

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0381	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/20/2020
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

THE LAURELS OF CHARLOTTESVILLE

**490 HILLSDALE DRIVE
CHARLOTTESVILLE, VA 22901**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 2/18/2020 through 2/20/2020. The facility was not in compliance with the Virginia Regulations for the Licensure of Nursing Facilities. The census in this 120 bed facility was 114 at the time of the survey. The survey sample consisted of 24 current Resident reviews and three closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Regulations for the Licensure of Nursing Facilities. 12VAC5-371-300 Pharmaceutical Services 12VAC5-371-300 (B) Cross Reference to F-554 12VAC5-371-300 (A) Cross Reference to F-761 12VAC5-371-150 Resident Rights 12VAC5-371-(B.1) Cross Reference to F-557 12VAC5-371-140 Policies and Procedures 12VAC5-371-140 (D.15.d) Cross Reference to F-607 12VAC5-371-140 (D.12) Cross Reference to F-609 12VAC5-371-250 Resident Assessment and Care Planning 12VAC5-371-250 (G) Cross Reference to F-655 12VAC5-371-250 (G) Cross Reference to F-656	F 001	Self-Administer Medication Aspercreme was removed from bedside of resident #321. MD and RP were notified. Residents who have medications at bedside affected. Every room will be searched for meds at bedside. Remove medication, notify MD/RP and complete evaluation when appropriate. Licensed nurses will receive education on the policy regarding self-administration of medications and the evaluation. Upon admission, the RP will be notified that resident cannot have medications at bedside without an evaluation and a physician's order. Unit Managers will make rounds on each unit weekly x 4, then monthly x 2 to assess for medications at bedside and review evaluations to ensure completion. Licensed nurses will receive re-education up to disciplinary action for infractions.	3/31/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE

03/12/20

If continuation sheet 2 of 10

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F 001	Continued From page 2	F 001	<p>mistreated or abused. ALL STAFF Abuse and Mandated Reporting Each allegation of mistreatment/abuse will be reported to OLC immediately. Staff who fail to report allegations of mistreatment/abuse will receive re-education up to disciplinary action. DON/Designee will report findings to the QA Committee monthly x 3.</p> <p>Incomplete Care Plans The care plan for resident #318 had been updated to include PICC line. All residents with a PICC line or IV access affected A care plan audit will be conducted to ensure all guests with PICC lines have a care plan indicating line is present. MDS and unit managers will receive education regarding inclusion of PICC lines in care plans. Nurse managers will review all new admissions for PICC lines and care plan updates 5 x weekly x 4 weeks. Nursing staff failing to care plan PICC lines will receive re-education up disciplinary action. DON/Designee will report findings to the QA committee monthly x 3.</p>	

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F 001	Continued From page 3	F 001	<p>Failure to obtain order for Aspercreme and Failure to coordinate with Hospice Services.</p> <p>Aspercreme was removed from bedside of resident #321. MD and RP were notified. Resident #331 was discharged from the facility.</p> <p>Resident #214 has had Hospice records scanned in to the EMR.</p> <p>Residents who have medications at bedside and residents who receive Hospice Servicesaffected</p> <p>Guests can not have any medication at bedside if not able to self-administer. Every room will be searched for meds at bedside. Remove medication, notify MD/RP and complete evaluation. An order will be obtained for the medication at bedside if the resident requests to have the medication added to current regimen whether it be self-administered or clinician administered.</p> <p>Audit all resident records who receive hospice services and ensure all documentation has been scanned to EMR</p> <p>Licensed nurses will receive education on the policy regarding self-administration of medications and the evaluation.</p> <p>Social Services/Medical Records will receive education regarding receiving hospice service notes timely and scanning them in the EMR as soon as possible once received.</p> <p>Education will be provided to hospice</p>	

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F 001	Continued From page 4	F 001	<p>providers regarding delivery of oxygen to the facility including notifying staff of deliveries and the proper storage technique.</p> <p>Nurse managers will round rooms 3 x week x 4 weeks to assess for medications at bedside, then weekly x 4. If meds are found at bedside, evaluations will be completed and MD/RP notifications. Licensed nurses responsible for the infractions will receive re-education up to disciplinary action. DON/Designee will report findings to the QA Committee monthly x 3</p> <p>Social Services will follow up with Hospice Services weekly to ensure notes are obtained at time of service delivery. Infractions will result in re-education up to disciplinary action.</p> <p>Medical records will report findings to the QA Committee monthly x 3</p> <p>Oxygen Storage The oxygen cylinders were removed from Resident #214 room on 2/18/20. A portable concentrator was delivered to Resident #214 on 2/18/20 and cylinders were picked up by ABC supplier. Hospice oxygen vendors were notified where to store oxygen and to notify nurse management of deliveries. All residents with oxygen. The entire facility will be assessed for</p>	

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F 001	Continued From page 5	F 001	<p>oxygen cylinder storage. Unsecured oxygen cylinders will be removed immediately.</p> <p>All staff will be educated regarding oxygen storage and safety. Department managers will conduct rounds 5 x weekly x 4 weeks, then weekly to ensure oxygen is securely stored. Staff members responsible for infractions will receive re-education up to disciplinary action. DON/Designee will report findings to the QA Committee monthly x 3.</p> <p>Failure to ensure Sufficient Nursing Staff Resident #258 was sent to hospital for evaluation.</p> <p>All residents affected</p> <p>Ads continue to run on Indeed. DON runs "job search" daily on Indeed and emails all CNAs/Nurses within a 50-mile radius requesting they come in for an interview. \$50.00 bonuses are offered to current CNAs to pick up additional shifts. The wage scale for CNAs was increased in February 2020.</p> <p>Administrator will communicate staffing needs to Regional Director of Operations.</p> <p>Nursing Staff will receive education regarding attendance policy.</p> <p>Staffing coordinator will receive education regarding adequate staffing and communication with DON regarding staffing needs.</p>	

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F 001	Continued From page 6	F 001	<p>DON/Designee will continue to review daily and monthly schedule with staffing coordinator daily to ensure adequate staffing is available. DON/Designee will report findings to the QA Committee monthly x 3.</p> <p>Failure to ensure medication is properly labeled The unlabeled insulin was discarded on 2/19/2020 All residents affected All med carts have been audited to ensure that all medications have proper labeling and an opened date if applicable. Licensed Nurses will receive education regarding medication labeling and storage. Unit managers will audit medication carts 5 x week x 4 weeks then weekly to ensure all medications have been properly labeled. Infractions will be reported to the DON. DON/Designee will report findings to the QA Committee monthly x 3.</p> <p>Failure to procure, store and prepare food in a sanitary manner. The bowls with food debris were cleaned.</p>	

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F 001	Continued From page 7	F 001	<p>The hood over the cooking area were cleaned, dust was removed from the chains and pot rack holding utensils. The can opener was cleaned removing the build-up of debris and the bottom shelves of the food prep tables were cleaned. The pancake mix that was not sealed was discarded.</p> <p>All residents affected.</p> <p>The kitchen was inspected by the Dietary Manager and Administrator for cleanliness with all infractions corrected.</p> <p>The Dietary Department will receive education regarding cleanliness of the kitchen and dry storage protocols.</p> <p>A cleaning schedule has been developed and implemented. The dietary manager will review the completed cleaning schedules 5 x weekly and ensure the kitchen has been cleaned accordingly.</p> <p>Infractions will result in re-education up to disciplinary action for dietary staff that have failed to comply with the cleaning schedule.</p> <p>Dietary Manager will report findings to the QA Committee monthly x 3.</p> <p>Specialized Rehab Services</p> <p>Resident #21 has received a physician's order for Restorative Nursing and is receiving the service.</p> <p>All residents affected</p> <p>An audit will be conducted of all resident records for Restorative Nursing Orders and compared to the residents who are currently on the Restorative Program to ensure all guests are receiving restorative</p>	

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F 001	Continued From page 8	F 001	<p>nursing per orders. Therapy, MDS, and Restorative Nursing assistants will receive education regarding the RNP and how to communicate that guests need to be added or removed from the program. The DON and MDSC will receive a copy of the rehab recommendation for each resident referred to RNP. Once the physician's order and evaluation have been completed, the MDSC will inform the DON to ensure a timely process. DON/Designee will report findings to the QA Committee monthly x 3.</p> <p>Infection Prevention and Control Staff members who did not wear the PPE necessary to enter the room of resident #318 received education and provided a return demonstration to ensure they were competent in dressing out for isolation rooms. All residents with isolation precautions affected. All staff will be educated regarding Isolation Precautions and donning appropriate PPE. Random audits will be completed by nurse managers 5 x weekly x 4 weeks then 2 x weekly x 4 weeks to ensure staff are donning PPE appropriately for Isolation Rooms. Infractions will result in re-education up to disciplinary action. ADON will report findings to the QA</p>	

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F 001	Continued From page 9	F 001	Committee monthly x 3.	