

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0249	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/13/2017
NAME OF PROVIDER OR SUPPLIER THE LAURELS OF UNIVERSITY PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 2420 PEMBERTON RD RICHMOND, VA 23233		
(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 4/11/17 through 4/13/17. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 145 certified bed facility was 137 at the time of the survey. The survey sample consisted of 21 current Resident reviews (Residents 1 through 21) and five closed record reviews (Residents 22 through 26).	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: Based on resident interview, staff interview, facility documentation and clinical record review, it was determined that the facility staff failed to offer a shower twice a week for one of 26 residents in the survey sample, Resident #15. The facility staff failed to offer Resident #15 a shower twice a week. The findings include: Resident #15 was admitted to the facility on 11/14/16 with a recent readmission on 2/20/17 with diagnoses that included but were not limited to: intestinal obstruction, urinary tract infection, chronic obstructive pulmonary disease, sleep apnea, diabetes, sleep apnea and fracture of lower leg. The most recent MDS (minimum data set)	F 001	F001 Cross reference POC for: F323 F334 F356 F514 F441 F360 F364 F371 F157 F309 F280 F314 F226 F282 Resident #15 no longer resides in the facility. However, showers were given on	5/19/17

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

Electronically Signed

TITLE

(X6) DATE

05/05/17

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F 001	<p>Continued From page 1</p> <p>assessment, a quarterly assessment, with an assessment reference date of 1/18/17, coded the resident as being cognitively intact to make daily decisions. The resident was coded as requiring extensive assistance of one staff member for moving in the bed, moving on the unit, dressing, toileting, personal hygiene and bathing. Resident #15 was coded as being dependent upon the staff for transfers between surfaces.</p> <p>A resident interview was conducted with Resident #15 on 4/12/17 at approximately 1:00 p.m. When asked if the resident was given assistance with her activities of daily living, Resident #15 stated that she was given assistance but has only had one shower since November. When asked if she has ever refused a shower, Resident #15 stated, "Only on one occasion have I refused a shower." When asked if she was offered a shower twice a week, Resident #15 stated, "No, no one offered her a shower. They just would say let's get washed up and give me a bed bath."</p> <p>The ADL (activities of daily living) sheets for November 2016 through April 2017 were reviewed. The code for a bed bath is "4." That was the only type of bathing the resident received for all of the months. There were no showers documented on the ADL sheets.</p> <p>The "Shower/Skin Observation" sheets were reviewed. The sheets were dated, 11/17/16 through 3/30/17. The forms documented the following:</p> <p>" 11/17/16 - no documentation of type of bathing</p> <p>" 11/21/16 - no documentation of type of bathing</p> <p>" 11/24/16 - no documentation of type of bathing</p>	F 001	<p>4/13, 4/17, and offered 4/20 and resident declined.</p> <p>DON or designee will educate licensed nursing staff and certified nursing assistants on offering showers twice a week in addition to documentation of showers offered and showers declined.</p> <p>Nursing administration will monitor shower sheets weekly x 4 weeks for showers being offered, and showers declined. The results of the audits will be reported to the DON and further education and/or counseling will be provided as indicated.</p> <p>The DON will report concerns to the quality assurance committee monthly until resolved.</p> <p>Continued compliance will be monitored through the facility's quality assurance program. Additional education and monitoring will be initiated for any identified concerns.</p> <p>F001</p> <p>Expired Licenses have been checked and updated. References have been obtained for current employees</p> <p>NHA will educate the payroll coordinator about obtaining current licenses for licensed employees and timely license checks for upcoming expired licenses.</p> <p>NHA will educate department managers, payroll coordinator, and the staffing coordinator on the requirement of 2</p>	

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F 001	Continued From page 2 " 11/28/16 - no documentation of type of bathing. " 12/1/16 - no documentation of type of bathing " 12/5/16 - no documentation of type of bathing " 12/8/16 - Complete bed bath documented " 12/12/16 - Complete bed bath documented " 12/15/16 - no documentation of type of bathing " 12/22/16 - no documentation of type of bathing " 12/26/16 - no documentation of type of bathing " 12/29/16 - no documentation of type of bathing " 1/2/17 - no documentation of type of bathing " 1/5/17 - no documentation of type of bathing " 1/9/17 - no documentation of type of bathing " 1/12/17 - no documentation of type of bathing " 1/16/17 - Complete bed bath documented " 1/19/17 - Complete bed bath documented " 1/23/17 - Complete bed bath documented " 1/26/17 - B.B. (bed bath) documented " 2/13/17 - C.B.B. (complete bed bath) documented " 2/27/17 - Refused notified nurse was documented " 3/2/17 - Shower refused, complete bed bath given was documented. " 3/6/17 - no documentation of type of bathing " 3/23/17 - no documentation of type of bathing " 3/27/17 - Bed bath was documented " 3/30/17 - Bed bath was documented Missing dates of "Shower/Skin Observation" sheets were on 3/9/17, 3/13/17, and 3/20/17. The comprehensive care plan dated, 11/29/16	F 001	reference checks for all new hires prior to employment. The payroll coordinator or designee will audit licenses for upcoming expirations weekly for 4 weeks. The results will be reported to NHA who will report any concerns to the quality assurance committee monthly. NHA will audit reference checks for new hires weekly for 4 weeks. New employees will not begin employment until references are obtained and complete. NHA will report any concerns to the quality assurance committee monthly. Continued compliance will be monitored through the facility's quality assurance program. Additional education and monitoring will be initiated for any identified concerns.	

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F 001	<p>Continued From page 3</p> <p>and revised on 1/23/17, documented in part, "Problem/Conclusions: (Resident #15) has left ankle fx (fracture) s/p (status post) ORIF (open reduction internal fixation) d/t (due to) fall, NWB (non-weight bearing) status (left leg in cast) ...Multiple medical comorbidities that affect mobility status such as DM (diabetes mellitus), Morbid Obesity, Sleep Apnea, HTN (high blood pressure) chronic back pain." The "Approaches/Interventions" documented in part, "Assess ability to carry out ADLs (activities of daily living) on regular basis and assist as needed. Provide guest choice of scheduling time of day for ADL completion. Assist with ADLs PRN (as needed), Encourage to comb own hair independently and assist as needed. Provide assistance for dressing upper and lower body. Provide assistance for each activity until able to perform skill competently and is safe in independent care; reevaluation regularly to be certain that the skill level is maintained and remains safe in environment. Encourage independence, but provide assistance when unable to complete task. Provide assistance only to the extent required."</p> <p>An interview was conducted with CNA (certified nursing assistant) #3 on 4/12/17 at 4:30 p.m. When asked how showers are scheduled and documented, CNA #3 stated, "They are in the shower book." The shower book was reviewed with CNA #3. Resident #15's shower days were Monday and Thursday on the day shift. When asked where it is documented which type of bathing the resident received, CNA #3 took this surveyor to the computer and demonstrated where the CNA can choose bed bath, tub bath or shower. They were buttons that contained</p>	F 001		

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F 001	<p>Continued From page 4</p> <p>pictures to press.</p> <p>An interview was conducted with RN (registered nurse) #3, the unit manager, on 4/12/17 at 4:40 p.m. When asked how often a resident receives a shower, RN #3 stated, "Twice a week."</p> <p>The administrator and ASM (administrative staff member) #3, the Regional Quality Assurance Manager, were made aware of the concern for Resident #15 not being offered a shower twice a week.</p> <p>On 4/12/17 at 9:40 a.m. ASM #3 stated to this surveyor, "Shower/Skin Observation Sheets are proof of a shower. She (Resident #15) does refuse showers.</p> <p>An interview was conducted with Resident #15 on 4/13/17 at 10:28 a.m. When asked if she has ever refused a shower, Resident #15 stated, "I think only one time that I can recall. I am not offered a shower twice a week."</p> <p>An interview was conducted with ASM #2, the director of nursing, on 4/13/17 at 10:45 a.m. ASM #2 informed this surveyor that the CNA's do not have the option to document in their ADL program that a shower was offered. She stated the "Shower/Skin Observation" sheets are used for showers. ASM #2 stated, "I don't doubt that she didn't have a shower but she can be manipulative.</p> <p>The facility policy, "Shower/Bath" documented in part, "Policy: Unless otherwise directed by the charge nurse, all guests will receive either a shower bath or whirlpool bath twice weekly. Additional bathing will be accommodated upon guest and/or family request."</p>	F 001		

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F 001	<p>Continued From page 5</p> <p>ASM #1, the administrator was made aware of the above concern on 4/13/17 at 10:50 a.m.</p> <p>Cross Reference to F323, F334, F356, F514 with 2VAC5-371-140. Policies and procedures</p> <p>Cross reference to F334 with 12VAC5-371-180. Infection control.</p> <p>Cross reference to F356 with 12VAC5-371-210. Nurse staffing.</p> <p>Cross reference to F514 with 12VAC5-371-360. Clinical records.</p> <p>Cross reference to F323, F441 with 12VAC5-371-370. Maintenance and housekeeping.</p> <p>Support Services Cross reference F360 with 12VAC5-421A to Virginia Food Code 12 VAC5-421-890A</p> <p>Cross reference F364 with 12VAC5-421A to Virginia Food Code 12 VAC5-421-8340D</p> <p>Cross reference F371 with 12VAC5-421A to Virginia Food Code 12 VAC5-421-240A</p>	F 001		

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F 001	<p>Continued From page 6</p> <p>Cross reference to F157 with 12VAC5-371-220. Nursing services</p> <p>Cross reference to F309 with 12VAC5-371-220. Nursing services</p> <p>Cross Reference F280 with 12VAC5-371-210 Nurse Staffing</p> <p>Cross Reference F314 with 12VAC5-371-220 Nurse services</p> <p>Cross Reference F334 with 12VAC5-371-200 Director of Nursing</p> <p>Cross references to F 226 with 12VAC5-110 B.3</p> <p>Cross references to F282 with 12VAC - 200 B.5</p> <p>12VAC5-371-150 Resident Rights</p> <p>Based on staff interview and facility document review, it was determined facility staff failed to implement its policy to obtain reference checks prior to employment for two out of 25 employees records reviewed, OSM (other staff member) #11 and OSM #12 and to maintain current licensure verification for two of 25 employees records reviewed, OSM #9 and CNA (certified nursing assistant) #10.</p> <p>Review of OSM #11's, (licensed physical therapist assistant), and OSM #12's, (physical therapist), employment records did not evidence documentation of reference checks.</p> <p>Review of OSM #9's, (rehabilitation aide), license documented that the license had expired on 6/30/16. There was no current license verification in the record.</p>	F 001		

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F 001	<p>Continued From page 7</p> <p>Review of CNA #10's license documented that the license had expired on 6/30/16. There was no current license verification in the record.</p> <p>A request was made to OSM #4, the payroll processor, for the reference checks for OSM #11 and OSM #12, and license verification for OSM #9 and CNA #10.</p> <p>On 4/12/17 at 3:00 p.m. OSM #4 stated, "I don't have any references on those employees." When asked the process for obtaining references, OSM #4 stated, "The department head at the time (does the reference check.)" When asked what her role was, OSM #4 stated, "My role is to try to keep things organized. Make sure they have everything completed before they start the job." When asked what she did if there was missing information, OSM #4 stated, "I let them know if we don't have the references. They sometimes get back to me." When asked why they obtained references, OSM #4 stated, "To make sure they're eligible for hire or if they have a problem with residents." When asked if she had current licensure verification for OSM #9 and CNA #10, OSM #4 produced a license lookup document for OSM #9 which had been obtained on 8/11/16 approximately one and one-half months after the license had expired. The license lookup document for CNA #10 was dated as being printed on 8/19/16 approximately one and one-half months after the license had expired. When asked why they verified current licenses on staff, OSM #4 stated, "To make sure they're active and make sure no actions are against them. I don't know how this happened. I may have misplaced the original ones and re-printed them."</p>	F 001		

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F 001	Continued From page 8 On 4/12/17 at 5:15 p.m. "ASM #1 was made aware of the findings at that time. Review of the facility's policy titled, "ABUSE, PROHIBITION, INVESTIGATION, AND REPORTING" documented, "Policy: It is the policy of this facility to prohibit mistreatment, neglect, and abuse of guests/residents and/or misappropriation of guest/resident property or resources. A. Screening: 1. The facility will screen respective employees in order to not employ individuals who have been found guilty of abusing, neglecting, mistreating, or misappropriating property/resources of residents by a court of law, or who are listed in the state Nurse Aide Registry or professional licensing agency concerning the same and in accordance with individual state law requirements. d. AT least two (2) employment reference checks are to be completed on all applicants prior to employment. Negative findings regarding abuse, neglect, or mistreatment eliminate the applicant from being considered for employment."	F 001		