

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0147	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/21/2019
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NAME OF PROVIDER OR SUPPLIER LOUDOUN NURSING AND REHAB CNTR	STREET ADDRESS, CITY, STATE, ZIP CODE 235 OLD WATERFORD ROAD, NORTHWEST LEESBURG, VA 20176
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(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	<p>Initial Comments</p> <p>An unannounced biennial State Licensure survey was conducted 3/19/19 through 3/21/19. Corrections are required for compliance with the following with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census at this 100 certified bed facility was 94 at the time of the survey. The survey sample consisted of 37 current residents and 5 closed records.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12 VAC 5 - 371 - 250 F - cross references to Federal deficiency 657 12 VAC 5 - 371 - 220 B - cross references to Federal deficiency 684 12 VAC 5 - 371 - 180 A - cross references to Federal deficiency 880. 12VAC5-371-180. Infection Control cross reference to F695. 12VAC5-371-180. Infection Control cross reference to F880. 12VAC5-371-250. Resident Assessment and Care Planning cross reference to F641. 12VAC5-371-140 Exercise of Rights 12VAC5-371-150 Exercise of Rights Cross reference to F550</p>	F 001	<p>12 VAC 5 <input type="checkbox"/> 371 <input type="checkbox"/> 250 F <input type="checkbox"/> Cross reference to Federal deficiency 657 POC</p> <p>12 VAC 5 <input type="checkbox"/> 371 <input type="checkbox"/> 220 B <input type="checkbox"/> Cross reference to Federal deficiency 684 POC</p> <p>12 VAC 5 <input type="checkbox"/> 371 <input type="checkbox"/> 180 A Cross reference to Federal deficiency 880 POC</p> <p>12 VAC 5 <input type="checkbox"/> 371 <input type="checkbox"/> 180. Infection Control cross reference to F695 POC</p> <p>12 VAC 5 <input type="checkbox"/> 371 <input type="checkbox"/> 180. Infection Control cross reference to F880 POC.</p> <p>12 VAC 5 <input type="checkbox"/> 371 <input type="checkbox"/> 250. Resident Assessment and Care Planning cross reference to F641.</p> <p>F641</p> <p>CORRECTIVE ACTION: 3/22/2019</p>	5/1/19

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

Electronically Signed

TITLE

(X6) DATE

04/04/19

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F 001	Continued From page 1	F 001	<p>In order to immediately correct the cited deficiency for Resident # 21, the Lead RN Assessment Coordinator modified and electronically submitted the MDS (minimum data set) to accurately code the falls section on the MDS assessment.</p> <p>OTHER POTENTIAL RESIDENTS: 3/22/2019 All residents who have falls coded on the MDS assessment are potentially affected by the cited deficiency. The Lead RN Assessment Coordinator conducted an audit of current resident MDS assessments to ensure all falls coded were accurate; however, no other inaccuracies were found.</p> <p>SYSTEMIC CHANGES: 5/1/2019 The Lead RN Assessment Coordinator will re-educate the RN Assessment Coordinators on the CMS RAI Manual guidelines when coding falls on the MDS assessment. Documentation of this re-education will be placed in the RN Assessment Coordinators training file.</p> <p>MONITORING: 5/1/2019 The Lead RN Assessment Coordinator will conduct an audit of 10% of all MDS assessments monthly to ensure falls are coded accurately. The audit results will be turned into the Director of Nursing. Any MDS assessments found to be inaccurate will be immediately corrected. The Director of Nursing will present the audit results quarterly for six months to ILNRC's Quality Assurance and Performance Improvement Committee (QAPI). The QAPI Committee will review and provide</p>	

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F 001	Continued From page 2	F 001	<p>additional recommendations including the frequency of continued audit reviews.</p> <p>12 VAC5-371-150 Exercise of Rights cross reference to F550 POC</p>	