PRINTED: 05/11/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		(X3) DATE SURVEY COMPLETED			
		495109	B. WING _		C 01/05/2017
	ROVIDER OR SUPPLIER	ARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	1 0 1100/2011
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F 000	INITIAL COMMENTS	3	FC	000	
	survey was conducte Corrections are requi CFR Part 483 Federa	rginia rules for regulation for			
F 280 SS=D	time of survey. The s current resident revie #6) and 1 closed reco RIGHT TO PARTICIF CARE-REVISE CP	0 bed facility was 128 at the urvey sample consisted of 6 ews (Residents #1 through ord reviews (Resident #7).  PATE PLANNING  (i-ii,iv,v)(3),483.21(b)(2)	F 2	280	2/17/17
		rticipate in the development of his or her person-centered g but not limited to:			
	including the right to be included in the pla request meetings and	pate in the planning process, identify individuals or roles to anning process, the right to d the right to request on-centered plan of care.			
	expected goals and camount, frequency, a	ipate in establishing the butcomes of care, the type, and duration of care, and any to the effectiveness of the			
	(iv) The right to receivincluded in the plan of	ve the services and/or items of care.			
	, , ,	ne care plan, including the nificant changes to the plan			
ABODATORY	NIDECTOR'S OR DROVINED!	SUPPLIER REPRESENTATIVE'S SIGNATUR		TITI F	(X6) DATE

Electronically Signed 01/24/2017

Facility ID: VA0249

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.

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	495109			_	l '	) 05/2017	
	ARK	•	STREET ADDRESS, CITY, STA 2420 PEMBERTON RD RICHMOND, VA 23233	ATE, ZIP CODE			
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of care.  (c)(3) The facility shall right to participate in I shall support the resic planning process must (i) Facilitate the inclusive resident representative (ii) Include an assess strengths and needs.  (iii) Incorporate the recultural preferences in 483.21  (b) Comprehensive Comprehensive Comprehensive (ii) Developed within 7 the comprehensive as (iii) Prepared by an intincludes but is not limit (A) The attending phy (B) A registered nurse resident.  (C) A nurse aide with resident.	Il inform the resident of the his or her treatment and dent in this right. The st sion of the resident and/or re. ment of the resident's sident's personal and hideveloping goals of care. are Plans care plan must be- r days after completion of seessment. sterdisciplinary team, that sited to resician. e with responsibility for the	F					
(E) To the extent prac	ticable, the participation of						
	SUMMARY ST. (EACH DEFICIENCY REGULATORY OR I.  Continued From page of care.  (c)(3) The facility shall right to participate in I shall support the reside planning process must (i) Facilitate the inclust resident representative (ii) Include an assess strengths and needs.  (iii) Incorporate the recultural preferences in 483.21 (b) Comprehensive C (2) A comprehensive C (i) Developed within 7 the comprehensive as (ii) Prepared by an intrincludes but is not limit (A) The attending phy (B) A registered nurse resident.  (C) A nurse aide with resident.	RELS OF UNIVERSITY PARK  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1 of care.  (c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must  (i) Facilitate the inclusion of the resident and/or resident representative.  (ii) Include an assessment of the resident's strengths and needs.  (iii) Incorporate the resident's personal and cultural preferences in developing goals of care.  483.21  (b) Comprehensive Care Plans  (2) A comprehensive care plan must be-  (i) Developed within 7 days after completion of the comprehensive assessment.  (ii) Prepared by an interdisciplinary team, that includes but is not limited to  (A) The attending physician.  (B) A registered nurse with responsibility for the resident.	ROVIDER OR SUPPLIER RELS OF UNIVERSITY PARK  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1 of care.  (c)(3) The facility shall inform the resident of the right to participate in his or her treatment and shall support the resident in this right. The planning process must  (i) Facilitate the inclusion of the resident's strengths and needs.  (iii) Include an assessment of the resident's strengths and needs.  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		495109	B. WING _		0.	C 1/05/2017	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		1/03/2017	
T		/ DA DI/		2420 PEMBERTON RD			
THE LAUF	RELS OF UNIVERSITY	PARK		RICHMOND, VA 23233			
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F 280	Continued From pa	age 2	F 2	80			
	An explanation mu medical record if the and their resident in not practicable for resident's care pla						
		ate staff or professionals in rmined by the resident's needs the resident.					
	team after each as comprehensive an assessments.	revised by the interdisciplinary sessment, including both the d quarterly review  NT is not met as evidenced					
	Based on staff into review, clinical recomplaint investiga the facility staff fail	erview, facility document ord review and in the course of ation, it was determined that ed to review and revise the f seven residents in the survey #1 and #2.		The Laurels of University Pa have this submitted plan of co stand as its allegation of con date of alleged compliance is 17, 2017	correction npliance. Our s February		
	care plan after the her pants down in verbalized desire f and after the reside #2 on 12/29/16.	failed to update Resident #1's resident was observed with Resident #2's bathroom and or sexual contact on 12/16/16 ent reportedly kissed Resident		Preparation and/or execution of correction does not constitute admission to, nor agreement the existence of or the scope of any of the cited deficiencies conclusions set forth in the statement of the scope of the cited deficiencies. This plan is prefered to ensure continuir	itute It with, either It with, either It and severity It es, or It attement of It epared and/or It of compliance		
	care plan after Res her pants down in Resident #2 verba	failed to update Resident #2's sident #1 was observed with Resident #2's bathroom and lized desire for sexual contact fter the resident reportedly I on 12/29/16.		with regulatory requirements  Resident #1□s care plan has updated.  Resident #2 no longer reside facility.	s been		
	The findings includ	le:		iacility.			

A95109   B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
THE LAURELS OF UNIVERSITY PARK    STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233   CANADIANY STATE-LIBERT OF DETICIENCIES   PRESENT NATION OF COMPRETON AND RICHMOND, VA 23233   PROPERTY   REGULATORY ORLSO DENTIFYING INFORMATION)   PRESENT   PROVIDERS PLAN OF COMPRETON STOND SHOULD SE (EACH OPENCIENCY) AND THE PRESENCE OF THE APPROPRIATE DETICIENCY)   PROVIDER OR SALE OF THE APPROPRIATE DETICIENCY ORLSO DESCRIPTION OR THE APPROPRIATE DETICIENCY OR THE APPROPRIATE DETICIENCY ORLSO DESCRIPTION OR THE APPROPRIATE DETICIENCY OR THE APPROPRIATE DETICIENC			495109	B. WING _				
SUMMARY STATEMENT OF DEFICIENCIES   FREEDRIX   FREEDRIX   FREEDRIX   FREEDRIX   FREEDRIX   FREEDRIX   FREEDRIX   FREEDRIX   CROSS-REFERENCED TO THE APPROPRIATE   CROSS-RESIDE TO THE APPROPRIATE   CROSS-RESIDE TO THE APPR							1 017	03/2017
F 280 Continued From page 3  1. Resident #1's most infinitum data sees, a significant change in status assessment with an ARD (assessment reference date) of 12/15/16, coded the resident's cognition as being moderately impaired. Section G coded Resident #1 as requiring supervision with setup help for transfers and as requiring supervision with one person physical assistance with walking in the room and corridor.  During the survey, an investigation was conducted due to a complaint that Resident #2 had attempted to rape Resident #1 (note- the complaint was unsubstantiated).  Review of Resident #1's clinical record and comprehensive care plan with a reference date of 11/29/16 failed to reveal documentation regarding any encounters between Resident #1 and Resident #2.  On 1/4/17 at 10:15 a.m., an interview was conducted with OSM (other staff member) #1 (social worker) and OSM #2 (social services director). OSM #1 and OSM #2 (social					R	RICHMOND, VA 23233		
1. Resident #1 was admitted to the facility on 4/27/16. Resident #1's diagnoses included but were not limited to: high blood pressure, diabetes and Alzheimer's disease. Resident #1's most recent MDS (minimum data set), a significant change in status assessment with an ARD (assessment reference date) of 12/15/16, coded the resident's cognition as being moderately impaired. Section G coded Resident #1 as requiring supervision with setup help for transfers and as requiring supervision with one person physical assistance with walking in the room and corridor.  During the survey, an investigation was conducted due to a complaint that Resident #2 had attempted to rape Resident #1 (note- the complaint was unsubstantiated).  Review of Resident #1's clinical record and comprehensive care plan with a reference date of 11/29/16 failed to reveal documentation regarding any encounters between Resident #1 and Resident #2.  On 1/4/17 at 10:15 a.m., an interview was conducted with OSM (other staff member) #1 (social worker) and OSM #2 (social services director). OSM #1 and OSM #2 were asked if	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	Х	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION
and Resident #2. OSM #2 stated one weekend Resident #1 was in Resident #2's room so Resident #2 was moved to a different room. OSM #2 stated she was unaware of any further details regarding the incident. Further into the interview, OSM #2 stated she guessed Resident #2 had kissed Resident #1 because during a meeting, the interdisciplinary team talked about  any identified concerns.  any identified concerns.	F 280	1. Resident #1 was a 4/27/16. Resident #1 were not limited to: hi and Alzheimer's disearecent MDS (minimur change in status asse (assessment reference the resident's cognitic impaired. Section G requiring supervision and as requiring supervision and as requiring supervision and as requiring supervision.  During the survey, and conducted due to a conducted due to a conducted due to a conducted due to a conducted with osmorphenesive care 11/29/16 failed to reveanly encounters between Resident #2.  On 1/4/17 at 10:15 a. conducted with OSM (social worker) and Codirector). OSM #1 ar any incidents had occand Resident #2 was moved of the sident #2 was moved of the sid	dmitted to the facility on 's diagnoses included but gh blood pressure, diabetes ase. Resident #1's most in data set), a significant essment with an ARD ase date) of 12/15/16, coded on as being moderately coded Resident #1 as with setup help for transfers ervision with one person with walking in the room and investigation was complaint that Resident #2 as Resident #1 (note- the estantiated).  It's clinical record and plan with a reference date of eal documentation regarding een Resident #1 and  m., an interview was (other staff member) #1 asM #2 (social services and OSM #2 were asked if curred between Resident #1 as M #2 stated one weekend esident #2's room so wed to a different room. was unaware of any further incident. Further into the lated she guessed Resident ent #1 because during a	F	280	affected.  The MDS coordinator will complete an audit of care plans for the last 30 days those who trigger for behaviors on the MDS. MDS will report any variances to NHA and DON. NHA will report variance to the quality assurance committee.  The Regional Clinical Resource specia will educate social services and nursing administrative team on care planning behaviors and episodic care planning.  DON/ADON will educate license nursing staff on episodic care planning and care planning for behaviors.  MDS coordinator will audit comprehense MDS assessments and their care plans for accurate care planning, including review and revision of and for behavior weekly x 4 weeks. MDS coordinator will report any variances to NHA and DON NHA will report results to the quality assurance committee.  Continued compliance will be monitore through the facility SQA program. Additional monitoring will be initiated for	for es list g es sive s	

AND DIAN OF CORRECTION IDENTIFICATION NUMBER			PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
		495109	B. WING			C 04/05/2047	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	•	01/05/2017	
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F 280	Resident #2 kissing in thought it would be be this time, OSM #2 was responsible for docur between residents in stated, "Normally we #2 confirmed the incidocumented in both to OSM #2 also confirm plans should have be OSM #2 and OSM #7 Resident #1's and Resident #1's and Resident #1 and OSM #2 resident's care plan which was president #1 and Resident	Resident #1 and the team est to move Resident #2. At as asked who was menting sexual encounters the clinical record. OSM #2 document as a team." OSM dent should have been residents' clinical record. ed both residents' care ren updated. At this time, I were asked to review resident #2's care plans. Confirmed neither reas updated.  m., an interview was (administrative staff ninistrator). ASM #1 stated ing "the situation" between ident #2 but had not found a information in the clinical ASM #1 presented a typed ASM #1 (no date) that Nursing home administrator) I from staff on 12/16/16 I #1) was in (Resident #2's) Ints pulled down. He I, no physical interaction I was unable to state in his bathroom, after aff she expressed an exual relationship with him. Illocated to another room and	F 2	· · · · · · · · · · · · · · · · · · ·			
	and (Resident #2). Home on LOA (leave weekend. On 12/20/workers spoke with (leave workers).	vere in place for both her ler family decided to take her of absence) for the 16 NHA and the social Resident #1's) daughter, she bom from LOA, no further					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		495109	B. WING			1	05/2017
NAME OF PR	ROVIDER OR SUPPLIER	•		S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 0	00/2011
				2	420 PEMBERTON RD		
THE LAUF	RELS OF UNIVERSITY P	ARK		F	RICHMOND, VA 23233		
(X4) ID	SUMMARY S	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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F 280	Continued From pag	a 5		280			
1 200				200			
		She voiced a concern with					
		ng to original room due to					
		ial for increased confusion. needed to investigate further					
		follow up phone call to her.					
		nd the social workers met with					
		ing his relationship with					
	, , ,	dent #2) states that he is					
		I am 92, do you know what a					
		o?, nothing, I can't have sex.'					
		els that (Resident #1) can					
		ons. NHA explained to the					
		nnot disclose (Resident #1's)					
		hat (Resident #1) may not be					
	, ,	ınd. NHA explained to him					
	that he can spend tin	ne with her, but not in her					
	room and if she com	es to his room he needs to					
	call for assistance. I	le was also informed that he					
	may need to be mov	ed if this continues. He					
	verbalized an unders	standing. NHA informed him					
	that she would be dis						
		e voiced he did not want his					
		re. NHA informed him that					
	_	st contact and he gave					
	l'	t her. On 12/20/16 NHA met					
	· '	he voiced that (Resident #2)					
		she likes him, denies any					
		does not recall the situation					
		as unable to provide any					
		no psychosocial distress					
		I. On 12/20/16 NHA spoke					
		er of (Resident #2). Made					
		ation and the discussion had Although (Resident #2) has a					
	` ,	for mental status) 15/15, he					
		t term memory loss), and the					
	,	his neurology consultation					
	_	s 'poor executive function'					
	_	end consequences for his					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G		DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE  2420 PEMBERTON RD  RICHMOND, VA 23233		I	01/05/2017	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 280	checks in place and psychologist at the twas made aware the relocated within the elsewhere but the grand successful placemed 12/20/16 a referral to psychologist for evacalled (Resident #1' informed her that NI' of (Resident #2) but evaluate his status. will be staying in he frequent checks are appreciation for this has been very approximately willingness and flex On 12/29/16 staff can (Resident #2) was keen informed (Resident would need to relocate immediately. (Resident #2) Jefferson Unit and coin place."	an evaluation by the facility will take place. She at that (sic) he may be facility or possibly placed oal was to make this a nt for both residents. On was made to (name), aluation. On 12/20/16 NHA is) daughter back and HA cannot disclose the status at that a plan was in place to Assured her that her mom in permanent room and that it in place. She expressed decision and said that she excitative of the facility's ibility to work with her mom. alled NHA to inform her that this sing (Resident #1). Nursing #2) and his daughter that he atte to another unit dent #2) moved to the 15 checks for him remained	F 2	80			
	conducted with LPN (unit manager). LPI witness any sexual #1 and Resident #2 12/16/16, LPN #1 si Resident #1 was in her pants down and Resident #2. LPN # her that Resident #2	p.m., an interview was I (licensed practical nurse) #1 N #1 stated she did not interactions between Resident . In regards to the event on tated staff called her to tell her Resident #2's bathroom with I wanted to have sex with #1 stated it was reported to 2 was by his bed eet from the bathroom). LPN					
	#1 stated staff report	rted they had separated the was "watching" Resident #2.					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		TE SURVEY MPLETED
		495109	B. WING		,	C 01/05/2017
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F 280	stated later that ever #1's daughter, made incident and told the suggested moving R room on another hall #1's daughter took the for a couple of days. days later, Resident (next door to Reside remained on 15 minuabout a week later, F was noted kissing an another unit. When a documented in the cabove incidents, LPN #1 was keeping a file residents' care plans above incidents, LPN stated either a nurse have updated the cathorist of nursing) a manager of operation above concern.  The facility policy title plans" documented, dictated by change(s Reviews are done at No further information 2. Resident #2 was a 3/22/16. Resident #2 was a 3/22/16. Resident #2 were not limited to: h weakness and deme	nen called ASM #1. LPN #1 hing, she spoke to Resident the daughter aware of the daughter that ASM #1 esident #1 to a different . LPN #1 stated Resident he resident out of the facility LPN #1 stated a couple of #1 returned to her room ht #2) and Resident #2 hte checks. LPN #1 stated Resident #1 and Resident #2 hd Resident #2 was moved to hasked what should be hinical record regarding the h #1 stated she knew ASM he. When asked if the should be updated after the h #1 stated, "Yes." LPN #1 or the social workers should he hash #3 (the regional his) were made aware of the hed, "Interdisciplinary care "Care plans are revised as h) in the guest's condition.	F 28			

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	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	<b>I</b>	01/05/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 280	of 12/7/16, coded the being moderately im Resident #2 as requithelp for transfers/wa and off the unit, and person assistance who buring the survey, and conducted due to a chad attempted to rap complaint was unsubstituted and the survey of Resident #2 comprehensive care 4/4/16 failed to revea any encounters betwoe Resident #2.  On 1/4/17 at 10:15 and conducted with OSM (social worker) and (director). OSM #1 any incidents had on and Resident #2. OR Resident #1 was in Fresident #2 was mo OSM #2 stated she was details regarding the interview, OSM #2 sit #2 had kissed Resid meeting, the interdis Resident #2 kissing thought it would be between residents in stated, "Normally we #2 confirmed the incomplete in the confirmed in the confirmed the incomplete in the confirmed in the c	e resident's cognition as paired. Section G coded ring supervision with setup liking in room/locomotion on as requiring limited one ith walking in the corridor.  In investigation was complaint that Resident #2 be Resident #1 (note- the ostantiated).  #2's clinical record and plan with a reference date of all documentation regarding reen Resident #1 and  I.m., an interview was all (other staff member) #1 osh #2 (social services and OSM #2 were asked if curred between Resident #1 osh #2 stated one weekend Resident #2's room so oved to a different room.  Was unaware of any further incident. Further into the stated she guessed Resident ent #1 because during a ciplinary team talked about Resident #1 and the team west to move Resident #2. At	F 2	80		

F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′			ATE SURVEY OMPLETED
	495109	B. WING			C <b>01/05/2017</b>
OVIDER OR SUPPLIER  ELS OF UNIVERSITY	PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		01/03/2017
(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	ULD BE	(X5) COMPLETION DATE
OSM #2 also confirmally plans should have to OSM #2 and OSM #2 and OSM #2 and OSM #3 Resident #1's and FOSM #1 and OSM #1 and OSM #1 and OSM #1 and OSM #1 and Testident's care plans on 1/4/17 at 11:45 and conducted with ASM member) #1 (the additional she had been manared to be a stational she had been manared to be a stational to document the document signed by documented, "NHA received a phone constating that (Reside bathroom with her premained in his root occurred. (Resident initially why she was questioning by the significant in the signed for the stational to have a set of the significant workers on LOA (leaved weekend. On 12/20 workers spoke with has returned to her incident at this time her mom not returnic cognition and poten NHA stated that she and would provide as a stational stated that she and would provide as a stational stated that she and would provide as a stational stated that she and would provide as a stational stated that she and would provide as a stational stated that she and would provide as a stational stated that she and would provide as a stational statio	med both residents' care been updated. At this time, #1 were asked to review Resident #2's care plans. #2 confirmed neither was updated.  a.m., an interview was #1 (administrative staff Iministrator). ASM #1 stated aging "the situation" between esident #2 but had not found a e information in the clinical , ASM #1 presented a typed y ASM #1 (no date) that (Nursing home administrator) all from staff on 12/16/16 nt #1) was in (Resident #2's) beants pulled down. He m, no physical interaction at #1) was unable to state is in his bathroom, after estaff she expressed an esexual relationship with him. relocated to another room and is were in place for both her Her family decided to take her e of absence) for the 10/16 NHA and the social (Resident #1's) daughter, she room from LOA, no further . She voiced a concern with ing to original room due to a follow up phone call to her.	F 28	30		
	SUMMARY SUMMAR	CORRECTION IDENTIFICATION NUMBER: 495109	OVIDER OR SUPPLIER  ELS OF UNIVERSITY PARK  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 9  OSM #2 also confirmed both residents' care plans should have been updated. At this time, OSM #2 and OSM #1 were asked to review Resident #1's and Resident #2's care plans. OSM #1 and OSM #2 confirmed neither resident's care plan was updated.  On 1/4/17 at 11:45 a.m., an interview was conducted with ASM (administrative staff member) #1 (the administrator). ASM #1 stated she had been managing "the situation" between Resident #1 and Resident #2 but had not found a way to document the information in the clinical record. At this time, ASM #1 presented a typed document signed by ASM #1 (no date) that documented, "NHA (Nursing home administrator) received a phone call from staff on 12/16/16 stating that (Resident #1) was in (Resident #2's) bathroom with her pants pulled down. He remained in his room, no physical interaction occurred. (Resident #1) was unable to state initially why she was in his bathroom, after questioning by the staff she expressed an intention to have a sexual relationship with him. (Resident #2). Her family decided to take her home on LOA (leave of absence) for the weekend. On 12/20/16 NHA and the social workers spoke with (Resident #1's) daughter, she has returned to her room from LOA, no further incident at this time. She voiced a concern with her mom not returning to original room due to cognition and potential for increased confusion. NHA stated that she needed to investigate further and would provide a follow up phone call to her. On 12/20/16 NHA and the social workers met with (Resident #2) regarding his relationship with	OVIDER OR SUPPLIER  ### 19109    STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   Continued From page 9	OVIDER OR SUPPLIER  ### A BUILDING  ### A BUIL

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	TIPLE CONSTRUCTION NG	` '	(X3) DATE SURVEY COMPLETED	
		495109	B. WING		0	C <b>1/05/2017</b>	
	ROVIDER OR SUPPLIER	PARK		STREET ADDRESS, CITY, STATE, ZIF 2420 PEMBERTON RD RICHMOND, VA 23233		1700/2011	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN ( X (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE	
F 280	92 year's body can derected that he reports that he far make her own decis resident that she can status that (sic) but it able to fully understathat he can spend time room and if she come call for assistance. It may need to be moverbalized an understhat she would be different to be made away his daughter is his fill permission to contact with (Resident #1), significant interaction, on 12/16/16. She wother interaction and observed or reported with (name), daughter aware of the situ with (Resident #2). BIMS (brief interview does have stm (short daughter referenced stating her father hall and cannot comprehactions. She was me checks in place and psychologist at the fawas made aware that relocated within the elsewhere but the general status and the second status of the situation of	I'l am 92, do you know what a do?, nothing, I can't have sex.' sels that (Resident #1) can ions. NHA explained to the mot disclose (Resident #1's) that (Resident #1) may not be and. NHA explained to him me with her, but not in her less to his room he needs to he was also informed that he red if this continues. He standing. NHA informed him scussing this with his le voiced he did not want his are. NHA informed him that rest contact and he gave of her. On 12/20/16 NHA met she voiced that (Resident #2) it she likes him, denies any does not recall the situation as unable to provide any I no psychosocial distress di. On 12/20/16 NHA spoke er of (Resident #2). Made lation and the discussion had Although (Resident #2) has a way for mental status) 15/15, he at term memory loss), and the his neurology consultation is 'poor executive function' need consequences for his ade aware of more frequent an evaluation by the actility will take place. She at that (sic) he may be facility or possibly placed on the post of the place of th	F	280			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRU A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495109	B. WING		C 01/05/2017	
	ROVIDER OR SUPPLIER	ARK	2	STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION	
F 280	called (Resident #1's informed her that NH of (Resident #2) but evaluate his status. will be staying in her frequent checks are appreciation for this has been very appre willingness and flexil On 12/29/16 staff ca (Resident #2) was ki informed (Resident # would need to relocate immediately. (Resident # would need to relocate immediately. (Resident # would need to relocate immediately. (Resident # 1 and Resident #2. 12/16/16, LPN #1 stare Resident #1 was in Fer pants down and Resident #2. LPN # her that Resident #2 (approximately 15 fe #1 stated staff report residents and staff w LPN #1 stated she the stated later that ever #1's daughter, made incident and told the suggested moving R room on another hall #1's daughter took the	uation. On 12/20/16 NHA s) daughter back and IA cannot disclose the status that a plan was in place to Assured her that her mom permanent room and that in place. She expressed decision and said that she ciative of the facility's bility to work with her mom. Illed NHA to inform her that ssing (Resident #1). Nursing #2) and his daughter that he ate to another unit ent #2) moved to the 15 checks for him remained  I.m., an interview was (licensed practical nurse) #1 I #1 stated she did not interactions between Resident In regards to the event on ated staff called her to tell her Resident #2's bathroom with wanted to have sex with 1 stated it was reported to	F 280			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. WING		С	
	ROVIDER OR SUPPLIER		B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE  2420 PEMBERTON RD  RICHMOND, VA 23233	<u>  01/</u>	(05/2017
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 514 SS=D	(next door to Residen remained on 15 minurabout a week later, R was noted kissing and another unit. When a documented in the cli above incidents, LPN #1 was keeping a file residents' care plans above incidents, LPN stated either a nurse have updated the car On 1/4/17 at 6:00 p.m director of nursing) ar manager of operation above concern.  No further information RES RECORDS-COMPLE LE CFR(s): 483.70(i)(1)(5)(i) Medical records. (1) In accordance with standards and practice	It returned to her room It #2) and Resident #2 Ite checks. LPN #1 stated esident #1 and Resident #2 Ite Resident #2 was moved to lisked what should be inical record regarding the Ite #1 stated she knew ASM Ite When asked if the should be updated after the Ite #1 stated, "Yes." LPN #1 or the social workers should be plans. In ASM #1, ASM #2 (the Ind ASM #3 (the regional Is) were made aware of the Ite ACCURATE/ACCESSIB Ite ACCURATE/ACCESSIB Ite Accurate professional less, the facility must ords on each resident that Ite ented; Ite and	F 2			2/17/17

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495109	B. WING		C 01/05/2017	
	NAME OF PROVIDER OR SUPPLIER  THE LAURELS OF UNIVERSITY PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	01/05/2017	
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETION	
F 514	Continued From page	e 13	F 51	4		
	(5) The medical recor	rd must contain-				
	(i) Sufficient informati	on to identify the resident;				
	(ii) A record of the res	sident's assessments;				
	(iii) The comprehensi provided;	ve plan of care and services				
	(iv) The results of any and resident review e determinations condu					
	(v) Physician's, nurse professional's progre	s, and other licensed ss notes; and				
	services reports as re	ogy and other diagnostic equired under §483.50. is not met as evidenced				
	Based on staff interv review, clinical record a complaint investigat the facility staff failed accurate clinical reco	iew, facility document I review, and in the course of tion, it was determined that to maintain a complete and rd for two of seven residents Residents #1 and #2.		Resident #1's documentation by both nursing and social services in the medic record has been included in the medic record.  Resident #2 no longer resides at the facility.	lical	
	#1's clinical record af observed with her par bathroom and verbali contact on 12/16/16 a reportedly kissed Res	nts down in Resident #2's zed desire for sexual and after the resident sident #2 on 12/29/16.		All residents currently in the facility hat the potential to be affected by this practice.  NHA/designee will conduct an audit of residents being monitored for behavior for accurate and complete documenta Any variances will be corrected and	all rs	
	observed with her par	nts down in Resident #2's ent #2 verbalized desire for		continued education will be reported to facility squality assurance program.	o the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. WING			C	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	<u> </u>	01/05/2017	
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 514	The findings include:  1. Resident #1 was a 4/27/16. Resident # were not limited to: h and Alzheimer's diserecent MDS (minimu change in status ass (assessment referenthe resident's cogniti impaired. Section Grequiring supervision and as requiring supphysical assistance for corridor.  During the survey, a conducted due to a chad attempted to rapcomplaint was unsultable. Review of Resident # conducted with OSM (social worker) and Codirector). OSM #1 a any incidents had ocand Resident #2. Osm Resident #2 was mo OSM #2 stated she was details regarding the	admitted to the facility on 1's diagnoses included but high blood pressure, diabetes hase. Resident #1's most m data set), a significant essment with an ARD ce date) of 12/15/16, coded on as being moderately coded Resident #1 as a with setup help for transfers ervision with one person with walking in the room and in investigation was complaint that Resident #2 be Resident #1 (note- the ostantiated).	F 51	DON/ADON will educate licens and social services on maintair records of each resident in acc with accepted professional star practices that are complete, ac documented, readily accessible systematically organized.  Unit managers will complete ar weekly x 4 weeks on all new ac and residents requiring a quart assessment that trigger for behassure that documentation is c Any variances identified will be and continued education will be The results of these audits will reported to NHA and DON.  Continued compliance will be inthrough random chart audits by and reported to the facility sq assurance program. Additional and monitoring will be initiated identified concerns.	ning clinical ordance ndards and curately e, and naudit dmissions erly MDS navior to completed. corrected e provided. be nonitored y the DON uality education		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		495109	B. WING			01/	05/2017
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
THE ! ALIE	NEL O OE LININ/EDOITY/ DA	A DIV		2	2420 PEMBERTON RD		
THE LAUF	RELS OF UNIVERSITY PA	AKK		ı	RICHMOND, VA 23233		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 514	Continued From page	e 15	F	514			
	#2 had kissed Reside	ent #1 because during a					
		iplinary team talked about					
		Resident #1 and the team					
		est to move Resident #2. At					
	this time, OSM #2 wa	s asked who was					
	responsible for docun	nenting sexual encounters					
	between residents in	the clinical record. OSM #2					
		document as a team." OSM					
		dent should have been					
	documented in both r	esidents' clinical record.					
	On 1/4/17 at 11:45 a.i	m., an interview was					
	conducted with ASM						
	member) #1 (the adm	ninistrator). ASM #1 stated					
	she had been manag	ing "the situation" between					
	Resident #1 and Resi	ident #2 but had not found a					
	_	information in the clinical					
		ASM #1 presented a typed					
		ASM #1 (no date) that					
	,	Nursing home administrator)					
		from staff on 12/16/16					
	,	#1) was in (Resident #2's)					
	bathroom with her pa						
		, no physical interaction					
	initially why she was i	#1) was unable to state					
	questioning by the sta						
		xual relationship with him.					
		ocated to another room and					
		vere in place for both her					
	· · · • /	er family decided to take her					
	home on LOA (leave						
	,	16 NHA and the social					
		Resident #1's) daughter, she					
		oom from LOA, no further					
	incident at this time.	She voiced a concern with					
	her mom not returning	g to original room due to					
		al for increased confusion.					
	NHA stated that she r	needed to investigate further					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	B. WING	B. WING		C 01/05/2017	
NAME OF PRO	VIDER OR SUPPLIER	100.00		STREET ADDRESS, CITY, STATE, ZIP C		1/03/2017	
				2420 PEMBERTON RD			
THE LAURE	LS OF UNIVERSITY F	PARK		RICHMOND, VA 23233			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	PROVIDER'S PLAN OF  (EACH CORRECTIVE ACT  CROSS-REFERENCED TO 1  DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 514	Continued From pag	ge 16	F !	514			
( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	and would provide a 2Dn 12/20/16 NHA ar (Resident #2) regard (Resident #1). (Resident #1). (Resident #1). (Resident #1). (Resident #1). (Resident #1) and that the care status that (sic) but the status	follow up phone call to her.  Ind the social workers met with ding his relationship with ident #2) states that he is 'I am 92, do you know what a do?, nothing, I can't have sex.' sels that (Resident #1) can ions. NHA explained to the mot disclose (Resident #1's) that (Resident #1) may not be and. NHA explained to him me with her, but not in her uses to his room he needs to He was also informed that he red if this continues. He standing. NHA informed him scussing this with his de voiced he did not want his are. NHA informed him that rest contact and he gave of ther. On 12/20/16 NHA met she voiced that (Resident #2) to she likes him, denies any does not recall the situation as unable to provide any I no psychosocial distress di. On 12/20/16 NHA spoke the of (Resident #2). Made lation and the discussion had Although (Resident #2) has a work for mental status) 15/15, he to term memory loss), and the his neurology consultation is 'poor executive function' need consequences for his ade aware of more frequent an evaluation by the accility will take place. She		514			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495109	B. WING		C 01/05/2017
	ROVIDER OR SUPPLIER	PARK	:	STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	1 01/03/2011
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 514	elsewhere but the g successful placeme 12/20/16 a referral of psychologist for evant called (Resident #1' informed her that Ni of (Resident #2) but evaluate his status. will be staying in he frequent checks are appreciation for this has been very approximally approximately. (Resident #2) was k informed (Resident would need to reloct immediately. (Resident	facility or possibly placed oal was to make this a nt for both residents. On was made to (name), fluation. On 12/20/16 NHA is) daughter back and that cannot disclose the status at that a plan was in place to Assured her that her mom is permanent room and that is in place. She expressed decision and said that she eciative of the facility's ibility to work with her mom. alled NHA to inform her that this sing (Resident #1). Nursing #2) and his daughter that he	F 514		
	conducted with LPN (unit manager). LPI witness any sexual #1 and Resident #2 12/16/16, LPN #1 st Resident #1 was in her pants down and Resident #2. LPN # her that Resident #2 (approximately 15 fe #1 stated staff reports and staff v LPN #1 stated she is stated later that ever #1's daughter, made	p.m., an interview was I (licensed practical nurse) #1 N #1 stated she did not interactions between Resident . In regards to the event on tated staff called her to tell her Resident #2's bathroom with wanted to have sex with #1 stated it was reported to 2 was by his bed eet from the bathroom). LPN red they had separated the was "watching" Resident #2. then called ASM #1. LPN #1 ening, she spoke to Resident et the daughter aware of the edaughter that ASM #1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		495109	B. WING _			C 01/05/2017
	ROVIDER OR SUPPLIER	ARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		0110012011
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 514	room on another hall. #1's daughter took th for a couple of days. days later, Resident if (next door to Resider remained on 15 minu about a week later, R was noted kissing an another unit. When a documented in the cli above incidents, LPN #1 was keeping a file  On 1/4/17 at 6:00 p.n director of nursing) at	esident #1 to a different LPN #1 stated Resident e resident out of the facility LPN #1 stated a couple of #1 returned to her room at #2) and Resident #2 te checks. LPN #1 stated esident #1 and Resident #2 d Resident #2 was moved to asked what should be nical record regarding the #1 stated she knew ASM	F5	14		
	1/5/17 at 10:00 a.m., did not have a policy  No further information  2. Resident #2 was a 3/22/16. Resident #2 were not limited to: hi weakness and demer recent MDS, a quarte of 12/7/16, coded the being moderately imp. Resident #2 as required help for transfers/wal and off the unit, and a person assistance will buring the survey, arconducted due to a conducted of the policy and the survey.	omplaint that Resident #2 e Resident #1 (note- the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED			
		495109	B. WING _			C 01/05/2017		
	ROVIDER OR SUPPLIER	ARK		STREET ADDRESS, CITY, STATE, ZIP CODE  2420 PEMBERTON RD  RICHMOND, VA 23233				
(X4) ID PREFIX TAG			ID PREFI) TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
F 514	Continued From pag	e 19	F 5	514				
		#2's clinical record failed to n regarding any encounters I and Resident #2.						
	conducted with OSM (social worker) and (director). OSM #1 a any incidents had oc and Resident #2. OS Resident #1 was in FResident #2 was mo OSM #2 stated she was details regarding the interview, OSM #2 stated weeting, the interdist Resident #2 kissing thought it would be be this time, OSM #2 was responsible for docubetween residents in stated, "Normally we #2 confirmed the incident of the stated in the st	.m., an interview was I (other staff member) #1 DSM #2 (social services and OSM #2 were asked if curred between Resident #1 DSM #2 stated one weekend Resident #2's room so ved to a different room. Was unaware of any further incident. Further into the stated she guessed Resident ent #1 because during a ciplinary team talked about Resident #1 and the team sest to move Resident #2. At as asked who was menting sexual encounters the clinical record. OSM #2 document as a team." OSM ident should have been residents' clinical record.						
	conducted with ASM member) #1 (the adr she had been managed Resident #1 and Re	.m., an interview was (administrative staff ninistrator). ASM #1 stated ging "the situation" between sident #2 but had not found a information in the clinical ASM #1 presented a typed ASM #1 (no date) that Nursing home administrator) Il from staff on 12/16/16 t #1) was in (Resident #2's) ants pulled down. He						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED  C 01/05/2017	
		495109	B. WING			
	ROVIDER OR SUPPLIER	PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233	01/03/2017	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION	
F 514	occurred. (Resident initially why she was questioning by the sintention to have a s (Resident #1) was req (every) 15 checks and (Resident #2). I home on LOA (leave weekend. On 12/20 workers spoke with (has returned to her	n, no physical interaction #1) was unable to state in his bathroom, after taff she expressed an exual relationship with him. elocated to another room and were in place for both her Her family decided to take her	F 514	1		
	cognition and potent NHA stated that she and would provide a On 12/20/16 NHA ar (Resident #2) regard (Resident #1). (Res fond of her and that 92 year's body can of the reports that he femake her own decision resident that she car status that (sic) but to the new or the resident that she car status that (sic) but to the new or th	ng to original room due to ial for increased confusion. needed to investigate further follow up phone call to her. nd the social workers met with ling his relationship with ident #2) states that he is 'I am 92, do you know what a do?, nothing, I can't have sex.' tels that (Resident #1) can ions. NHA explained to the nnot disclose (Resident #1's) hat (Resident #1) may not be and. NHA explained to him				
	that he can spend tir room and if she com call for assistance. I may need to be mov verbalized an unders that she would be di- responsible party. H wife to be made awa his daughter is his fill permission to contact with (Resident #1), s	me with her, but not in her es to his room he needs to he was also informed that he ed if this continues. He standing. NHA informed him scussing this with his le voiced he did not want his are. NHA informed him that est contact and he gave of ther. On 12/20/16 NHA met the voiced that (Resident #2)				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED	
		495109	<b>495109</b> B. WING			C <b>1/05/2017</b>	
	ROVIDER OR SUPPLIER	PARK		STREET ADDRESS, CITY, STATE, ZIP CO 2420 PEMBERTON RD RICHMOND, VA 23233		1700/2017	
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFII TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 514	on 12/16/16. She other interaction at observed or report with (name), daugher aware of the si with (Resident #2) BIMS (brief intervidual does have stm (she daughter reference stating her father hand cannot compractions. She was checks in place an psychologist at the was made aware to relocated within the elsewhere but the successful placem 12/20/16 a referral psychologist for excalled (Resident #2) be evaluate his status will be staying in his frequent checks an appreciation for the has been very app willingness and fle On 12/29/16 staff (Resident #2) was informed (Resident would need to reloimmediately. (Resident #1) Jefferson Unit and in place."	age 21  n, does not recall the situation was unable to provide any and no psychosocial distress ed. On 12/20/16 NHA spoke after of (Resident #2). Made tuation and the discussion had a Although (Resident #2) has a sew for mental status) 15/15, he out term memory loss), and the ed his neurology consultation has 'poor executive function' ethend consequences for his made aware of more frequent do an evaluation by the efacility will take place. She had that (sic) he may be efacility or possibly placed goal was to make this a ent for both residents. On was made to (name), aduation. On 12/20/16 NHA al's) daughter back and NHA cannot disclose the status at that a plan was in place to a Assured her that her momer permanent room and that the in place. She expressed is decision and said that she reciative of the facility's wibility to work with her mom. Called NHA to inform her that kissing (Resident #1). Nursing the #2) and his daughter that he cate to another unit ident #2) moved to the quito the qui	F	514			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495109	B. WING	B. WING		C 01/05/2017	
	ROVIDER OR SUPPLIER	ARK		2420 PEMBI	DRESS, CITY, STATE, ZIP CODE ERTON RD D, VA 23233	,	
(X4) ID PREFIX TAG			ID PREFI TAG	-	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE	
F 514	(unit manager). LPN witness any sexual ir #1 and Resident #2. 12/16/16, LPN #1 sta Resident #1 was in Fher pants down and Resident #2. LPN #1 her that Resident #2 (approximately 15 fer #1 stated staff report residents and staff w LPN #1 stated she that stated later that even #1's daughter, made incident and told the suggested moving R room on another hall #1's daughter took the for a couple of days. days later, Resident (next door to Resident remained on 15 minuabout a week later, F was noted kissing an another unit. When a documented in the clabove incidents, LPN #1 was keeping a file. On 1/4/17 at 6:00 p.r director of nursing) a manager of operation above concern. Police	(licensed practical nurse) #1 #1 stated she did not nteractions between Resident In regards to the event on ated staff called her to tell her Resident #2's bathroom with wanted to have sex with 1 stated it was reported to was by his bed et from the bathroom). LPN ed they had separated the as "watching" Resident #2. hen called ASM #1. LPN #1 hing, she spoke to Resident the daughter aware of the daughter that ASM #1 esident #1 to a different . LPN #1 stated Resident he resident out of the facility LPN #1 stated a couple of #1 returned to her room ht #2) and Resident #2 he checks. LPN #1 stated Resident #1 and Resident #2 desident #1 and Resident #2 desident #2 was moved to asked what should be inical record regarding the ht #1 stated she knew ASM ht.  h.  h., ASM #1, ASM #2 (the hd ASM #3 (the regional his) were made aware of the cies were requested.  h.m., ASM #1 stated the	F	514			

AND DIAN OF CORDECTION IDENTIFICATION NUMBER.		1	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
		495109	B. WING			C 04/05/2047	
	ROVIDER OR SUPPLIER	l		STREET ADDRESS, CITY, STATE, ZIP CODE  2420 PEMBERTON RD  RICHMOND, VA 23233			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREF		ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 514		e 23 n was presented prior to exit.	F 5	14			