(X5) COMPLETION DATE
F 921	and the toilet did not pushed. On 3/29/22 at 7:20 the toilet was condupaper in the toilet at the handle was pushed. On 3/29/22 at 9:54 conducted with OSI maintenance direct #4 stated the facility maintenance staff becomes to this facility stated toilets are insult other staff can ecomputerized work needed. OSM #4 stated toilet was not but R47 may have ranother maintenance from the sister facility on 3/30/22 at 10:32 conducted with CN/44. CNA #4 stated	a.m., another observation of acted. There was no toilet and the toilet did not flush after hed. a.m., an interview was M (other staff member) #4 (the or for a sister facility). OSM or currently did not employ out someone from his facility by twice a week. OSM #4 spected on a monthly basis enter a work order into the order system if repairs are tated he was not aware that functioning until this morning eported the broken toilet to be employee that comes over	FS	221			
	residents report if a stated the nursing s	toilet isn't working. CNA #4					
1.07 to	staff member) #1 (th	o.m., ASM (administrative ne administrator) and ASM #2 of nursing) were made aware n.					
	No further information	on was presented prior to exit.					
	3. The facility staff (ailed to provide a well	33				5

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION JILDING		(X3) DATE SURVEY COMPLETED	
		495283	B. WING				C /30/2022
	PROVIDER OR SUPPLIER	ING AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP (1719 BELLEVUE AVENUE RICHMOND, VA 23227	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD I E APPROPR	BE	(X5) COMPLETION DATE
F 921	#36 (R36). A hole bathroom door. On the most recent quarterly assessmereference date) of 15 out of 15 on the mental status), indicognitively impaired on 3/28/2022 at 11 made of R36's roor bathroom had a hole two inches long by was observed to exthe exterior door. A conducted with R36 (certified nursing as the door with the hole quipment) back in causing the hole, as since then. R36 starestroom because to like the area fixed, been in to look at the Additional observation and 3/29/2022 at 10 as described above. On 3/28/2022 at 12 conducted with OSM director of maintenastated that they came there was no mainted OSM #4 stated that conducted in the face	table environment for Resident was observed in R36's a MDS (minimum data set), a sent with an ARD (assessment 1/22/2022, the resident scored BIMS (brief interview for cating the resident is not d for making daily decisions. 50 a.m., an observation was n. The door to R36's le in the door approximately five inches wide. The area apose the sheetrock beneath at this time an interview was as R36 stated that a CNA asistant) had accidentally hit exper lift (mechanical patient lift November or December and the area had been there are that they did not use the hey were bedbound but would R36 stated that no one had area since it happened. ons on 3/28/2022 at 9:45 a.m. 0:15 a.m. revealed the findings	FS)21			

IDED:		((X3) DATE SURVEY COMPLETED	
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ERIAL)		PCODE	03/30/2022	
	(EACH CORRECTIVE ACT) CROSS-REFERENCED TO T	ION SHOULD E HE APPROPRI		
ntered by eck to ce for ed R36's ld be able ed that 36's was nurse) #5 nce ded ver and enance istrative M #2, the ator, ASM I ASM #5 are of the ior to exit.				
	ERIAL) ERIAL) ERIAL) S ID PREFINATION) TAG TAG TAG TAG TAG F II Intered by eck to be for ed R36's ld be able ed that 36's ld be able ed that 36's ld be able ed that 36's ld be able intered by eck to be for ed R36's ld be able ed that 36's ld be able ed th	STREET ADDRESS, CITY, STATE, ZI 1719 BELLEVUE AVENUE RICHMOND, VA 23227 B	STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227 SID PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) F 921 Tag PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) F 921 Thered by eck to be for add R36's did be able ded that 36's was nurse) #5. nnce ded wer nnd denance strative M #2, the stor, ASM ASM #5, are of the	

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		E SURVEY MPLETED
		495283	B. WING				C
	PROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		STF	REET ADDRESS, CITY, STATE, ZIP CODE 19 BELLEVUE AVENUE CHMOND, VA 23227	1 03/	/30/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	X	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 921	interview, facility do record review, it was staff failed to provid three of 50 resident Residents #97, #36 The findings include 1. For Resident #97 clean the window to the resident's bathreenvironment. On the most recent quarterly assessme reference date) of 3 was coded as scorii (brief interview for inhad no cognitive im decisions. On 3/27/22 at 2:06 in bed. R97 was awattention to the area behind the toilet in the tracks contained drinot easily scraped when the toilet in the tracks contained drinot easily scraped when the toilet in the tracks contained drinot easily scraped when the toilet in the tracks contained drinot easily scraped when the toilet in the tracks contained drinot easily scraped when the toilet in the tracks contained drinot easily scraped when the toilet in the tracks contained drinot easily scraped when the toilet in the tracks contained drinot easily scraped when the toilet in the tracks contained drinot easily scraped when the toilet in the tracks contained drinot easily scraped when the toilet in the tracks contained drinot easily scraped when	on, resident interview, staff cournent review, and clinical s determined that the facility le a sanitary environment for in the survey sample, and #47. The facility staff failed to acks and behind the toilet in boom, creating an unsanitary MDS (minimum data set), a not with an ARD (assessment with an ARD (assessment with an ARD (assessment making the pairment for making daily p.m., R97 was observed lying take and alert. R97 directed as in the window tracks and the bathroom. The window led, black material that was with a fingernail. The area the toilet contained a dark in about 6 inches in width and lagrous time needed to notice or the service of the time needed to notice or	F	221			
	member) #1, environwas interviewed. Wi	a.m., OSM (other staff nmental services director, hen asked what is included in s room, she stated some					

CLIVICI	10 I OK WEDICARE	A MICDIONID SCITTICES				AID IAC	. 0330-0331
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	CON	E SURVEY
		495283	B. WING			l	C /30/2022
NAME OF E	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	,	
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PROMEC	DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		1	719 BELLEVUE AVENUE		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		F	RICHMOND, VA 23227		
(VA) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	d	(X5)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	PREF	IX	(EACH CORRECTIVE ACTION SHOULD		COMPLETION
TAG		SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP		DATE
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F 921	Continued From pa	ao 130		921			
1 321	•	_	_ F:	72			
		d daily: dumping trash, wiping					
		cleaning bathrooms, and					
	mopping. She state	d other tasks are considered					
	to be deep cleaning	, and occur once weekly on a					1
	set schedule: air co	nditioning units, windows,					1
	detailing bathrooms	, furniture. OSM #1 was					
	asked to observe th	ne cleanliness conditions of					
	R97's room as deta	iled above. OSM #1 stated					I.
		bureau did not appear to have					
		ne time," the window tracks					
		ed as they should, and the					
		ave been caught way before					
		e room was not at an					6
		d for cleanliness. When asked					
	•						
		lake sure housekeepers are					
		ould, she stated she should be					1
		here is a call out, she has to					
		nd she does not have time to					j
		epers to monitor their					
		stated R97's room location is					į [
ĺ		se there is not one particular					
		ned to clean the room			J 		
		asked if she would describe					
j	the window tracks a	ind area around the toilet as					
	sanitary, she stated	she would not.					
							1
		a.m., ASM (administrative					
	staff member) #1, th	ne administrator, observed					10
		nliness. After looking at the					
ì		a behind the toilet, he stated					1/6
		with the cleanliness of the					
	room.						
Ì	•						
	On 3/28/22 at 11:37	a.m., ASM #1, ASM #3, the					j':
		onsultant, ASM #4, the					
		operations, and ASM #5, the					
		r, were informed of these					
	concerns.	, were informed of these					
	CONCENS.						-
				- 1			17

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DAT COM	(X3) DATE SURVEY COMPLETED	
!		495283	B. WING			l .	C 03/30/2022	
]	PROVIDER OR SUPPLIER DICA SKILLED NURSI	NG AND REHAB (IMPERIAL)		STR6	EET ADDRESS, CITY, STATE, ZIP CODE B BELLEVUE AVENUE HMOND, VA 23227	03/	30/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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 APPROPRIATE OF THE APPR	BE	(X5) COMPLETION DATE	
F 921	A review of the facil assignment sheets schedules revealed	ge 131 ity's housekeeping daily work and daily deep cleaning tasks and schedules which tion provided by OSM #1's	FS	921				
	No further informati	on was provided prior to exit.						
			5					
				rijes - desplain				