PRINTED: 05/20/2022 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G		(X3) DATE COMP	SURVEY LETED
		495283	B. WING			R-	-C <b>23/2020</b>
NAME OF PR	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP COD	E	1 017.	23/2020
PROMEDI	CA SKILLED NURSING A	AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE RICHMOND, VA 23227			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE		(X5) COMPLETION DATE
{F 000}	abbreviated survey of 12/5/2019 was conducted 1/23/2020. One compinvestigated at the time Corrections are requised. CFR Part 483 Federal Requirements. Uncouldentified within this redeficiencies are ident. The census in this 12 90 the time of the surconsisted of nine currectosed record reviews.	dicare/Medicaid revisit to the conducted 12/3/2019 through located 1/21/2020 through claint, VA 00048169, was ne of the survey.  In the compliance with 42 all Long Term Care receted deficiencies are ecord. Corrected iffied on the CMS 2567 B  8 certified bed facility was vey. The survey sample rent record reviews and two	{F 00	00}			
	and dignity, including §483.10(e)(2) The rig possessions, includin as space permits, unlupon the rights or hearesidents. This REQUIREMENT by: Based on observation record review, it was failed to provide care a wound care observain the survey sample, staff wrote with their pwere attached to Res	ght to be treated with respect					(V6) DATE

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

TITLE (X6) DATE

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.

Facility ID: VA0154

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING  A. BUILDING		(X3) DATE SURVEY COMPLETED				
		495283	B. WING _			R-C 01/23/2020
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227		01/25/2525
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 557	2/12/11; with a readnown diagnoses that included stomach into the escape bullous pemphigoid [occurs when the body and destroys healthy Specifically, the immediate proteins that attach to the epidermis of the body assessment, a quarter assessment reference the resident as scoring interview for mental stomach was severed cognitive decisions. In dependent on one stoileting, bathing and coded as requiring esupervision for the reliving. In Section Moderate was coded as having and one stage IV president was massed and RN #1, the unit of the protein was massed and RN #1. The unit of the protein was massed and RN #	admitted to the facility on nission on 1/17/19 with ded but were not limited to: exflow of the contents of the phagus. (1)], dementia, and an autoimmune disorder that by's immune system attacks to body tissue by mistake. The top layer of skin ttom layer of skin ttom layer of skin (2)].  S (minimum data set) erly assessment, with an erly assessment, with an erly assessment, with an erly assessment, with an erly impaired to make daily Resident #106 was coded as aff member for bed mobility, a transfers. The resident was extensive assistance to erly assessment injury (3).  de of RN (registered nurse) on the manager, on 1/22/2020 at any the wound care for the wound, care was 2 had placed two dressings or essure injuries, she took ocket and wrote the date and in the dressings that were	F 5.	57		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED				
		495283	B. WING		R-C <b>01/23/2020</b>		
	ROVIDER OR SUPPLIER	G AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	, 3.125.2020		
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY 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 557	1/22/2020 at 1:25 p observation was sh how she would feel dressing while it wa stated, "I guess tha asked if she should Ma'am."  An interview was or 1/22/2020 at 1:49 p wound observation anything that was r wound care observ dressings should be the resident.  Administrative staff administrator and A were made aware of 1/22/1010 at 5:42 p the facility dignity p  ASM #1 informed the approximately 12:3 a policy on dignity. Change: Non Steril Prepare clean field dressing with carego No further information References: (1) Barron's Diction Non-Medical Reado Chapman, page 24 (2) This information following website:	onducted with RN #2 on on.m. and the above wound ared with RN #2. When asked if someone wrote on her as on her buttocks, RN #2 t would be strange." When a do that, RN #2 stated, "No, onducted with RN #1 on on.m., regarding the above. When asked if he observed not acceptable during the ation, RN #1 stated the e dated prior to being put on on.m. A request was made for olicy at this time.  In the facility policy, Dressing the documented in part, "15Label tape used to secure giver initials and date."  In the facility of the ear, 5th edition, Rothenberg and	F 557				

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		495283	B. WING				1-C
		493203	D. WING			01/	23/2020
NAME OF PROVIDER OR SUPPL	IER				STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDICA SKILLED NUI	RSING	AND REHAB (IMPERIAL)			1719 BELLEVUE AVENUE RICHMOND, VA 23227		
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F 557 Continued Fro	m pag	e 3	F	557			
(3) Pressure Ir damage to the usually over a medical or oth as intact skin or painful. The in and/or prolong combination we tissue for press affected by mic co-morbidities  Stage 2 Press loss with exposition with exposition with exposition with exposition with exposition as an intact or Adipose (fat) is not visible. Graare not present from adverse rover the pelvis should not be associated skin incontinence as intertriginous or related skin injusting (skin tears, bu Stage 4 Press tissue loss Full with exposed of tendon, ligamed Slough and/or (rolled edges), often occur. De If slough or es loss this is an	ijury: A skin a skin a bony per devi or an o ury oc ed pre ith she sure and coure Injured desed de red, m ruptur and sused to an dama social ermatiury (Mans, abure Injured in thickror direction of the court of the	a pressure injury is localized and underlying soft tissue brominence or related to a ce. The injury can present pen ulcer and may be curs as a result of intense ssure or pressure in ar. The tolerance of soft and shear may also be late, nutrition, perfusion, andition of the soft tissue.  Lury: Partial-thickness skin rmis Partial-thickness loss of rmis. The wound bed is oist, and may also present led serum-filled blister. sible and deeper tissues are on tissue, slough and eschar se injuries commonly result imate and shear in the skin thear in the heel. This stage of describe moisture age (MASD) including ted dermatitis (IAD), tis (ITD), medical adhesive ARSI), or traumatic wounds	F	557			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED
		495283	B. WING			R-C <b>01/23/2020</b>
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, 2 1719 BELLEVUE AVENUE RICHMOND, VA 23227	IP CODE	01/23/2020
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F 557 {F 656} SS=D	ce/resmgr/npuap_pre	e 4 m/npuap.site-ym.com/resour essure_injury_stages.pdf Comprehensive Care Plan	F 5	56}		
22=D	§483.21(b) Comprehe §483.21(b)(1) The faci implement a comprehe care plan for each resident rights set for §483.10(c)(3), that in objectives and timeframedical, nursing, and needs that are identificant assessment. The condescribe the following (i) The services that a or maintain the reside physical, mental, and required under §483. (ii) Any services that under §483.24, §483 provided due to the runder §483.10, include treatment under §483. (iii) Any specialized sere abilitative services provide as a result of recommendations. If findings of the PASAI rationale in the reside (iv)In consultation with resident's represental (A) The resident's goodesired outcomes.  (B) The resident's prefuture discharge. Face	cility must develop and hensive person-centered sident, consistent with the th at §483.10(c)(2) and cludes measurable ames to meet a resident's mental and psychosocial ied in the comprehensive are plan must grant to be furnished to attain ent's highest practicable psychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required a 25 or §483.40 but are not esident's exercise of rights ding the right to refuse 8.10(c)(6).  Bervices or specialized as the nursing facility will PASARR a facility disagrees with the RR, it must indicate its ent's medical record. The the resident and the tive(s)-				

DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		COMPLETED	
	495283	B. WING		R-C <b>01/23/2020</b>	
	G AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	1 01/25/2020	
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community was ass local contact agence entities, for this pury (C) Discharge plans plan, as appropriate requirements set for section.  This REQUIREMENT by:  Based on staff intereview, and clinical determined that the acomprehensive caresidents in the sur The facility staff failed acomprehensive care	sessed and any referrals to ies and/or other appropriate pose. s in the comprehensive care e, in accordance with the rth in paragraph (c) of this  NT is not met as evidenced rview, facility document record review, it was facility staff failed to develop are plan for one of 11 vey sample, Resident #101. ed to develop and implement are plan for Resident #101,	{F 65	6}		
Resident #101 was 4/17/17 with diagnoto, cancer of the lar difficulty swallowing endoscopic gastros (chronic obstructive schizophrenia (4). (minimum data set) an assessment referescident #101 was impairments with m with understanding having no cognitive decisions according	admitted to the facility on uses including, but not limited ynx with a tracheostomy (1), with a PEG (percutaneous tomy) tube (2), COPD pulmonary disease) (3), and on the most recent MDS, a quarterly assessment with exerce date of 1/8/2020, coded as having no aking himself understood and others. He was coded as impairment for making daily to his score of 15 out of 15				
	CA SKILLED NURSING  SUMMARY: (EACH DEFICIEN REGULATORY O  Continued From pa community was ass local contact agence entities, for this pury (C) Discharge plans plan, as appropriate requirements set for section. This REQUIREMEN by: Based on staff inte review, and clinical determined that the a comprehensive ca residents in the sun The facility staff fails a comprehensive ca who left the building occasions.  The findings include  Resident #101 was 4/17/17 with diagnor to, cancer of the lar difficulty swallowing endoscopic gastros (chronic obstructive schizophrenia (4). C (minimum data set) an assessment refe Resident #101 was impairments with m with understanding having no cognitive decisions according on the BIMS. He was	A95283  ROVIDER OR SUPPLIER  CA SKILLED NURSING AND REHAB (IMPERIAL)  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5  community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.  (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.  This REQUIREMENT is not met as evidenced by:  Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to develop a comprehensive care plan for one of 11 residents in the survey sample, Resident #101.  The facility staff failed to develop and implement a comprehensive care plan for Resident #101, who left the building unsupervised on multiple	ROVIDER OR SUPPLIER  CA SKILLED NURSING AND REHAB (IMPERIAL)  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5  community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.  (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.  This REQUIREMENT is not met as evidenced by:  Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to develop a comprehensive care plan for one of 11 residents in the survey sample, Resident #101.  The facility staff failed to develop and implement a comprehensive care plan for Resident #101, who left the building unsupervised on multiple occasions.  The findings include:  Resident #101 was admitted to the facility on 4/17/17 with diagnoses including, but not limited to, cancer of the larynx with a tracheostomy (1), difficulty swallowing with a PEG (percutaneous endoscopic gastrostomy) tube (2), COPD (chronic obstructive pulmonary disease) (3), and schizophrenia (4). On the most recent MDS (minimum data set), a quarterly assessment with an assessment reference date of 1/8/2020, Resident #101 was coded as having no impairments with making himself understood and with understanding others. He was coded as having no cognitive impairment for making daily decisions according to his score of 15 out of 15 on the BIMS. He was coded as having	ROWDER OR SUPPLIER  CA SKILLED NURSING AND REHAB (IMPERIAL)  STREET ADDRESS, CITY, STATE, ZIP CODE  179 BELLEVUE AVENUE RICHMOND, VA 23227  SUMMARY STATEMENT OF DEFICIENCIES [EACH DEFICIENCY MUST BE PRECEDED BY STULL REGULATORY OR LSC DENTIFYING INFORMATION]  Continued From page 5  community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.  (C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.  This REQUIREMENT is not met as evidenced by:  Based on staff interview, facility document review, and clinical record review, it was determined that the facility staff failed to develop a comprehensive care plan for one of 11 residents in the survey sample, Resident #101. 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He was coded as having no making the properties of 15 out of 15 on the BIMS. He was coded as having no cognitive impairment for making daily decisions according to this score of 15 out of 15 on the BIMS. He was coded as	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B. WING			1	-C
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		1719 BELI	DDRESS, CITY, STATE, ZIP CODE  LEVUE AVENUE  ND, VA 23227	<u>1 017.</u>	23/2020
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{F 656}	out of 27 on the residindicating no difficultion as having demonstration curing the look back period indication independent for living), except for requipervision for toilet in needing no mobility dwas coded as having medication on seven look back period.  A review of Resident revealed a progress roote, written by OSM director of social serve (social worker) met with facility LOA (leave of understood then sign provided sign-in sheet education acknowled.  Further review of the following note, writter nurse) #4, an MDS now walks over to the confacility. Spoke with reregarding smoking arif he purchases smok them in to his nurse to designated smoking to importance of not pur unsafe to consume a medications and alcopermitted in our facilitical significance in our facilitical in our faci	e during the look back d as having scored a zero ent mood interview, es with mood. He was coded ted no behavioral symptoms period. He was coded as r all ADLs (activities of daily uiring set up for eating, and use. He was coded as evices for locomotion. He received an antipsychotic out of seven days during the  #101's clinical record note dated 9/19/19. The (other staff member) #2, the ices, documented: "SW ith resident to educate on absence) policy. Resident ed education sheet. SW et to Administrator for gement."  clinical record revealed the 11/14/19 by RN (registered urse: "Resident frequently venience store next to our sident about our policies and alcohol. Informed him that ing materials, he must turn to be kept in a secure safe him for use during imes. Discussed the chasing alcohol as it is	{F 6	56}			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495283	B. WING				-C <b>23/2020</b>
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		1719	ET ADDRESS, CITY, STATE, ZIP CODE  BELLEVUE AVENUE  IMOND, VA 23227	<u>ı 017.</u>	23/2020
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{F 656}	leave of absence form form contained one eno year. The form do as 11:20 a.m., Reside form did not document remainder of the form. A review of Resident plan, dated 4/25/17 w 1/29/2020 revealed, if for changes in mood schizophreniaWill as prescribedAdmin physician ordersObstatus/mood state chais started or with dose enhance sense of concontained no informate ability to leave the bulk. A review of physician revealed no order state the building unaccommon 1/22/2020 at 8:50 was assigned to Resideft the building a councy stated his outing an hour, as far as she the resident would return on time. She sides	clinical record revealed a in for Resident #101. The ntry, dated 11/24. There was cumented the sign out time ent #101's signature, but the int a sign in time. The in was blank.  #101's comprehensive care with a target date of in part, the following: "At risk rr/t (related to) in part, the following: "At risk rr	{F 6	56}			
	down the sidewalk, a	ld go out of the building, round the corner, to a small djacent building. She stated					

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	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		1719 BELLE	DRESS, CITY, STATE, ZIP CODE EVUE AVENUE D, VA 23227	1 017	23/2020
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{F 656}	he went out, and that asked if the resident was safe to leave the "Sometimes he signe stated the protocol is and then sign back in time, the resident refu" Often I was in the mitook advantage of that On 1/22/2020 at 9:09 assistant) #1 was interequently was assign #101. She stated he across the street to the bought cigarettes stated she believed the nurse when he lecertain if he signed or supposed to sign out.  On 1/22/2020 at 11:3 consultant psychiatric interviewed. She state Resident #101 for less when she first met Rewas very reserved and definitely had a schiz stated the classic schithe resident gets to kanswers questions was always asked Reside any voices, and if so, him. She stated Reside any voices, as we hallucinations. She stated the fellow the stated Reside any voices, as we hallucinations. She stated the stated Reside any voices, as we hallucinations. She stated the fellow the stated Reside any voices, and if so, him. She stated Reside any voices, as we hallucinations. She stated the classic scheduler #101 felt control of the state	e resident purchased when she never asked him. When had an order indicating he building, RN #3 stated, d out, sometimes not." She to have residents sign out, she stated most of the used to do so. RN #3 stated, iddle of something, and he at."  a.m., CNA (certified nursing erviewed. She stated she ned to care for Resident often left the building to go he grocery store. She stated and snacks there. She hat Resident #101 informed fit the building, but was not but. CNA #1 added, "They are the control of the had been treating is than a year. She stated esident 101 on 4/17/19, he had quiet. She stated, "He cophrenic presentation." She building him you, is polite, and hen asked. She stated she int #101 if he was hearing what the voices were telling dent #101 always denied	{F 6	56}			

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		495283	B. WING			01/:	23/2020
	ROVIDER OR SUPPLIER  CA SKILLED NURSING	AND REHAB (IMPERIAL)		17	TREET ADDRESS, CITY, STATE, ZIP CODE 719 BELLEVUE AVENUE ICHMOND, VA 23227		
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{F 656}	was bothering him, when stated that on he #101 in December 20 again denying halluce. When asked if she the placed appropriately RN #5 stated he coubecause of his [schiz stated his cognitive at higher-level thinking, reasoning. She stated concrete thinker, and the abstract. She stated other setting, in whice independence, would him. When asked if should have had som resident would have unsupervised, but the responsible for the restated, "If I had been would have maybe a get guardianship. I feel on 1/22/2020 at 1:37 nurse, was interviewed close relationship with stated the resident for independently and whoulding next door. We that, the resident weel door, RN #4 stated, he went. It's a commit building, he would stated the would stated the would stated the would stated.	ifically asked him if anyone which the resident denied. For last visit with Resident 1019, he was very positive, inations, and hearing voices. Inought Resident #101, was in a long-term care facility, and not care for himself cophrenial diagnosis. She abilities were limited in such as judgment and defended Resident #101 was a very and had limited ability to think in ted she did not think any he would have had more and have been appropriate for the was aware that Resident and the building unsupervised, not. RN #5 stated, "I would him going out by himself. I be concerns." She stated the aright to leave the facility the facility would still be resident's safety. RN #5 aware he was leaving, I sked social services to try to	{F 6	556}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(XX	(X3) DATE SURVEY COMPLETED	
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{F 656}	leave the building un "He was safe, like me trach (tracheostomy) had been developed the building unsuper know that we care pleased the building, and that resident should have the building, and that responsible for signing about the reason for 11/14/19, RN #4 state resident who, at that building to go to the building, was purchat residents who were store were re-educate policy, and instructed stated Resident #10 purchase alcohol.  On 1/22/2020 at 2:04 manager, was intervibeen employed at the weeks, and did not keep the stated any reside unsupervised would do so. He stated resimust sign in and out assessed residents foulding unsupervise (interdisciplinary team psychiatrist should me not the resident is sate When asked if a resibuilding unsupervise	ed if the resident was safe to supervised, RN #4 stated, e and you. All he had was a ." When asked if a care plan for Resident #101's leaving vised, RN #4 stated, "I don't an for that." She stated the a physician's order to leave the resident would then being in and out. When asked the note she had written on ed another ambulatory time, was also leaving the grocery store in the adjacent sing alcohol. She stated all known to go to that grocery ed on the leave of absence of not to buy alcohol. She was not ever known to the stated he has only the facility for four or five now Resident #101 very well. In the wholeaves the building when asked if the facility or safety to leave the d, RN #1 stated, "The IDT m), physician, and the make the decision whether or fe to leave unsupervised." dent's ability to leave the d safely should be on the ed, "It definitely should be on	{F 6	56}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495283	B. WING			R-C <b>01/23/2020</b>
	ROVIDER OR SUPPLIER  CA SKILLED NURSING	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, S' 1719 BELLEVUE AVENUE RICHMOND, VA 23227	,	0 1/23/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	( (EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CCTIVE ACTION SHOULD BE NCED TO THE APPROPRIA' DEFICIENCY)	
{F 656}	Resident #101 was I unsupervised. She s in the building next of She stated his BIMS qualified him to do so certain if Resident #1 to leave the building she knew that Resid least once a week.  On 1/22/2020 at 3:26 staff member) #2, the interviewed. She star Resident #101 had be unsupervised. ASM is leave the building." We determines who is so stated the physician order. When asked it provider should be in decision, ASM #2 star having any behaviors aware that Resident and that he should his tated the nurse who is responsible for assand back in. She star contain information in to leave the facility in the grocery store in the grocery store in the stated the receptionic stated the receptionic instated the reception in the provider in the provide	I p.m., OSM #1 was ted she was aware that eaving the building tated he went out to the store oor, and was safe to do so. score of 15 out of 15 o. She stated she was not 101 had a physician's order unaccompanied. She stated ent #101 left the building at 5 p.m., ASM (administrative endirector of nursing was ted she was not aware that seen leaving the building #2 stated, "I never saw him When asked how the facility afe to leave the building, she is supposed to write an if the consultant psychiatry avolved in making that ated, "Yes, if the resident is s." She stated she was not #101 was not signing out, ave been doing so. She is assigned to the resident suring the resident signs out ted the care plan should egarding the resident's ability idependently.	{F 6	56}		

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE COMP	SURVEY
						R	-C
		495283	B. WING				23/2020
NAME OF P	ROVIDER OR SUPPLIER	L	1	s	TREET ADDRESS, CITY, STATE, ZIP CODE		<del></del>
DD01	OA OKU LED MUDOUS	AND DELIAD (MADEDIA: )		1	719 BELLEVUE AVENUE		
PROMEDI	CA SKILLED NURSING	AND REHAB (IMPERIAL)		F	RICHMOND, VA 23227		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	<u> </u>	PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
{F 656}	Continued From page	e 12	ξ <b>F</b> θ	356}			
(* 555)		the receptionist documents	, ,	,00,			
	•	1 #1 stated, "No." When					
	· ·	this monitoring when the					
		rom the desk or after hours,					
		onitors the front doors. When					
	asked how the facility	determines who is safe to					
	leave the building un	supervised, ASM #1 stated,					
		MS, and if they are able to					
	tell us where they are						
	us? Can they call 911						
	deemed competent, t						
		ation and to write an order.					
		cility had conducted any					
		nclude the questions she M #1 stated the facility had					
	l -	sychiatric services should be					
		decision for a resident with					
		/I #1 stated, "It would be a					
	conversation. It should						
		own the above-referenced					
		n for Resident #101 and					
	asked whether or not	: Resident #101 was					
	compliant with the fac	cility's policy, ASM #1 stated,					
	"He had been educat						
		was following the leave of					
		use he never left [name of					
		oration] property." She stated					
		irect supervision of facility					
		I that the reason there was					
		was that the resident was not ty. At this time, ASM #1 was					
	, , ,	ey team's concerns regarding					
	Resident #101's leav						
	unsupervised.	ing the building					
	On 1/23/2020 at 9:53	a.m., a follow-up interview					
		ASM #1. When asked what					
		operty, ASM #1 stated, "In					
	my vision, once you o	come through the security					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION  G	СОМ	E SURVEY PLETED
		495283	B. WING_			R-C / <b>23/2020</b>
	ROVIDER OR SUPPLIER  CA SKILLED NURSING	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	, 01	12312020
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{F 656}	When asked if the lo owns all the building stated, "No. Actually services provider] ow own this one. [Name Corporation] just ren parking lots from the in the adjacent buildi containing the grocestaff, ASM #1 stated. On 1/23/2020 at 10:3 was conducted with would alter her thinki #101's leaving the buwas going to a nearby technically on the sa RN #5 stated, "It does what building. It matt leaving this building still comes down to be being out of sight, ar resident.  A review of the facilit Care Planning," revenust develop and imperson-centered cardincludes measurable to meet a patient's mest psychosocial needs comprehensive asset.  No further information.	ildings are our property."  Ing-term care corporation  Is within the gates, ASM #1  Iname of other senior living  Ins all the buildings. They  Ins all the buildings. They  Ins all the buildings and the  Ins all the staff  Ins [Assisted living facility]  In y store is a part of her facility  In y store is a part of her facility  In y store is a part of her facility  In y store is a part of her facility  In y store is a part of her facility  In y store is a part of her facility  In y store is a part of her facility  In y store is a part of her facility  In y store is a part of her facility  In y store is a part of her facility  In y store is a part of her facility  In y store is a part of her facility  In y store is a part of her facility  In y building that might be  In y building that mig	{F 65	66}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		495283	B. WING _			R-C 01/23/2020
	ROVIDER OR SUPPLIER  CA SKILLED NURSING	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
{F 656}	trachea (windpipe). It through this opening remove secretions fro called a tracheostom information is taken https://medlineplus.g.  (2) "A PEG (percutar gastrostomy) feeding placement of a feeding placement of a feeding placement of a feeding part using a procedur feeding tubes are not oeat or drink. This is brain injury, problem surgery of the head a conditions." This inforwebsite https://medlineplus.g. 00900.htm.  (3) COPD is "a gene nonreversible lung domonreversible lung domonreversi	rough the neck into the A tube is most often placed to provide an airway and to om the lungs. This tube is by tube or trach tube." This from the website ov/ency/article/002955.htm.  The cousendoscopic tube insertion is the eng tube insertion is the eng tube insertion is done in recalled endoscopy. The ceded when you are unable enay be due to stroke or other is with the esophagus, and neck, or other ermation is taken from the ency/patientinstructions/our alterm for chronic, is ease that is usually a encysema and chronic Dictionary of Medical Terms Reader, 5th edition,	{F 65			

AND DI AN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULT A. BUILDI	IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
		495283	B. WING			R-C <b>01/23/2020</b>
	ROVIDER OR SUPPLIER  CA SKILLED NURSING	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, 1719 BELLEVUE AVENU RICHMOND, VA 2322	JE	01/23/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORE	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCED TO THE APPROPRI DEFICIENCY)	
{F 657} {F 657} SS=D	be- (i) Developed within the comprehensive (ii) Prepared by an includes but is not lincludes	and Revision (2)(i)-(iii)  mensive Care Plans reprehensive care plan must  7 days after completion of cassessment. Interdisciplinary team, that mited to representative for the  and and nutrition services staff. Interdisciplinary for the resident for the resident for the resident for the  and services staff. Interdisciplinary for the resident. Interdisciplinary for the resident, Interdisciplinary for the resident for the resident, Interdisciplinary for the resident for the resident, Interdisciplinary for the resident for	{F 6 }	- 1	DEFICIENCY)	
	by: Based on staff inter and clinical record re facility staff failed to comprehensive care					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		NSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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		495283	B. WING _			01/	23/2020
NAME OF PI	ROVIDER OR SUPPLIER				ET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (IMPERIAL)			BELLEVUE AVENUE MOND, VA 23227		
(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 B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
{F 657}	Continued From page	e 16	{F 6	57}			
	completion of antibiot infection.	ics for a urinary tract					
	The findings include:						
	with diagnoses that in to: multiple sclerosis   which nerve fibers of lose their myelin cover blood pressure, and of [A bacterium that causerious intestinal confidence of the	nt readmission on 1/9/2020 included but were not limited fa progressive disease in the brain and spinal cord er. (1)], heart disease, high clostridium difficele (C-diff) ses diarrhea and more ditions such as colitis. (2)]					
	12/18/19, documente	ic therapy r/t (related to) UTI					
	dated, 1/21/2020 for mg (milligrams); give hours for C-diff for 13	documented an order Vancomycin (antibiotic) 125 1 capsule by mouth every 6 days." There was no or a urinary tract infection.					
	Review of the MAR (r	medication administration					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	,
		495283	B. WING			R-C 01/23/202	,
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		STREET ADDRESS, CIT 1719 BELLEVUE AVE RICHMOND, VA 23	NUE	017237202	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CO	DER'S PLAN OF CORRECTION DRRECTIVE ACTION SHOULD I FERENCED TO THE APPROPR DEFICIENCY)	BE COMPL	ETION
{F 657}	documentation of ar infection given in the infection given in the An interview was copractical nurse) #4 or regarding review an comprehensive care know MDS tells me Nurses on the floor someone goes on a and MDS update the Resident #109 was tract infection (UTI), Vancomycin for C-d Resident #109's car LPN #4 stated, "Than urses should be up An interview was conurse) #6 on 1/22/2 who updates the care everyone. She state plan should be updated admission, the floor based on the needs a resident was presurinary tract infectio care plan be updated stated yes, the care resolved. It may need for after they have finantibiotics.  The facility policy, "I	2020 failed to evidence n antibiotic for a urinary tract	{F 6	57}			
	care plan must be re interdisciplinary teal	ted in part, "A comprehensive eviewed and revised by the m after each assessment, omprehensive, quarterly and					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION  NG		(X3) DATE : COMPI	
		495283	B. WING			R-	
	ROVIDER OR SUPPLIER  CA SKILLED NURSING A			STREET ADDRESS, CITY, STATE, ZIP CO 1719 BELLEVUE AVENUE RICHMOND, VA 23227	)DE	1 01/2	23/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BI HE APPROPRIA		(X5) COMPLETION DATE
{F 658} SS=D	were made aware of 1/22/1010 at 5:42 p.m.  No further information References: (1) Barron's Dictionar Non-Medical Reader, Chapman, page 380. (2) This information w following website: http. https://medlineplus.go.s.html. Services Provided Me CFR(s): 483.21(b)(3)(3)(3)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)(4)	wiew assessments."  ember (ASM) #1, the M #2, the director of nursing, the above concern on in.  In was provided prior to exit.  If y of Medical Terms for the 5th edition, Rothenberg and was obtained from the incomposition in the incomposit	{F 6	57}	<u>)</u>		
	services per profession two of 11 residents in Residents #107, and to clarify physician or pain medications, to i parameters for which	y staff failed to provide onal standards of quality, for the survey sample, #110. The facility staff failed ders for multiple as needed include pain scale rating and when each medication ed to Resident #107 and					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	` '	l ` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		495283	B. WING			R-C 1/23/2020
	ROVIDER OR SUPPLIER  CA SKILLED NURSING	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP COL 1719 BELLEVUE AVENUE RICHMOND, VA 23227		11/23/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
{F 658}	Continued From pag	e 19	{F 65	58}		
	9/11/19 with a recent with diagnoses that it to: paraplegia (paraly morbid obesity, diabed depression, anxiety a mental disorder charmania and depression. The most recent MD assessment, a signiff with an assessment coded the resident as (brief interview for methe resident was cap cognitive decisions. requiring extensive a dependent upon one all of her activities of which she was coded J -Health Conditions having pain frequent.  The physician orders documented, "Acetar treat mild to moderat mouth every 4 hours Hydrocodone-Acetar [used to treat moderat mg; give 1 tablet by needed for pain."  The January 2020 M physician medication documented as admit	as admitted to the facility on readmission on 1/18/2020 included but were not limited visis of the lower limbs) (1), etes, high blood pressure, and Bipolar disorder (a acterized by episodes of in) (2).  S (minimum data set) cant change assessment, reference date of 1/3/2020, is scoring a "15" on the BIMS ental status) score, indicating able of making daily. The resident was coded as sesistance to being or more staff members for daily living except eating in the resident was coded as y with a pain level of "5."  dated, 1/18/2020 minophen (Tylenol) [used to be pain (3)]; give 650 mg by				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION	COI	(X3) DATE SURVEY COMPLETED	
		495283	B. WING _			R-C 1/23/2020
	ROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CO 1719 BELLEVUE AVENUE RICHMOND, VA 23227		1723/2020
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
{F 658}	follows: 1/18/2020 at 9:00 1/21/2020 at 5:45  The comprehensi for Resident #107 Pain in back." The part, "Administer porders."  An interview was nurse) #2; a nurse on 1/22/2020 at 1 administering as more than one me pain level parame medication to admask the resident the describe the pain choices of medical would offer the Tylater to see if it he stated she would is in her scope of what medication to When asked about Resident #107 co Resident #107 co Resident #107 sa "tushy" hurts.  An interview was manager, on 1/22 how staff knows we medication to admain medications Vicodin, without p	p.m pain level - 4 p.m pain level - 4 p.m pain level - 4 ve care plan dated, 12/20/19, documented in part, "Focus: e "Interventions" documented in pain medication per physician  conducted with RN (Registered et hat cares for Resident #107, :25 p.m. regarding needed pain medication when edication is prescribed without eters for when and which ninister. RN #2 stated she would he location, intensity and to She stated she would look at the and she then would look at the etions to give. RN #2 stated she elenol first and then check back elped. If not effective, RN #2 give the Vicodin. When asked if practice to make the decision of the administer, RN #2 stated, no. If the process she follows when mplains of pain, RN #2 stated ys she hurts all over or her  conducted with RN #1, the unit deconducted RN #1 is stated it depends on the RN #1 is stated it depends on the	{F 6	58}		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		495283	B. WING		R-C <b>01/23/2020</b>		
	ROVIDER OR SUPPLIER	S AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	1 01/20/2020		
(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 CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRICENCY)	ULD BE COMPLETION		
{F 658}	that determines whi it is within a nurse's that decision about administer, RN #1 sthe physician orders parameters in the othey (the medication An interview was conurse) #6, the unit rp.m. When asked hneeded pain medicathas two as needed #6 stated, "Good quithe pain level for whasked if it is within a decide which medication and Tremedication order in parameters, if applied Administrative staff administrator and A were made aware of 1/22/1010 at 5:42 proposed Non-Medical Reader Chapman, page 433 (2) Barron's Dictions 1/20 (2) Bar	and pain scale of the resident och one to give. When asked if scope of practice to make which medication to stated, "Yes." When asked if schould have the pain scale orders, RN #1 stated, "yes, norders) need to be clarified.  Inducted with RN (registered manager, on 1/22/2020 at 1:09 ow staff knows which as ation to administer if a resident pain medications ordered, RN sestion. The orders should say nich one is to be given." When a nurse's scope of practice to ation to give, RN #6 stated,  Medication and Treatment elines" documented in part, eatment Orders: A complete cludesMedication specific cable."  member (ASM) #1, the SM #2, the director of nursing, if the above concern on .m.  on was provided prior to exit.	{F 65	3}			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l l	TIPLE CONSTRUCTION  NG		OATE SURVEY OMPLETED
		495283	B. WING			R-C <b>01/23/2020</b>
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(X4) ID PREFIX TAG			ID PREFII TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
{F 658}	following website: https://medlineplus.gitml.  2. Resident #110 was 1/18/2020; diagnoses limited to: morbid obereflux disease [GERI of the stomach into the caused by malfunction between the two organs pressure, and surgical colectomy [surgery to large bowel (2)].  A MDS (minimum dayet completed for Resurvey. The admission 1/18/2020 documents oriented to time, personal to the physician orders documented, "Acetar treat mild to moderate extended release 650 mouth every 8 hours Oxycodone Tablet (usevere pain) (4) 5 mg 6 hours as needed for Review of the MAR (record) for January 2 physician orders for mas documented as	vas obtained from the ov/druginfo/meds/a601006.h  s admitted to the facility on a that include but are not esity, gastroesophageal ob-backflow of the contents one esophagus, usually on of the sphincter muscle ans. (1)], high blood all aftercare following a oremove all or part of the on evaluation dated and the resident was alert and non, situation and place.  Idated, 1/18/2020 minophen (Tylenol)( used to be pain) (3) 8 hours tablet of main and place.  Idated, 1/18/2020 minophen (Tylenol)( used to be pain) (3) 8 hours tablet of main and place.  Idated, 1/18/2020 minophen (Tylenol)( used to be pain) (3) 8 hours tablet of main and place.  Idated, 1/18/2020 minophen (Tylenol)( used to be pain) (3) 8 hours tablet of main and place.  Idated, 1/18/2020 minophen (Tylenol) moderate to give 5 mg by mouth every or pain for 12 days."  Indedication administration of 12 days. The Tylenol administered on the selfor pain level ratings as	{F 6	58}		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G	, ,	COMPLETED
		495283	B. WING _			R-C <b>01/23/2020</b>
	ROVIDER OR SUPPLIER	G AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	<b>I</b>	01/23/2020
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
{F 658}	1/20/2020 at 4:23 at 1/22/2020 at 5:47 at The Oxycodone was administered on the pain level ratings as 1/21/2020 at 1:15 pt 1/22/2020 at 8:45 at The comprehensive documented, "Focus urgery." The "Inter" "Report nonverbal emoaning, striking on thrashing, change in An interview was copractical nurse) #4, Resident #110, on asked how staff knownedication to admining the doctor doesnithen I usually go winot effective, then I residents on my half tell me what they wher scope of practic to administer, LPN asked how she known administer each as without ordered pain stated the nurse neet the pain scale range.  An interview was conurse) #6, the unit in p.m. When asked how sked how maked how she known administer was conurse) #6, the unit in p.m. When asked how sked how she known asked how she known administer each as without ordered pain stated the nurse neet the pain scale range.	.m pain level - 4 .m pain level - 8 s documented as e following dates, times for s follows: .m pain level - 5 .m pain level - 6 e care plan dated 1/18/2020, s: Pain related to recent ventions" documented, expression of pain such as at, grimacing, crying, in breathing, etc."  Inducted with LPN (licensed a nurse that cares for I/22/2020 at 12:45 p.m. When lows which as needed pain inister if a resident has two as ations ordered, LPN #4 stated, I't specify mild to severe pain the Tylenol first and if that is go to the Oxycodone. Most I are alert and oriented and ant. When asked if it is within the to decide which medication the tresponded, no. When we which and when to needed pain medication in level parameters, LPN #4 eds to have the doctor to write	{F 65	88		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED		
		495283	B. WING _			R-C 01/23/2020
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		0112012020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT  ( (EACH CORRECTIVE ACTION SHO  CROSS-REFERENCED TO THE APPF  DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{F 686} SS=D	#6 stated, "Good que the pain level for which asked if it is within a redecide which medicate "No."  Administrative staff madministrator and ASI were made aware of 1/22/1010 at 5:42 p.m.  No further information References: (1) Barron's Dictionar Non-Medical Reader, Chapman, page 243. (2) This information was following website: https://medlineplus.go. (3) This information was following website: https://medlineplus.go. tml (4) This information was following website: https://medlineplus.go. tml (4) This information was following website: https://medlineplus.go. tml Treatment/Svcs to Pr CFR(s): 483.25(b)(1) Pressu	stion. The orders should say th one is to be given." When nurse's scope of practice to tion to give, RN #6 stated,  ember (ASM) #1, the M #2, the director of nursing, the above concern on a.  In was provided prior to exit  y of Medical Terms for the 5th edition, Rothenberg and was obtained from the ov/ency/article/002941.htm. was obtained from the ov/druginfo/meds/a681004.htm was obtained from the ov/druginfo/meds/a682132.htm event/Heal Pressure Ulcer (i)(ii)  Intity re ulcers.	{F 6			
	resident, the facility m (i) A resident receives professional standard	hensive assessment of a nust ensure that- s care, consistent with ls of practice, to prevent loes not develop pressure				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI	TIPLE CONSTRUC	OTION		PLETED
		495283	B. WING				-C 23/2020
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)			RESS, CITY, STATE, ZIP CODE  VUE AVENUE  ), VA 23227	1 017	20/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E ROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{F 686}	demonstrates that the (ii) A resident with professional state promote healing, professional state promote for developeration and promote for two of state and services in infection and promote for two of 11 resident Residents #107 and to implement treatme pressure injury on 1/2. The facility staff failed during Resident #10 care.  The findings include  1. Resident # 107 with a recent with diagnoses that ito: paraplegia (paral morbid obesity, diab depression, anxiety mental disorder chair mania and depression. The most recent MD assessment, a significant with an assessment.	lividual's clinical condition arey were unavoidable; and ressure ulcers receives and services, consistent indards of practice, to event infection and prevent eloping. T is not met as evidenced on, staff interview, facility d clinical record review, it facility staff failed to provide a manner to prevent the healing of pressure injuries ts in the survey sample, #106. The facility staff failed tent, after identifying a 120/2020, for Resident #107. d to clean the scissors used 6's pressure injury wound  as admitted to the facility on t readmission on 1/18/2020 included but were not limited tysis of the lower limbs) (1), etes, high blood pressure, and Bipolar disorder (a reacterized by episodes of	{F 6	86}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING A	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CO 1719 BELLEVUE AVENUE RICHMOND, VA 23227	DE	3 H2012323	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C ( (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIA		
requiring extensive as dependent upon one all of her activities of which she was coded M - Skin Conditions, thaving two stage III persure Injury:  A pressure Injury:  A pressure injury is loand underlying soft tis prominence or related device. The injury car open ulcer and may be as a result of intense or pressure in combinate tolerance of soft tissue may also be affected perfusion, co-morbiditissue. (3)  Stage 3 Pressure Injury Full-thickness loss of is visible in the ulcer a epibole (rolled wound Slough and/or eschar of tissue damage variareas of significant as wounds. Undermining Fascia, muscle, tendo and/or bone are not eleobscures the extent of Unstageable Pressure.  A Pressure Ulcer Headocumented on 1/20/had a pressure injury	able of making daily The resident was coded as assistance, to being or more staff members for daily living except eating in as independent. In Section the resident was coded as a ressure injuries.  The calized damage to the skin as usually over a bony do to a medical or other in present as intact skin or an one painful. The injury occurs and/or prolonged pressure into with shear. The refer pressure and shear by microclimate, nutrition, ties and condition of the soft arry: Full-thickness skin loss skin, in which adipose (fat) and granulation tissue and a ledges) are often present. It may be visible. The depth it is by anatomical location; diposity can develop deep grand tunneling may occur. In ligament, cartilage exposed. If slough or eschar of tissue loss this is an elinjury. (3)	{F 68	36}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B. WING				-C <b>23/2020</b>	
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		1719	EET ADDRESS, CITY, STATE, ZIP CODE  BELLEVUE AVENUE  HMOND, VA 23227	1 017.	23/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
{F 686}	documented the area present. Slough (dea yellow in color) (4).  Review of the physici treatment order for the Review of the TAR (trecord) for January 2 order that documente folds buttocks routine and apply Santyl to woptifoam daily. One to order was documente 1/22/2020. Further reevidence any treatment of the wour	an orders failed to reveal a e wound with slough.  reatment administration 020, revealed a physician ed, "Apply to between the excumple of the TAR to start on view of the TAR failed to ent documented for the end in the gluteal fold or any the resident returned from	{F 6	86}	DEFICIENCY)			
	12/30/19 documented to sacrum." The "Inte part, "Administer trea Observation was con nurse) #2 and RN #1 of Resident #107's w. Resident #107, while was no dressing on the documented above. If the nurse just put on was leaving it to air of on the paper/plastic president where the repositioned prior to the wound care. RN #1 c	chensive care plan dated d in part, "Focus: Open area rventions" documented in tment per physician orders.  ducted with RN (registered on 1/22/2020 at 11:00 a.m. ound care. Observation of turned over, revealed there he gluteal fold wound Resident #107 stated that an ointment and said she ut. There was blood noted protective pad under the sident's buttock were, e staff turning the resident for leansed the gluteal fold area d measured the wound. RN						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER  CA SKILLED NURSING A		] B. Willes	STREET ADDRESS, CITY, STATE, ZIP COD 1719 BELLEVUE AVENUE RICHMOND, VA 23227	<b>I</b> E	01/23/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		I SHOULD BE	(X5) COMPLETION DATE
{F 686}	length, 0.3 cm in widt asked what stage the was a stage III. RN #2 covered the wound w  An interview was con 1/22/2020 at 1:25 p.m performed a treatment documented, RN #2 stock documented on the Madministration record treatment will hang on the Madministration record that an after, he (RN #1) commeasurements on 1/2 would have to check to the nurse who cared the nurse who cared the nurse who cared the resident, was admitted that last night (evening back. When a Resident #107's butto stated the resident's vand she stated just put When asked if she do	measured as 1.4 cm in h and 0.2 in depth. When wound was, RN #1 stated it 2 applied the Santyl and ith a dry dressing.  ducted with RN #2 on h. When asked if she at, where would that be stated it should be lAR (medication or the TAR. Sometimes the ver to the next shift.  ducted with RN #1 on h. When asked if there was then Resident #107, was ated no. RN #1 was as no documentation in the y treatment was provided upleted the wound 20/2020. RN #1 stated he on this.  p.m., an interview was licensed practical nurse) #3,	{F 6	86}		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495283	B. WING			R-C <b>01/23/2020</b>		
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	E, ZIP CODE	01/23/2020		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE ED TO THE APPROPRIATE ICIENCY)	(X5) COMPLETION DATE		
{F 686}	1/22/2020 at 4:57 p.m. located any docume to Resident #107's whe completed the wo stated that he did the the doctor for orders dressing to the wour stated he did not. Will Santyl to start today, that it was his fault; is should have started asked if there was didressing was applied since 1/20/2020, RN any." When asked with when he measured if it was a stage III."  The facility policy, "Significant the wound contacted. If it is prestool and stage the will advanced practice in plan of care."  Administrative staff in administrator and Asswere made aware of 1/22/1010 at 5:42 p.m. No further information. References:  (1) Barron's Dictional Non-Medical Reader Chapman, page 435	was conducted with RN #1 on m. When asked if he had nation of treatments applied yound, since 1/20/2020, when bund measurements, RN #1 measurements and called when asked if he applied a nd on 1/20/2020, RN #1 men shown the order for the 1/22/2020, RN #1 stated to was a computer error. It before that date. When bocumentation that any downwast to Resident #107's wound with stated, "No, I can't find that stage the wound wast to n 1/20/2020, RN #1 stated was a skin team/designee will be source, complete the PUSH bound. Contact the physician/turse for orders. Initiate the member (ASM) #1, the SM #2, the director of nursing, if the above concern on m.  In was provided prior to exit.  Try of Medical Terms for the rest, 5th edition, Rothenberg and	{F 6	86}				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		1719	EET ADDRESS, CITY, STATE, ZIP CODE  BELLEVUE AVENUE  HMOND, VA 23227	1 011.	23/2020
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{F 686}		e 30 5th edition, Rothenberg and	{F 6	86}			
	ce/resmgr/npuap_pre (4) This information w website: https://www.ncbi.nlm. 60405/	was obtained from the m/npuap.site-ym.com/resour essure_injury_stages.pdf was taken from the following nih.gov/pmc/articles/PMC13					
	2/12/11; with a readm diagnoses that includ diabetes, GERD [bac stomach into the eso malfunction of the spl two organs. (1)], dem pemphigoid [Bullous autoimmune disorder	nission on 1/17/19 with ed but were not limited to: kflow of the contents of the bhagus, usually caused by nincter muscle between the entia, and bullous					
	body tissue by mistak system attacks the pr	te. Specifically, the immune roteins that attach the top ais) to the bottom layer of					
	assessment reference resident as scoring a interview for mental stresident was severely cognitive decisions. Fix being dependent on a mobility, toileting, bat resident was coded a assistance to supervisactivities of daily living	erly assessment, with an ele date of 12/30/19 coded the "3" on the BIMS (brief tatus) score, indicating the rimpaired to make daily Resident #106 was coded as one staff member for bed hing and transfers. The					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CO 1719 BELLEVUE AVENUE RICHMOND, VA 23227	DE	1 01/2	23/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIA		(X5) COMPLETION DATE
{F 686}	"Maxorb Extra Rope Alginate-Carboxymet fold topically every exclean wound with NS maxorb extra rope ar  Observation was mad #2 and RN #1, the ur 10:08 a.m., performir Resident #106. RN # wound care to the first ischial/upper thigh arwound. The wound m (centimeters) in length the depth was measure the wound was a stage wound was cleaned. The dressing to the sawound was being part proceeded to push the sterile cotton tip application are for the wound a wound. RN #2 took he pocket and used ther used the cotton tip application are for the wound. The outer per the physician ord and obtained the sup	dated, 1/8/2020 documented, (Ca [calcium] hylcell); Apply to right gluteal vening shift for wound care (normal saline), pack with ad cover with dry dressing."  de of RN (registered nurse) hit manager, on 1/22/2020 at a g the wound care for 1 proceeded to perform the st wound located in the ea. RN #1 measured the	{F 6				
	RN #1 removed the s the wound. He then r measured the wound	ne resident's sacrai area.  coiled dressing and cleaned neasured the wound. RN #1  as 2 cm in length by 2.0 cm depth. RN #1 stated the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER  CA SKILLED NURSING	AND REHAB (IMPERIAL)		1719 E	ET ADDRESS, CITY, STATE, ZIP CODE BELLEVUE AVENUE MOND, VA 23227	<u>  UI</u>	723/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
{F 686}		e 32 I pressure injury. RN #2 he dressing to the sacral	{F 6	86}				
	1/22/2020 at 1:25 p.i dressing change had stated the piece of re expected and she had the end of the dressi unclean. When aske pocket on her right le scissors in it. When a scissors prior to cutti	nducted with RN #2 on m. When asked if the d gone as planned, RN #2 ope was longer than she had ad to cut it. RN #2 stated that ng had hit an area that was d what was in her pants eg, RN #2 stated she had her asked if she had cleaned the ng the dressing used for ind care, RN #2 stated no, in them.						
	manager, on 1/22/20 if he observed any p change observed, R	nducted with RN #1, the unit 120 at 1:49 p.m. When asked roblem with the dressing N #1 stated he would have e wash her scissors before sing.						
	documented in part, arrange supplies on reveal supplies. If di size, use clean sciss with an EPA approve after using). Label ta	ressing Change: Non Sterile "15. Prepare clean field: table. Open packages to ressings need to be cut to ors (disinfect the scissors ad disinfectant before and pe used to secure dressing and date. 16. Perform hand						
	administrator and AS	nember (ASM) #1, the SM #2, the director of nursing, the above concern on m.						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIF A. BUILDING		IPLE CONSTRUCTION  IG	, ,	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		1/23/2020	
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{F 686} F 689 SS=D	Free of Accident Hat CFR(s): 483.25(d)(1)  §483.25(d) Accident The facility must ens §483.25(d)(1) The reas free of accident has supervision and ass accidents.  This REQUIREMENT by:  Based on staff interreview, and clinical redetermined that the adequate supervision the survey sample, I staff's knowledge are in, Resident #101 le unaccompanied, and supervision by facilith have a physician ord leave of absences fracility staff had not	on was provided prior to exit.  zards/Supervision/Devices )(2)  s. sure that - esident environment remains azards as is possible; and resident receives adequate resident receives to prevent  T is not met as evidenced  view, facility document record review, it was facility staff failed to provide in for one of 11 residents in resident #101. With the red without signing out or back fit the building multiple times d was out of line of sight ry staff. Resident #101 did not reder approving unsupervised recompleted any assessment to dent was safe to leave the	{F 68	36}			
	4/17/17 with diagnost to, cancer of the lary difficulty swallowing endoscopic gastrost	admitted to the facility on ses including, but not limited vnx with a tracheostomy (1), with a PEG (percutaneous omy) tube (2), COPD pulmonary disease) (3), and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	IG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227		01/23/2020	
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F 689	quarterly assessm reference date of coded as having in himself understood others. He was co impairment for ma to his score of 15 coded as having dacute onset of mellook back period. It is a zero out of 27 or indicating no difficating no difficating no difficating independent living), except for insupervision for toil needing no mobility was coded as having demons curing the look back period.  A review of Resider revealed a progress note, written by Oddirector of social second worker) metacility LOA (leave understood then second provided sign-in second	On the most recent MDS, a ent with an assessment 1/8/2020, Resident #101 was o impairments with making d and with understanding ded as having no cognitive king daily decisions according out of 15 on the BIMS. He was emonstrated no evidence of an intal status change during the He was coded as having scored in the resident mood interview, ulties with mood. He was coded trated no behavioral symptoms ck period. He was coded as it for all ADLs (activities of daily requiring set up for eating, and let use. He was coded as cy devices for locomotion. He ing received an antipsychotic en out of seven days during the left #101's clinical record as note dated 9/19/19. The SM (other staff member) #2, the ervices, documented: "SW it with resident to educate on of absence) policy. Resident igned education sheet. SW neet to Administrator for	F6	89			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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		495283	B. WING _			01/	23/2020		
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE				
	0.4. QUULL ED MUDONIO			171	9 BELLEVUE AVENUE				
PROMEDI	CA SKILLED NURSING A	AND REHAB (IMPERIAL)		RIC	CHMOND, VA 23227				
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F 689	Continued From page	e 35	F	689					
	if he purchases smok them in to his nurse to place and returned to designated smoking to importance of not pur unsafe to consume at medications and alco permitted in our facility understanding of our and alcohol."  Further review of the leave of absence form form contained one en no year. The form do	ing materials, he must turn to be kept in a secure safe whim for use during times. Discussed the rechasing alcohol as it is lectured in the le							
	plan, dated 4/25/17 w 1/29/2020 revealed, i for changes in mood schizophreniaWill a as prescribedAdmir physician ordersOb status/mood state chais started or with dose enhance sense of concontained no informa ability to leave the but A review of physician revealed no order stathe building unsupervaled of the consultations.	n part, the following: "At risk r/t (related to) accept care and medication nister medication per serve for mental anges when new medication e changes Offer choices to ntrol." The care plan tion regarding the resident's ilding unaccompanied.  s' orders for Resident #101 ting the resident could leave							
		on, written by RN (registered							

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	10 113 211 011 001 1 21211				719 BELLEVUE AVENUE		
PROMEDI	CA SKILLED NURSING	AND REHAB (IMPERIAL)			RICHMOND, VA 23227		
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					DEFICIENCY)		
F 689	Continued From page	e 36	F	689			
	nurse) #5, the consu	Itant psychiatric nurse					
		documented, in part, the					
	-	ical History: Malignant					
	neoplasm (cancer) o						
	schizophreniaPa	st Psychiatric Admission: He					
	denies any hospitaliz	ations but this is					
	questionable with the	e diagnosis of schizophrenia.					
	Past Psychiatric Out	patient Treatment: He is					
	unable to identify out	patient treatment but carries					
	a diagnosis of schizo						
	mental illness. Past S	Suicide Attempt: Denies. Past					
	Use of Psychotropic	Medications: Unable to					
	identify different med	lications she (sic) has taken.					
	Legal History: Did no						
	difficultiesType of \						
		ion Obtained From: Patient,					
	Chart Review, Nursir	_					
	Complaint/Nature of	•					
	Schizophrenia. Histo	<del>-</del>					
	64-year-old male with	- , ,					
		oday per request of staff for					
		iew of medications. Today he					
	is seen in the room, f						
		te but limited at times and a					
	_	nies any difficulty with eating					
	. •	iny significant symptoms of					
		n and denies suicidality. He					
		allucinations and there is no					
		ond (sic) to internal stimuli,					
		be grossly intact. No noted					
	identifies that he is d	cts to medications. He					
		s noted and staff identified					
		. Support given during					
		sychiatric Medications					
		(11) 2 mg po (by mouth)					
		a-pyramidal side effects)					
	(12). Risperdal 2 mg						
	(12). Nopelual 2 IIIg	po mgmuy ioi					1

schizophrenia...Mood Symptoms: He denies any

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTIO		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)	STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227			<u>ı</u> 017.	23/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD B			(X5) COMPLETION DATE
F 689	psychotic symptoms agitation or aggressic cognition appears to evidence of pseudob and no reports of nor medications or treatmentsAppeara cooperative, groomed appropriate, Thought Hallucinations: none evident, Short-term in Long-term memory: If fair, Insight: fair, Judg denies, Homicidal ide of Associations: intact Continue medications is stable at current do attempted and/or red decompensation of pin mood or behaviors psychiatric services pfollow and provide coneeded."  Review of Resident # revealed psychiatric for sychiatric services pfollow and provide coneeded."  Review of Resident # revealed psychiatric for sychiatric services pfollow and provide coneeded."  Review of Resident # revealed psychiatric for sychiatric for sychiatric form 4/17/101 was dated 12/11 documented, in part: 65-year-old male with schizophrenia seen for medications. Toda	of anxiety or depression, no noted, denies suicidality, no on noted or reported, be grossly intact, no ulbar (13) affect symptoms nompliance with succe/Behaviors: Calm, dMood: pleasant, Affect: process: organized, evident, Delusions: none nemory: fair to good, fair to good, Concentration: gment: fair, Suicidal ideation: eation: deniesDescription etRecommendations: (s) as prescribed, the patient ose. Dose reduction uction will cause atient. Monitor for changes and notify [name of provider]. Will continue to onsultation. Follow up: as and 8/21/19. These do no deviations from the endations for care as the 19.  tric evaluation of Resident 1/19. This evaluation "History of Present Illness:	F	89			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG	COI	(X3) DATE SURVEY COMPLETED	
		495283	B. WING _		R-C <b>01/23/2020</b>		
	ROVIDER OR SUPPLIER	IG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CO 1719 BELLEVUE AVENUE RICHMOND, VA 23227	•	1/20/2020	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 689	denies any signific depression and de current hallucination him responding to appears to be grosside effects to medis doing well and heing ready to go as he related this. and denies any diffects and denies any diffects (12). Rispondications Gene (by mouth) nightly effects) (12). Rispondications (12). Rispondications (13). Rispondications (14). Rispondications (15). Rispondications (16). Recommended in the decompensation of th	age 38  ty with eating or sleeping, cant symptoms of anxiety or enies suicidality. He denies any ons and there is no evidence of internal stimuli, cognition asly intact. No noted or reported dications. He identifies that he has no concerns other than smoking at 10:30 a.m., smiled Presents in a positive manner fficulties, no distress noted. behavioral issues. Support viewCurrent Psychiatric and Benztropine (11) 2 mg po for EPS (extra-pyramidal side erdal 2 mg po nightly for opearance/Behaviors: Calm, uately groomedMood: ppropriate, Thought process: nations: none evident, vident, Short-term memory: fair on memory: fair to good, or, Insight: fair, Judgment: fair, denies, Homicidal ideation: on of Associations: ndations: He is currently stable or his schizophrenia. Dose ed and/or reduction will cause of patient. Monitor for changes ors and notify [name of es provider]. Will continue to e consultation. Follow up: as  1:50 a.m., RN (registered nurse) d. She stated she frequently desident #101. She stated he aft the building a couple of days RN #3 stated his outings usually	F	589			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	TIPLE CONSTRUCTION NG	· ,	(X3) DATE SURVEY COMPLETED	
		495283	B. WING			R-C
	ROVIDER OR SUPPLIER	NG AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIF 1719 BELLEVUE AVENUE RICHMOND, VA 23227		1/23/2020
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 689	aware. She stated he was leaving an and that he would understanding is to the building, down corner, and to a subject of the building, what the resident and that she never resident had an or leave the building signed out, somet protocol is to have sign back in. She resident refused to was in the middle advantage of that.  On 1/22/2020 at 9 assistant) #1 was frequently was as: #101. She stated across the building grocery store. CN cigarettes and sna believed that Resil when he left the bigned out. CAN # to sign out."  On 1/22/2020 at 1 consultant psychia interviewed. She seed that the signed out was very reserved definitely had a soul side of the was very reserved definitely had a soul side of the was very reserved definitely had a soul side of the was very reserved definitely had a soul side of the was very reserved definitely had a soul side of the was very reserved definitely had a soul side of the was very reserved definitely had a soul side of the was very reserved definitely had a soul side of the was very reserved definitely had a soul side of the was very reserved definitely had a soul side of the was very reserved the	an hour, as far as she was I Resident #101 would tell her ad what time he would return, return on time. She stated her hat the resident would go out of a the sidewalk, around the mall grocery store in the RN #3 stated she did know purchased when he went out, ar asked him. When asked if the reder indicating he was safe to b, RN #3 stated, "Sometimes he imes not." She stated the ar residents sign out, and then stated most of the time, the do do so. RN #3 stated, "Often I of something, and he took	F	689		

CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OIVID IN	<u>J. 0936-0391</u>	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONS	TRUCTION	(X3) DATE SURVEY COMPLETED		
						F	R-C	
		495283	B. WING _			01	/23/2020	
NAME OF P	ROVIDER OR SUPPLIER	•		STREET	ADDRESS, CITY, STATE, ZIP CODE			
DDOMEDI	ICA CIVIL I ED MUDOIMO	AND DELIAD (IMPEDIAL)		1719 BE	LLEVUE AVENUE			
PROMEDI	ICA SKILLED NURSING	AND REHAB (IMPERIAL)		RICHM	OND, VA 23227			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	N	(X5)	
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP		COMPLETION DATE	
IAG	REGULATORTOR	EGG IDENTIF FING IN GRAMATION)	IAG		DEFICIENCY)			
F 689	Continued From pag	e 40	F 6	89				
	the resident gets to k	know you, is polite, and						
	-	hen asked. She stated she						
	1	ent #101 if he was hearing						
		, what the voices were telling						
		esident #101 always denied						
	hearing voices, as w							
		stated that in recent visits, omfortable enough to smile						
	and to interact some							
	She stated she specifically asked him if anyone was bothering him, which the resident denied. RN							
	#5 stated that on her last visit with Resident #101							
		ne was very positive, again						
		ns and hearing voices. When						
	asked if she thought							
	appropriately placed	in a long-term care facility,						
	she stated he could	not care for himself because						
		] diagnosis. She stated his						
	_	re limited in higher-level						
		gment and reasoning. She						
		1 was a very concrete						
		ted ability to think in the						
		she did not think any other vould have had more						
		d have been appropriate for						
		she was aware that Resident						
		ng the building unsupervised,						
		t. RN #5 stated, "I would						
		him going out by himself. I						
	would have had som	e concerns." She stated the						
	resident would have	a right to leave the facility						
	1	e facility would still be						
		esident's safety. RN #5						
	i i	aware he was leaving, I						
		sked social services to try to						
	get guardianship. I fe	eel that strongly."						
	On 1/22/2020 at 1:33	7 p.m., RN #4, an MDS						
		ed. RN #4 stated, "I had a						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		495283	B. WING _			R-C 01/23/2020
	ROVIDER OR SUPPLIER  CA SKILLED NURSING	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP COI 1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 689	stated the resident findependently and we building next door. We certain, that Resider building next door, Fe saw where he went. I left the building, he we stated the resident be when he went out. We was safe to leave the #4 stated, "He was shad was a trach (traction a care plan had bee #101's leaving the bestated, "I don't know She stated the reside order to leave the bewould then be responsible to the would then be responsible to the word of th	th [Resident #101]." She requently left the building went to the grocery store in the When asked if she was at #101 only went to the RN #4 stated, "I never actually It's a community. When he would stop and talk." She rought cigarettes and snacks When asked if the resident e building unsupervised, RN safe, like me and you. All he cheostomy)." When asked if an developed for Resident uilding unsupervised, RN #4 that we care plan for that." ent should have a physician's uilding, and that the resident unsible for signing in and out. The reason for the note she who, at that time, was also to go to the grocery store in grows who were known to go to the ere-educated on the leave and instructed not to buy d Resident #101, was not	F 6	89		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B. WING				-C	
NAME OF D	DOVIDED OD CLIDDLIED	495265	D. WING_	OTDEET ADDRESS CITY STATE ZID OF	ODE	01/	23/2020	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	JDE			
PROMEDI	CA SKILLED NURSING	AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE				
		,		RICHMOND, VA 23227				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIA		(X5) COMPLETION DATE	
F 689	Continued From page	e 42	F 6	689				
	(interdisciplinary team psychiatrist should m not the resident is saf When asked if a resident building safely unsup comprehensive care definitely should be of On 1/22/2020 at 2:21 Services Cordinator, she was aware that F the building unsupervito the store in the building unsupervito the store in the building unsupervito do so. She stated seed to do so. She stated seed the building unaccommunication of the store of t	ake the decision whether or fe to leave unsupervised. dent's ability to leave the ervised should be on the plan, RN #1 stated, "It n the care plan."  p.m., OSM #1, the Social was interviewed. She stated Resident #101 was leaving rised. She stated he went out lding next door, and was 1 stated his [Resident if 15 out of 15 qualified him						
	staff member) #2, the interviewed. She state Resident #101 had be unsupervised. ASM # leave the building." We determines who is sa ASM #2 stated the provider should be indecision, ASM #2 stated the provider should be indecision, ASM #2 stated that Resident #2 and that he should he stated the nurse who is responsible for asset	p.m., ASM (administrative edirector of nursing, was ed she was not aware that een leaving the building to stated, "I never saw him then asked how the facility fe to leave the building, hysician is supposed to write d if the consultant psychiatry volved in making that ted, "Yes, if the resident is to stated she was not the total was not signing out, ave been doing so. She is assigned to the resident uring the resident signs out ed the care plan should						

1, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B. WING				-C	
NAME OF D		493203	B. WING		TREET ADDRESS SITV STATE ZID SODE	01/	23/2020	
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSIN	NG AND REHAB (IMPERIAL)			719 BELLEVUE AVENUE CICHMOND, VA 23227			
				- 1	·			
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 689	Continued From p	age 43	F	689				
	-	n regarding the resident's ability						
	On 1/22/2020 at 4	:43 p.m., ASM #1, the						
	· ·	interviewed. She stated she						
		esident #101 was leaving the						
		ised. She stated he would go to						
		n the building next door. She point is trained to monitor who						
	•	g and how long the resident is						
	I -	d if the receptionist documents						
	•	SM #1 stated, "No." When						
		es this monitoring when the						
	· ·	ay from the desk or after hours,						
	•	monitors the front doors. When						
	asked how the fac	cility determines who is safe to						
	leave the building	unsupervised, ASM #1 stated,						
		BIMS, and if they are able to						
		are going. Can they contact						
	I -	911?" She stated if they are						
	· ·	nt, then it is up to the physician						
		mination and to write an order.						
		facility had conducted any						
		of Resident #101, to include						
		had just outlined, she stated						
	· ·	t. When asked if psychiatric						
		e involved in the safety decision a mental illness, ASM #1						
		e a conversation. It should be						
	i i	ysician." When shown the						
		leave of absence form for						
		d asked, whether, or not						
		s compliant with the facility's						
		ated, "He had been educated,						
		derstood. Yes, he was following						
	the leave of abser	nce policy because he never left						
		n Care Corporation] property."						
		sident left the direct supervision						
	of facility staff. AS	M #1 then stated that the						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	IPLE CONSTRU	CTION	(X3) DATE COMP	SURVEY PLETED
		495283	B. WING			1	-C <b>23/2020</b>
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227			23/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE
F 689	the resident was not this time, ASM #1 was team's concerns regard leaving the building of the building stated, "No. Actually, services provider] ownown this one. [Name Corporation] just rent parking lots from the in the adjacent building ontaining the grocer staff, ASM #1 stated, "On 1/23/2020 at 10:3 was conducted with I would alter her thinki #101's leaving the building. It matt leaving this building of the building. It matt leaving this building of the building this building of the building this building of the building. It matt leaving this building of the building this building of the building of the building this building of the building of the building this b	physician's order was that leaving facility property. At as informed of the survey arding Resident #101's unsupervised.  B a.m., a follow-up interview ASM #1. When asked what operty, ASM #1 stated, "In come through the security ildings are our property." ing-term care corporation is within the gates, ASM #1 [name of other senior living within the buildings. They of long term Care its this building and the im." When asked if the staffing [Assisted living] by store is a part of her facility	F	589			
	Patient," revealed, in "Purpose: To provide	y policy, "Leave of Absence: part, the following: a system for notification and patient's leave of absence					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495283	B. WING		R-C <b>01/23/2020</b>	
	ROVIDER OR SUPPLIER	G AND REHAB (IMPERIAL)	STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227		1 01120/2020	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION	
F 689	practitionerProce practitioner order for center and communications of Patient and/or auth and signs acknowled of Absence form in also signs the form patient is not own in the center on Leave all fields (date, time return, patient/representurn to the center signs the patient batheave of Absence for return."  No further information in the center signs the patient batheave of Absence for the stomach will be the stomach wall. It is tomach. PEG feed part using a procedure.	uthorized by the medical dure: Obtain medical or leave of absence from the nicate to the live any restrictions or of the medical practitioner. Orized representative reads edgement statement on Leave the presence of a witness who are presented to the esponsible party) signs out of the of Absence form completing the esponsible party) signs out of the of Absence form completing the patient or representative signature). Upon the patient or representative the presentative and time of the form including date and time of the form including date and time of the patient or representative and the form including date and time of the form including date and time of the patient or representative the form including date and time of the form the lungs are the placed of the pla	F 68			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		NSTRUCTION	(X3) DATE COMP	SURVEY PLETED
						R	-C
		495283	B. WING _			01/	23/2020
NAME OF P	ROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (IMPERIAL)			BELLEVUE AVENUE		
_		,		RICH	MOND, VA 23227		
(X4) ID PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B		(X5) COMPLETION DATE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	VIE.	DATE
F 689	Continued From page	e 46	F 6	889			
	to eat or drink. This m	nay be due to stroke or other					
	brain injury, problems	· ·					
	surgery of the head a						
	conditions." This infor website	mation is taken from the					
	https://medlineplus.go	ov/ency/patientinstructions/0					
	00900.htm.						
	(3) COPD is "a gener	al term for chronic,					
		sease that is usually a					
	combination of emphy						
		Dictionary of Medical Terms					
	for the Non-Medical F						
	Rothenberg and Chap	oman, page 124.					
		a serious brain illness. ay hear voices that aren't					
	•	other people are trying to					
	, ,	s they don't make sense					
	when they talk. The d	isorder makes it hard for					
		take care of themselves."					
	This information is tal						
		ov/schizophrenia.html.					
F 695 SS=D	Respiratory/Tracheos CFR(s): 483.25(i)	tomy Care and Suctioning	F 6	895			
30-D	, , , , , , , , , , , , , , , , , , , ,						
	§ 483.25(i) Respirator						
	tracheostomy care an						
	_	ire that a resident who					
		e, including tracheostomy					
		tioning, is provided such					
		professional standards of nensive person-centered					
		its' goals and preferences,					
	and 483.65 of this sul	•					
		is not met as evidenced					
	by:						
		n, staff interview, facility					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED		
		495283	B. WING		R-C <b>01/23/2020</b>	
	ROVIDER OR SUPPLIER	G AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227	1 01123/2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDER OF THE APPROPRIES OF THE	JLD BE COMPLETION	
F 695	was determined that respiratory equipmed professional standaresidents in the surfand #110. The facil empty oxygen tank empty oxygen cylin between the back wheelchair on multiful/21/2020. The facil Resident #110's ne [Continuous Positive mask in a sanitary robserved during muresidents nightstand the findings included the findings in the findings included the findings in the findings included the findings in the fi	and clinical record review, it at the facility failed to store ent in a manner consistent with ards of practice for two of 11 evey sample, Residents #111 eity staff failed to secure an in Resident #111's room. The der was free-standing wheels of the resident's ple observations on lity staff failed to store bulizer mask and CPAP e Airway Pressure] machine manner. The masks were altiple observation on the duncovered.	F 69	95		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION			LETED
		495283	B. WING _			1	-C <b>23/2020</b>
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227			23/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH	OVIDER'S PLAN OF CORRECTION H CORRECTIVE ACTION SHOULD B -REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 695	assistant) #1 was intoxygen cylinder, CN on the floor." When a it gets loose, it might On 1/21/2020 at 2:08	5 p.m., CNA (certified nursing erviewed. When she saw the A #1 stated, "It should not be asked why, CNA #1 stated, "If	F6	95			
	stated, "I need to put free-standing oxyger because it is highly f On 1/21/2020 at 4:50 staff member) #1, the	der, she picked it up, and this away." She stated a cylinder is a safety hazard ammable.  D. p.m., ASM (administrative administrator, and ASM #2, g, were informed of these					
	Equipment: Ensure t stand or cart."	y policy "Oxygen aled, in part: "Preparation of hat cylinder is secured in n was provided prior to exit.					
	1/18/2020 with diagr not limited to: morbic reflux disease [GERI of the stomach into t caused by malfunction between the two organd surgical aftercant [surgery to remove at (2)].	as admitted to the facility on oses that included but were lobesity, gastroesophageal D-backflow of the contents he esophagus, usually on of the sphincter muscle ans (1)], high blood pressure, e following a colectomy lor part of the large bowel ovey an MDS (minimum data not yet been completed for					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '	PLE CONSTRUCTION  G	, ,	(X3) DATE SURVEY COMPLETED	
		495283	B. WING			R-C <b>1/23/2020</b>	
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CO 1719 BELLEVUE AVENUE RICHMOND, VA 23227		1/25/2020	
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 695	1/18/2020 document oriented to time, person on 1/21/2020 at apprine publizer mask and a Airway Pressure, is a people who are diag C-Pap machine increthroat so that the airwyou breathe in. (3)] observed on the resi The nebulizer mask observed on 1/21/10 4:11 p.m. During each mask and CPAP, material observed on the resi An interview was cornurse) #7 on 1/21/20 shown Resident #11 and CPAP masks unthese masks were st stated that both mas asked why the mask use, RN #7 stated to from germs.  The facility policy, "B part, "Procedure: 9. It designated area and ASM (administrative administrator and ASM (administrative administrator and ASM (administrator and ASM (adm	admission evaluation dated ed the resident was alert and son, situation and place.  de of Resident #110's room roximately 11:00 a.m. a ca CPAP [Continuous Positive a machine used to assist mosed with sleep apnea. A eased air pressure in the way does not collapse when machine with mask were dents nightstand uncovered. and the CPAP mask were 10 at 2:27 p.m. and again at the observation the Nebulizer achine and mask were dents nightstand uncovered.  Inducted with RN (registered 120 at 4:13 p.m. RN #7 was 10's room with the nebulizer covered. When asked if ored appropriately, RN #7 ks should be covered. When as are covered when not in keep them clean and away  iPap/CPAP" documented in Return equipment to clean/dispose as indicated."  staff member) #1, the sim #2 the director of nursing the above information on	F 6	95			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495283	B. WING			-C <b>23/2020</b>	
	ROVIDER OR SUPPLIER  CA SKILLED NURSING A	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		BE	(X5) COMPLETION DATE	
F 695	p.m. No policy was property of the patricia A. Potter and Inc; Page 648. "Box of Health Care-Assoc Respiratory Tract Otherapy equipment."  No further information References: (1) Barron's Dictionar Non-Medical Reader, Chapman, page 243. (2) This information of following website: https://medlineplus.gd (3) This information of following website: www.webmd.com/sle Drug Regimen is Free CFR(s): 483.45(d)(1): §483.45(d) Unnecess Each resident's drug unnecessary drugs. drug when used-§483.45(d)(1) In exceeding the page 1483.45(d)(2) For except 1483.45(d)(3) Without \$483.45(d)(3) Without \$483.	made on 1/22/2020 at 5:42 rovided prior to exit.  Nursing" 7th edition, 2009: Anne Griffin Perry: Mosby, 34-2 Sites for and Causes stated Infections under Contaminated respiratory  In was provided prior to exit.  Ty of Medical Terms for the 5th edition, Rothenberg and was obtained from the cov/ency/article/002941.htm. was obtained from the ep-disorders/sleep-apnea e from Unnecessary Drugs (6)  Eary Drugs-General. regimen must be free from An unnecessary drug is any essive dose (including y); or		757			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION  IG	(X3)	(X3) DATE SURVEY COMPLETED		
		495283	B. WING			R-C <b>01/23/2020</b>	
	ROVIDER OR SUPPLIER	GAND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	I	01/23/2020	
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 757	Continued From paguse; or  §483.45(d)(5) In the consequences which reduced or discontinued in paragraph section.  This REQUIREMENT by: Based on resident facility document reit was determined the the drug regimen for survey sample was medications, Reside failed to attempt not interventions prior to needed pain medications.  The findings included Resident #110 was 1/18/2020 with diagonot limited to: morbit reflux disease [GEFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF	ge 51  e presence of adverse h indicate the dose should be nued; or  combinations of the reasons s (d)(1) through (5) of this  IT is not met as evidenced interview, staff interview, view and clinical record review ne facility staff failed to ensure r one of 11 residents in the free of unnecessary ent #110. The facility staff n-pharmacological to the administration of as ation to Resident #110.	F 7	DEFICIENCY)			
	A MDS (minimum of yet been completed of the survey procest dated 1/18/2020 do	data set) assessment had not for Resident #110, at the time ess. The admission evaluation cumented the resident was a time, person, situation and					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		495283	B. WING			R-C <b>01/23/2020</b>
	ROVIDER OR SUPPLIER	G AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	I	01/23/2020
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 757	treat mild to modera extended release 6 mouth every 8 hour Oxycodone Tablet [severe pain (4)] 5 n 6 hours as needed  Review of the MAR record) for January physician medication documented as adridates, and times for 1/18/2020 at 9:50 p 1/20/2020 at 4:23 at 1/22/2020 at 5:47 at The Oxycodone was administered on the pain level ratings as 1/21/2020 at 8:45 at The comprehensive documented, "Focus surgery." The "Inter "Report nonverbal emoaning, striking on thrashing, change in Review of the progradocumentation of p did not evidence do non-pharmacologic	rs dated,1/18/2020 aminophen (Tylenol) [used to ate pain (3)] 8 hours tablet 50 MG; give 1300 mg by as as needed for pain. Sused to treat moderate to ang; give 5 mg by mouth every for pain for 12 days."  (medication administration 2020 documented the above on orders. The Tylenol was ministered on the following a pain level ratings as follows:  a.m pain level - 4  a.m pain level - 4  a.m pain level - 8  as documented as a follows:  a.m pain level - 8  as documented as a follows:  a.m pain level - 6  as care plan dated 1/18/2020 as: Pain related to recent aventions" documented, expression of pain such as aut, grimacing, crying, in breathing, etc."	F 7	57		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
495283	B. WING			R-C 1/23/2020	
		STREET ADDRESS, CITY, STATE, ZIP COL		1/23/2020	
ING AND REHAB (IMPERIAL)		RICHMOND, VA 23227			
CIENCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
page 53	F 7	57			
s conducted with LPN (licensed #4 on 1/22/2020 at 12:45 p.m. pocess staff follows for resident in, LPN #4 stated that first she resident in the pain scale, and asks for the stated she would try to resident if the pain, could be really the more really the asked, where she would really the attempted and offered to really the more really the resident more really the resident more really the more really the more really the resident more really the resident more really the resident more really to more really the resident more really to more really the resident	F 7	57			
		A BUILDIN  495283  B. WING  RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL YOR LSC IDENTIFYING INFORMATION)  Page 53  S. conducted with LPN (licensed #4 on 1/22/2020 at 12:45 p.m. pocess staff follows for resident in, LPN #4 stated that first she resident in the pain scale, and asks for the 4 stated she would try to sident if the pain, could be reining to make them more then asked, where she would the attempted and offered to sident prior to administering as dication, LPN #4 stated it would in a progress note.  S. conducted with RN (registered in the manager, on 1/22/2020 at 1:09 do about the process staff follows plaints of pain, RN #6 stated the sess for the location, type of pain sident rate the pain on the pain to should then look at the prn (as tions or if they are due for a medication. If not your call the sked if there is anything done for rot the administration of as dication, RN #6 stated they ittioning, warm pack, or gical interventions. When asked ment the attempted gical interventions, RN #6 stated unent the attempted gical interventions as under the attempted gical interve	A BUILDING  495283  R SING AND REHAB (IMPERIAL)  RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL RY OR LSC IDENTIFYING INFORMATION)  Page 53  s conducted with LPN (licensed 44 on 1/22/2020 at 12:45 p.m. occess staff follows for resident in, LPN #4 stated that first she essment and has the resident on the pain, could be ning to make them more en asked, where she would he attempted and offered to sident fir to administering as dication, LPN #4 stated it would in a progress note.  s conducted with RN (registered nit manager, on 1/22/2020 at 1:099 d about the process staff follows plaints of pain, RN #6 stated the sess for the location, type of pain is should then look at the prin (as tions or if they are due for a medication. If not your call the ked if there is anything done for r to the administration of as dication, RN #6 stated they fittioning, warm pack, or gical interventions, RN #6 stated ument the attempted gical interventions, RN #6 stated ument the attempted gical interventions, RN #6 stated umented in the progress notes.  s conducted with Resident #110 4:45 p.m. Resident #110 4:45 p.m. Resident #110 4:45 p.m. Resident #110 was offer to do anything such as ub the area that hurts or apply omplains of pain, Resident #110	A BUILDING  495283  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227  RY STATEMENT OF DEFICIENCIES  CIENCY MUST BE PRECEDED BY FULL  TY OR IS. DIENTIFYING INFORMATION)  PREFIX  TAG  PROVIDER'S PLAN OF CORRECTION  PREFIX  TAG  PREVIX  PREFIX  TAG  PREFIX  TAG  PREVIX  PREFIX  TAG  PREVIX  PREFIX  TAG  PREVIX  PREFIX  TAG  PREVIX  PREFIX  TAG  PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTION SHOULD BE  CROSS-REFERNCED TO THE APPROPRIATE  PREFIX  TAG  PREVIX  PREFIX  TAG  PROVIDER'S PLAN OF CORRECTION  PREFIX  TAG  PREVIX  PREFIX  TAG  PROVIDER'S  PREVIX  PREFIX  TAG  PROVIDER'S  PREFIX  TAG  PREFIX  TAG  PREFIX  TAG  PREFIX  TAG  PROVIDER'S  PREFIX  TAG  PROVIDER'S  PREFIX  TAG  PROVIDER'S  PREFIX  TAG  PROVIDER'	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION  NG	l <sup>(×</sup>	(X3) DATE SURVEY COMPLETED		
		495283	B. WING			R-C <b>01/23/2020</b>	
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227	I	01/23/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORR ( (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 757	Non-pharmacologic a interventions can min medications, permit uresult in the discontin  Administrative staff madministrator and ASI were made aware of 1/22/1010 at 5:42 p.m  No further information  References: (1) Barron's Dictionar Non-Medical Reader, Chapman, page 243. (2) This information wfollowing website: https://medlineplus.go (3) This information wfollowing website: https://medlineplus.go tml (4) This information wfollowing website:	ion when she asks.  ain Practice Guide" Interventions include as well as pharmacologic. pproaches used as initial imize the need for se of the lowest dose or uation of medication."  ember (ASM) #1, the M #2, the director of nursing, the above concern on n.  In was provided prior to exit.  by of Medical Terms for the 5th edition, Rothenberg and was obtained from the  ov/ency/article/002941.htm. was obtained from the  ov/druginfo/meds/a681004.h	F7	757			
{F 880} SS=D	tml. Infection Prevention 8	& Control (2)(4)(e)(f) ntrol blish and maintain an	{F 8	80}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495283	B. WING		_	R-	-C <b>23/2020</b>
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, ST.  1719 BELLEVUE AVENUE RICHMOND, VA 23227	ATE, ZIP CODE	1 0172	23/2020
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	(EACH CORREC CROSS-REFEREN	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 880}		safe, sanitary and ent and to help prevent the esmission of communicable	{F 8	80}			
	program. The facility must esta and control program (a minimum, the follow §483.80(a)(1) A systereporting, investigatin and communicable distaff, volunteers, visit providing services un arrangement based u conducted according accepted national states §483.80(a)(2) Written procedures for the probut are not limited to: (i) A system of surveil possible communicable infections before they persons in the facility (ii) When and to whor communicable disease reported; (iii) Standard and trant to be followed to prev (iv)When and how iscresident; including bu (A) The type and dura depending upon the in involved, and	em for preventing, identifying, g, and controlling infections seases for all residents, ors, and other individuals der a contractual pon the facility assessment to §483.70(e) and following indards;  standards, policies, and ogram, which must include, allance designed to identify ble diseases or can spread to other impossible incidents of the or infections should be semission-based precautions ent spread of infections; blation should be used for a troot limited to:					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495283	B. WING _			R-C <b>01/23/2020</b>
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	<u> </u>	01/25/2020
(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 CORRE ( (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{F 880}	circumstances.  (v) The circumstance must prohibit employ disease or infected so contact with resident contact will transmit (vi)The hand hygiend by staff involved in disease of infection staff involved in disease.  §483.80(a)(4) A systidentified under the form corrective actions tall standard standard systems. Personnel must hand transport linens so a infection.  §483.80(f) Annual results and transport linens so a infection.  §483.80(f) Annual results and the facility will condist the standard systems and the standard systems and the systems are systems and the systems and the systems and the systems are systems and the systems are systems and the systems and the systems are systems are systems and the systems are systems and the systems are systems and the systems are systems are systems are systems are systems and the systems are systems are systems are systems are systems and the systems are systems are systems are systems and the systems are systems are systems are systems are systems are systems and the systems are systems and the systems are systems a	ible for the resident under the es under which the facility yees with a communicable skin lesions from direct is or their food, if direct the disease; and e procedures to be followed irect resident contact.  em for recording incidents facility's IPCP and the ken by the facility.  dle, store, process, and is to prevent the spread of	{F 8	80}		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL <sup>-</sup> A. BUILDI	FIPLE CONSTRUCTION  NG	(X3	(X3) DATE SURVEY COMPLETED		
		495283	B. WING			R-C <b>01/23/2020</b>	
	ROVIDER OR SUPPLIER	AND REHAB (IMPERIAL)	-	STREET ADDRESS, CITY, STATE, 1719 BELLEVUE AVENUE RICHMOND, VA 23227	ZIP CODE	0 1/23/2020	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE O TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
{F 880}	2/12/11 with a readra diagnoses that includiabetes, GERD (gardisease, is backflow stomach into the est malfunction of the stomach into the stomach	as admitted to the facility on mission on 1/17/19 with ded but were not limited to: stroesophageal reflux of the contents of the ophagus, usually caused by chincter muscle between the mentia, and bullous is pemphigoid is an er that occurs when the body's tacks and destroys healthy ake. Specifically, the immune proteins that attach the top mis) to the bottom layer of the date of 12/30/19 coded the a "3" on the BIMS (brief status) score, indicating the ly impaired to make daily Resident #106 was coded as one staff member for bed athing and transfers. The as requiring extensive vision for the rest of her ng. In Section M - Skin ent was coded as having one tury and one stage IV	{F 8	80}			
	fold topically every	evening shift for wound care S (normal saline), pack with					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495283	B. WING _				-C <b>23/2020</b>
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CO	DDE	1 017.	23/2020
				1719 BELLEVUE AVENUE			
PROMEDI	CA SKILLED NURSING A	AND REHAB (IMPERIAL)		RICHMOND, VA 23227			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BI HE APPROPRIA		(X5) COMPLETION DATE
{F 880}	Observation was made #2 and RN #1, the unal 10:08 a.m., performing Resident #106. RN # wound care to the first ischial/upper thigh are wound. The wound made (centimeters) in length the depth was measure the wound was a stage wound was cleaned. It wound was cleaned the dressing to the sage wound was being pace proceeded to push the sterile cotton tip application application of the wound. RN #2 took he pocket and used then used the cotton tip application of the wound so that the rope and inside the wound then applied per the pace of the wound stated the piece of rope expected and she had the end of the dressing unclean. When asked pocket on her right lessissors in it. When a scissors prior to cuttir	de cover with dry dressing."  le of RN (registered nurse) it manager, on 1/22/2020 at g the wound care for 1 proceeded to perform the t wound located in the eas. RN #1 measured the easured 3.0 cm in and 1.8 cm in width and red at 4.5 cm. RN #1 stated ge IV pressure injury. The RN #2 proceeded to apply cral wound. The sacral exed with an AG rope. RN #1 er rope into the wound with a cator. The rope was too and kept falling out of the er scissors out of her pants in to cut the rope. RN #2 plicator to push the end of with the scissors, into the er was flush with the skin, and the exercise order.  ducted with RN #2 on the wound with a cator. The outer dressing was only sician order.  ducted with RN #2 on the was longer than she had do to cut it. She stated that the grade had hit an area that was a what was in her pants grade, RN #2 stated she had her sked if she had cleaned the registed for the grade had cleaned the grade the dressing placed into and, RN #2 stated no, that	{F 8	80}			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	COMPLETED		
		495283	B. WING			R-C <b>1/23/2020</b>
	ROVIDER OR SUPPLIER	G AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227	1 0	1723/2020
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{F 880}	manager, on 1/22/2 if he observed any change observed, F liked to see the nurse of the cutting the rope dree.  The facility policy, E documented in part arrange supplies or reveal supplies. If o size, use clean scis with an EPA approvafter using). Label t with caregiver initia hygiene."  Administrative staff administrator and A were made aware of 1/22/1010 at 5:42 p  No further information following website: https://medlineplus. (3) Pressure Injury: A pressure injury is and underlying soft prominence or relat device. The injury open ulcer and may as a result of intensi	onducted with RN #1, the unit 1020 at 1:49 p.m. When asked problem with the dressing RN #1 stated he would have se wash her scissors before ssing.  Oressing Change: Non Sterile , "15. Prepare clean field: a table. Open packages to dressings need to be cut to sors (disinfect the scissors red disinfectant before and ape used to secure dressing is and date. 16. Perform hand member (ASM) #1, the SM #2, the director of nursing, of the above concern on .m.  on was provided prior to exit.	{F 880			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			
		495283	B. WING			R-C	
NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)			B. Wille	STREET ADDRESS, CITY, STATE, ZIP C 1719 BELLEVUE AVENUE RICHMOND, VA 23227	ODE	01/23/2020	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
{F 880}	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		{F 8				
	loss this is an Unstag This information was website: https://cdn.ymaws.co ce/resmgr/npuap_pr 2. Resident #109 wa 11/27/19; with a rece	geable Pressure Injury. (3) cobtained from the following om/npuap.site-ym.com/resour essure_injury_stages.pdf as admitted to the facility ent readmission on 1/9/2020 ncluded but were not limited					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION  NG	(X:	(X3) DATE SURVEY COMPLETED		
		495283	B. WING			R-C		
NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)				STREET ADDRESS, CITY, STATE, ZIP COD 1719 BELLEVUE AVENUE RICHMOND, VA 23227	DE	01/23/2020		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			X (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			
{F 880}	Continued From page 61  to: multiple sclerosis (a progressive disease in which nerve fibers of the brain and spinal cord lose their myelin cover) (1), heart disease, high blood pressure, and clostridium difficele, (C-diff), [a bacterium that causes diarrhea and more serious intestinal conditions, such as colitis. Symptoms include watery diarrhea (at least three bowel movements per day for two or more days), fever, loss of appetite, nausea, abdominal pain or tenderness. You might get C. difficile disease if you have an illness that requires prolonged use of antibiotics. Increasingly, the disease can also be spread in the hospital. The elderly are also at risk. Treatment is with antibiotics.] (2)  The most recent MDS (minimum data set) assessment, an admission assessment with an assessment reference date of 12/3/19 coded Resident #109 as scoring a "13" on the BIMS (brief interview for mental status) score, indicating the resident was capable of making daily cognitive decisions. The resident was coded as requiring extensive assistance for all of his activities of daily living except eating in which he was independent after set up assistance was provided.  Observation was made during the initial tour on 1/21/2020 at approximately 11:15 a.m. of Resident #109's room. There was a small two drawer plastic container with isolation gowns in		{F 8	80}				
	on top of the contain gloves in boxes. The posted signage on the on the doorframe to was in isolation prec	ks in the other drawer. Sitting er was three different size of the was no evidence of the door, outside the door or indicate that, the resident autions.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NI IMBED		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
495283			B. WING			R-C <b>01/23/2020</b>			
NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)				STREET ADDRESS, CIT 1719 BELLEVUE AVEI RICHMOND, VA 232	NUE	1 0117	23/2020		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	(EACH CO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
{F 880}	,		{F 8	80}					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED		
495283			B. WING			R-C			
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STAT	TE. ZIP CODE	01/2	3/2020		
PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)				1719 BELLEVUE AVENUE RICHMOND, VA 23227	,				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	PROVIDER'S P (EACH CORRECT CROSS-REFERENC	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
{F 880}	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		{F 8	80}					