

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 08/07/2019
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 Medicare/Medicaid biennial State Licensure Inspection was conducted 7/30/19 through 8/2/19 and continued 8/5/19 through 8/7/19. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 145 certified bed facility was 132 at the time of survey. The survey sample consisted of 60 current Resident reviews and 12 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: 12 VAC 5 - 371 - 140 D.2. Based on resident interview, staff interview, facility document review, and clinical record review, it was determined the facility staff failed to complete admission paperwork on one of 72 residents in the survey sample, Resident # 54. The findings include: Resident #54 was admitted to the facility on 8/13/17 with diagnoses that included but were not limited to: quadriplegia (Paralysis affecting all four limbs and the trunk of the body below the level of spinal cord injury. Trauma is the usual cause) (1), chronic pain, and muscle weakness. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date of 6/3/19, coded the	F 001	001 Resident #54: Admissions agreement was reviewed with and signed by the resident. No negative outcome occurred as a result of this practice. Residents admitted to the facility have the potential to be affected. NHA or designee will educate the admissions department on completion of the admissions agreement, and honoring residents' rights by attempting resident signature for residents with the diagnosis of quadriplegia. Director of Marketing or designee will audit the last 30 days of admissions for completion.	9/20/19

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

Electronically Signed

TITLE

(X6) DATE

09/17/19

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F 001	<p>Continued From page 1</p> <p>resident as scoring a "15" on the BIMS (brief interview for mental status) score, indicating we was capable of making daily cognitive decisions.</p> <p>The clinical record was reviewed on 8/1/19 at approximately 4:00 p.m. The clinical record failed to evidence any admission paperwork for Resident #54.</p> <p>An interview was conducted with other staff member (OSM) #11, the social worker, on 8/1/19 at 5:18 p.m. When asked where the staff documented the discussion of advanced directive on admission, for Resident #54, OSM #11 stated admission would have gotten that. She stated she reviews it with him at each care plan meeting.</p> <p>An interview was conducted with OSM #10, the admissions coordinator, on 8/1/19 at 5:35 p.m. When asked for the paperwork completed upon admission for Resident #54, OSM #10 stated, "He has no admission paperwork, he isn't able to sign. He's a quad (quadriplegic)" When asked if it is documented that the paperwork was verbally reviewed with him on admission, OSM #10 stated, "No, he can't sign."</p> <p>An interview was conducted with Resident #54 on 8/1/19 at approximately 5:45 p.m. A computer was observed next to the resident's bed on the bedside table. Resident #54 was asked if he could recall signing or having admission paper work read to him, including information about advanced directives on admission. Resident #54 stated, "I would have remembered that as I would have gotten bored with it." When asked if he can sign or acknowledge something with a signature, Resident #54 took a pen into his mouth and was able to document a "D" on a piece of paper.</p>	F 001	<p>Director of Marketing or designee will monitor admission agreement completion 5 days a week for 1 week, 3 days a week for 2 weeks, weekly for 4 weeks and monthly for 3 months. Additional education and/or counseling will be provided as indicated. Concerns will be reported by the DON/Designee to the quality assurance committee.</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>Completion date: September 20, 2019</p> <p>Refer to Federal POC for F609</p> <p>Refer to Federal POC for F578, F580, F584, F600, F609, F622, F687, F695, F700, F755, F757, F760, F761, F770, F773, F812, F841, F842.</p> <p>Refer to Federal POC for F578, F580, F584, F600, F622</p> <p>Refer to Federal POC for F812</p> <p>Refer to Federal POC for F658, F755, F760</p> <p>Refer to Federal POC for F580, F684, F686, F687, F695, F698, F755, F757, F760</p> <p>Refer to Federal POC for F841</p>	

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F 001	<p>Continued From page 2</p> <p>The facility policy, Admission Process" documented in part, "Guest Orientation" documented in part, "a. Prior to or upon admission, the guest is oriented regarding: 1. Resident Rights/Facility Responsibilities...9. Other information as necessary or appropriate. b. Written receipt of such orientation shall be filed in the guest' record and kept in the Business Office. c. Should the guest be medically incapable of understanding this information, the responsible party shall be oriented to the above information."</p> <p>Administrative staff member (ASM) #1, the administrator, ASM #2, the regional clinical consultant, and ASM #3, the director of nursing, were made aware of the above concern on 8/6/19 at 5:19 p.m. When asked if a resident should have admission paperwork signed, ASM #1 stated, "Yes."</p> <p>No further information was provided prior to exit.</p> <p>12VAC5-371-110. Management and Administration. Cross reference to F609</p> <p>12VAC5-371-140. Policies and Procedures. Cross reference to F578, F580, F584, F600, F609, F622, F687, F695, F700, F755, F757, F760, F761, F770, F773, F812, F841, and F842.</p> <p>12VAC5-371-150. Resident Rights. Cross reference to F578, F580, F584, F600, F622</p> <p>12VAC5-371-180. Infection Control. Cross reference to F812</p> <p>12VAC5-371-200. Director of Nursing. Cross reference to F658, F755, and F760</p>	F 001	<p>Refer to Federal POC for F578,757</p> <p>Refer to Federal POC for F641, F655, F656, F657, F684, F686, F687, F695, F698, F757</p> <p>Refer to Federal POC for F757, F761</p> <p>Refer to Federal POC for F770, F773</p> <p>Refer to Federal POC for F700</p> <p>Refer to Federal POC for F580, F584, F622, F842</p>	

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F 001	Continued From page 3 12VAC5-371-210. Nurse Staffing. Cross reference to F655, F657, and F760 12VAC5-371-220. Nursing Services. Cross reference to F580, F684, F686, F687, F695, F698, F755, F757, and F760 12VAC5-371-230. Medical Direction. Cross reference to F841 12VAC5-371-240. Physician Services. Cross reference to F578, F757 12VAC5-371-250. Resident Assessment and Care Planning. Cross reference to F641, F655, F656, F657, F684, F686, F687, F695, F698, F757 12VAC5-371-300. Pharmaceutical Services. Cross reference to F757, and F761 12VAC5-371-310. Diagnostic Services. Cross reference to F770 and F773 12VAC5-371-330. Restraint Usage. Cross reference to F700 12VAC5-371-360. Clinical Records. Cross reference to F580, F584, F622, and F842	F 001		