	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION (X	3) DATE SURVEY COMPLETED	
		VA0381	D. WING		02/20/2020	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
HE LAUF	ELS OF CHARLOTTES	VILLE	SDALE DRIVE			
		CHARLO	DTTESVILLE, VA	. 22901		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLET E DATE	
F 000	Initial Comments		F 000			
	Inspection was cond 2/20/2020. The facil	nnial State Licensure ucted 2/18/2020 through ity was not in compliance ulations for the Licensure of				
	time of the survey. T	20 bed facility was 114 at the The survey sample consisted nt reviews and three closed				
F 001	Non Compliance		F 001		3/31/20	
	The facility was out of following state licens	of compliance with the ure requirements:				
	This RULE: is not m	et as evidenced by: n compliance with the		Self-Administer Medication		
		gulations for the Licensure of		Aspercreme was removed from bedside resident #321. MD and RP were notified	l	
	12VAC5-371-300 (B)	armaceutical Services ) Cross Reference to F-554		Residents who have medications at bedside affected. Every room will be searched for meds at		
		Cross Reference to F-761		bedside. Remove medication, notify MD/RP and		
	12VAC5-371-150 Re 12VAC5-371-(B.1) C	ross Reference to F-557		complete evaluation when appropriate. Licensed nurses will receive education o the policy regarding self-administration o		
	12VAC5-371-140 (D	licies and Procedures 15.d) Cross Reference to		medications and the evaluation. Upon admission, the RP will be notified that resident cannot have medications at		
	F-607 12VAC5-371-140 (D F-609	12) Cross Reference to		bedside without an evaluation and a physician's order. Unit Managers wi		
	Planning	sident Assessment and Care		make rounds on each unit weekly x 4, then monthly x 2 to assess for medications at bedside and review		
		) Cross Reference to F-655 ) Cross Reference to F-656		evaluations to ensure completion. Licensed nurses will receive re-education up to disciplinary action for infractions.	ר	

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

TITLE

(X6) DATE

03/12/20

STATE FORM

Electronically Signed

690711

If continuation sheet 1 of 10

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		VA0381	B. WING		02/20/2020		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE   THE LAURELS OF CHARLOTTESVILLE 490 HILLSDALE DRIVE CHARLOTTESVILLE, VA 22901							
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F 001	12VAC5-371-220 (A) 12VAC5-371-340 Die Program 12VAC5-371-(A) Cros 12VAC5-371-210 Nui 12VAC5-371-210 (B) 12VAC5-371-200 Dire 12VAC5-371-200 (B.0 12VAC5-371-180 Infe	rsing Services Cross Reference to F-684 Cross Reference to F-689 etary and Food Service ss Reference to F-812 rse Staffing Cross Reference to F-725 ector of Nursing 6) Cross Reference to F-825	F 001	DON/Designee will report findings to QA Committee Monthly x 3. Right to retain and use personal pro Cell phone was returned to resident on 2/19/2020 Residents who have cell phones aff Cell phones of residents will be aud ensure they have the residents nam the cell phone is on the inventory st Nursing Staff will be inserviced on Resident Rights, inventory sheets, removal of personal property w/o permission. New admissions will b assessed for having cell phones an whether or not they are labeled and inventory sheet. Nursing staff will re re-education up to disciplinary actio infractions. DON/Designee will repo findings to the QA Committee Month	operty t # 209 fected lited to ne and neets. on the eceive n for port		
				Abuse Reporting FRI was completed for resident #20 her allegation of mistreatment and misappropriation of personal belong on 2/19/2020 All residents affected Each resident will be interviewed to determine if anyone feels they have	jings		

ND PLAN (	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	
THE LAU	RELS OF CHARLOTTES	VILLE	LSDALE DRIVE OTTESVILLE, VA	x 22901	
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F 001	Continued From pag	e 2	F 001	mistreated or abused. ALL STAFF Abuse and Mandated Reporting Each allegation of mistreatment/abu be reported to OLC immediately. St who fail to report allegations of mistreatment/abuse will receive re-education up to disciplinary action DON/Designee will report findings to QA Committee monthly x 3.	n.
				Incomplete Care Plans The care plan for resident #318 had updated to include PICC line. All residents with a PICC line or IV a affected A care plan audit will be conducted t ensure all guests with PICC lines ha care plan indicating line is present. MDS and unit managers will receive education regarding inclusion of PIC lines in care plans. Nurse managers will review all new admissions for PICC lines and care updates 5 x weekly x 4 weeks. Nurs staff failing to care plan PICC lines w receive re-education up disciplinary	iccess o ive a C plan sing vill

State of Virgi TATEMENT OF ND PLAN OF CO	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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			OTTESVILLE, VA	PROVIDER'S PLAN OF CORRECTION	
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F 001 Co	ontinued From page	∋3	F 001		
				Failure to obtain order for Aspercrem Failure to coordinate with Hospice Services. Aspercreme was removed from beds resident #321. MD and RP were not Resident #331 was discharged from facility. Resident #214 has had Hospice reco scanned in to the EMR. Residents who have medications at bedside and residents who receive Hospice Servicesaffected Guests can not have any medication bedside if not able to self-administer Every room will be searched for med bedside. Remove medication, notify MD/RP and complete evaluation. An order will be obtained for the medica bedside if the resident requests to ha the medication added to current regi whether it be self-administered or cli administered. Audit all resident records who receiv hospice services and ensure all documentation has been scanned to Licensed nurses will receive education the policy regarding self-administration medications and the evaluation. Social Services/Medical Records will receive education regarding receive hospice service notes timely and scat them in the EMR as soon as possible once received.	side of tified. the ords at is at is at n tion at ave men nician e EMR on on on of

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 001	Continued From page	e 4	F 001		
				providers regarding delivery of oxygen the facility including notifying staff of deliveries and the proper storage technique.	n to
				Nurse managers will round rooms 3 x week x 4 weeks to assess for medical at bedside, then weekly x 4. If meds a found at bedside, evaluations will be completed and MD/RP notifications. Licensed nurses responsible for the infractions will receive re-education up disciplinary action. DON/Designee will report findings to the QA Committee monthly x 3 Social Services will follow up with Hos Services weekly to ensure notes are obtained at time of service delivery. Infractions will result in re-education up disciplinary action. Medical records will report findings to QA Committee monthly x 3	tions are to to l spice p to
				Oxygen Storage The oxygen cylinders were removed f Resident #214 room on 2/18/20. A portable concentrator was delivered to Resident #214 on 2/18/20 and cylinde were picked up by ABC supplier. Hos oxygen vendors were notified where t store oxygen and to notify nurse management of deliveries. All res with oxygen. The entire facility will be assessed for	o ers pice o sidents

	Virginia T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE	
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		CHARL	OTTESVILLE, VA	22901	
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F 001	Continued From pag	e 5	F 001	oxygen cylinder storage. Unsecu oxygen cylinders will be removed immediately. All staff will be educated regardin storage and safety.Department n will conduct rounds 5 x weekly x then weekly to ensure oxygen is stored. Staff members responsib infractions will receive re-educati disciplinary action. DON/Designe report findings to the QA Commi monthly x 3.	l ng oxygen nanagers 4 weeks, securely ole for on up to ee will
				Failure to ensure Sufficient Nursi Resident #258 was sent to hospi evaluation. All residents affected Ads continue to run on Indeed. It "job search" daily on Indeed and CNAs/Nurses within a 50-mile ra- requesting they come in for an in \$50.00 bonuses are offered to cu CNAs to pick up additional shifts. wage scale for CNAs was increas February 2020. Administrator will communicate s needs to Regional Director of Op Nursing Staff will receive edu regarding attendance policy. Staffing coordinator will receive edu regarding adequate staffing and communication with DON regard	tal for DON runs emails all dius terview. Irrent The sed in taffing erations. Jucation

State of V	/irginia T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLETED
		VA0381	B. WING		02/20/2020
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F 001	Continued From page	e 6	F 001	DON/Designee will continue to review daily and monthly schedule with staff coordinator daily to ensure adequate staffing is available. DON/Designee will report findings to QA Committee monthly x 3.	fing
				Failure to ensure medication is proper labeled The unlabeled insulin was discarded 2/19/2020 All residents affected All med carts have been audited to en- that all medications have proper label and an opened date if applicable. Licensed Nurses will receive educati regarding medication labeling and str Unit managers will audit medication of 5 x week x 4 weeks then weekly to en- all medications have been properly labeled. Infractions will be reported to DON. DON/Designee will report findings to QA Committee monthly x 3.	on Insure bling on orage. carts nsure to the
				Failure to procure, store and prepare in a sanitary manner. The bowls with food debris were clea	

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY
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F 001	Continued From pag	e 7	F 001		
				The hood over the cooking area of cleaned, dust was removed from chains and pot rack holding utens can opener was cleaned removin build-up of debris and the bottom of the food prep tables were clean pancake mix that was not sealed discarded. All residents affected. The kitchen was inspected by the Manager and Administrator for clear with all infractions corrected. The Dietary Department will receive education regarding cleanliness of kitchen and dry storage protocols A cleaning schedule has been de and implemented. The dietary m will review the completed cleaning schedules 5 x weekly and ensure kitchen has been cleaned accord Infractions will result in re-education for dietary staff have failed to comply with the cle schedule. Dietary Manager will report findin QA Committee monthly x 3.	the sils. The g the shelves hed. The was • Dietary eanliness • ve of the veloped anager g the ingly. ion up to • that aning
				Specialized Rehab Services Resident #21 has received a physorder for Restorative Nursing and receiving the service. All residents affected An audit will be conducted of all r records for Restorative Nursing C and compared to the residents wh currently on the Restorative Prog	esident Orders no are

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
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F 001	Continued From page	e 8	F 001		
F 001 Continued From page 8				nursing per orders. Therapy, MDS, and Restorative Nur assistants will receive education reg the RNP and how to communicate th guests need to be added or removed the program. The DON and MDSC will receive a of the rehab recommendation for each resident referred to RNP. Once the physician's order and evaluation hav been completed, the MDSC will infor DON to ensure a timely process. DON/Designee will report findings to QA Committee monthly x 3.	arding hat d from copy of ve rm the
				Infection Prevention and Control Staff members who did not wear the necessary to enter the room of resid #318 received education and provide return demonstration to ensure they competent in dressing out for isolation rooms. All residents with isolation precaution affected. All staff will be educated regarding Isolation Precautions and donning appropriate PPE. Random audits will be completed by managers 5 x weekly x 4 weeks then weekly x 4 weeks to ensure staff are donning PPE appropriately for Isolat Rooms. Infractions will result in re-education up to disciplinary action	lent ed a were on ns ns nurse n 2 x e tion

State of \	riginia	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	(X3) DATE SURVEY
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F 001	Continued From page	9	F 001		
				Committee monthly x 3.	