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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
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		495283	B. WING _	<del>-</del>		09/11/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE,	ZIP CODE	
PROMEDI	CA SKILLED NURSING	AND REHAB (IMPERIAL)		1719 BELLEVUE AVENUE RICHMOND, VA 23227		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	X (EACH CORRECTIVE CROSS-REFERENCED		
F 000	INITIAL COMMENTS	3	F	000		
F 655	survey was conducte 9/11/19. One complate the survey. Correction compliance with the fithe Federal Long Terlife safety code survey. The census at this 12 91 at the time of the survey consisted of two currencerds.	following 42 CFR Part 483 of m Care requirements. The	Fé	555		
SS=D	CFR(s): 483.21(a)(1) §483.21 Comprehens Planning §483.21(a) Baseline §483.21(a)(1) The far implement a baseline that includes the instreeffective and person- that meet professiona The baseline care pla (i) Be developed with admission. (ii) Include the minim necessary to properly including, but not limi (A) Initial goals based (B) Physician orders. (C) Dietary orders. (D) Therapy services (E) Social services.	Care Plans cility must develop and e care plan for each resident ructions needed to provide centered care of the resident al standards of quality care. can must- in 48 hours of a resident's  um healthcare information y care for a resident ited to- d on admission orders.		000		
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUF	RE	TITLE		(X6) DATE

10/01/2019

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.

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	ROVIDER OR SUPPLIER	G AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE 1719 BELLEVUE AVENUE RICHMOND, VA 23227	1 30/11/2010		
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F 655	comprehensive carcare plan if the com (i) Is developed with admission. (ii) Meets the require (b) of this section).  §483.21(a)(3) The resident and their resident and their resident and their resident to: (i) The initial goals (ii) A summary of the dietary instructions. (iii) Any services an administered by the on behalf of the factive (iv) Any updated information of the comprehension This REQUIREMENT by:  Based on staff intering and clinical record in the facility staff failed baseline care plants survey sample, Resident survey survey sample, Resident survey surve	e plan in place of the baseline aprehensive care plandhin 48 hours of the resident's rements set forth in paragraph excepting paragraph (b)(2)(i) of facility must provide the excepting paragraph (b)(2)(i) of facility must provide the expresentative with a summary explan that includes but is not of the resident. The resident's medications and facility and personnel acting fility. Formation based on the details for care plan, as necessary. The is not met as evidenced review, facility document review feeview, it was determined that and to develop a complete for one of six residents in the sident #3.	F 658				

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F 655	cancer and diabetes. MDS (minimum data 14 day Medicare ass (assessment referent the resident as being coded Resident #3 atherapy during the ladischarged from the discharged from the Review of Resident # physician's orders incella 13/19- Ipratropium 0.5-2.5 (3) mg (millig inhale orally every six be used via nebulizer 8/29/19- Oxygen at needed for shortness saturation level was ladischarged with increase even and labored. A observed. Right lung Left Lower Lung has rales (abnormal brease Upper base clear. Reminute) 28rpm. SpO 92% RA (room air). I and irregular. Apical (beats per minute). It physician) notified. A repositioned in bed, or Resident #3's baselir 8/14/19 failed to door.	Resident #3's most recent set) (prior to discharge), a easment with an ARD ce date) of 8/25/19, coded cognitively intact. Section O is having received oxygen set 14 days. Resident #3 facility on 9/2/19.  #3's clinical record revealed cluding but not limited to: -Albuterol (2) solution rams)/3ml (milliliters) - 1 vial ox hours for Anti asthmatic (to or).  #4's two liters per minute as a of breath if oxygen below 90%.  #8/29/19 documented, sed shallow respirations, bedominal breathing or clear throughout all bases. inspiratory rhonchi, slight the sounds) observed. Left PM (Respirations per 2 (oxygen saturation level) HR (Heart rate) increased pulse (heart rate) 110bpm or. On call for (name of awaiting response. Resident oxygen applied"	F	555			

	COT OTT MEDION TILE OF	WEDIO/ ND GEITTIGEG				<u> </u>	7. 0000 000 1
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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F 655	(MDS coordinator). I and revises residents comprehensive care (interdisciplinary team the nurses on the floor plans. LPN #3 was a plan should include represents with a new of and a new order for a stated a respiratory of and include oxygen a asked if a resident's of respiratory care if a resident routinely received and resident routinely received to the staff can monitured the surveyor's request. In not see any respiratory care plan and there is on 9/11/19 at 9:47 at staff member) #1 (the director of nursing above concern.  The facility document "INTERDISCIPLINAR documented, "The faimplement a baseline for each patient that in needed to provide efficare that meets profes of care"	(licensed practical nurse) #3 LPN #3 stated she reviews s' baseline and plans twice a day at IDT in meetings) but sometimes or will also update care asked if a resident's care espiratory care if a resident onset of shortness of breath as needed oxygen. LPN #3 care plan should be created as ordered. LPN #3 was care plan should include esident is prescribed treatments. LPN #3 stated a should be developed if the eives nebulizer treatments tor the resident. At this time, sident #3's care plan per this LPN #3 confirmed she did ory documentation on the should have been.  m., ASM (administrative e administrator) and ASM #2 org) were made aware of the	F	655			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  S		ATE SURVEY DMPLETED
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F 660 SS=D	Obstructive Pulmona other conditions when indicated. Nebulizers medicated air to the I This information was https://medlineplus.gd 1_1.htm  (2) Ipratropium-Albute help breathing. This from the website: https://www.thoracic.co.	sed to treat asthma, Chronic ry Disease (COPD), and re inhaled medicines are so deliver a stream of ungs over a period of time." obtained from the website: ov/ency/presentations/10020 derol is a medication used to information was obtained org/patients/patient-resource ry-function-testing-children.p	F 65			
	The facility must deve effective discharge pl on the resident's disc of residents to be act transition them to pos reduction of factors le readmissions. The faprocess must be conrights set forth at 483 (i) Ensure that the disresident are identified development of a discresident. (ii) Include regular reidentify changes that discharge plan. The cupdated, as needed, (iii) Involve the interdi	cility's discharge planning sistent with the discharge .15(b) as applicable and- scharge needs of each If and result in the				

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F 660	and the resident's or person(s) capacity ar required care, as part discharge needs.  (v) Involve the reside representative in the discharge plan and ir resident representative (vi) Address the reside treatment preference (vii) Document that a about their interest in regarding returning to (A) If the resident ind to the community, the referrals to local contrappropriate entities in (B) Facilities must up comprehensive care appropriate, in responsive care appropriate entities.  (C) If discharge to the to not be feasible, the made the determination (viii) For residents when SNF or who are discharged to SNF, or who are discharged to SNF, HHA, patient assessment of the data is available, the post-acute care significant in the same as a same and the data is available.	arge plan. er/support person availability caregiver's/support and capability to perform to the identification of the final plan. Ident's goals of care and so resident has been asked receiving information of the community. Identification of the identification of the community in icates an interest in returning the facility must document any act agencies or other in independent of the purpose. Identification of the identification of the community is plan and discharge plan, as insect to information received in contact agencies or other in information received in information received in information received in and why. In oare transferred to another in arged to a HHA, IRF, or its and their resident includes, but is not in IRF, or LTCH standardized in includes, but is not in the facility must ensure that	F	660			

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F 660	the resident's goals of preferences.  (ix) Document, complion the resident's need record, the evaluation needs and discharge evaluation must be different information must be indischarge plan to facific avoid unnecessary discharge or transfer. This REQUIREMENT by:  Based on staff interview, clinical record a complaint investigating the facility staff failed discharge process for survey sample, Resident #3 required prescribed nebulizer. The facility staff failed frescribed nebulizer of the facility staff failed prescribed nebulizer.	is relevant and applicable to if care and treatment  lete on a timely basis based ds, and include in the clinical in of the resident's discharge plan. The results of the iscussed with the resident or tive. All relevant resident incorporated into the illitate its implementation and indealy in the resident's in its included in the course of tion, it was determined that to implement an effective in one of six residents in the interest in the int	F	660			
	Office of Licensure ar complaint that alleged discharged from the f necessary medical ed Resident #3 was adm	acility to home without quipment.					
		b's diagnoses included but inary tract infection, prostate					

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F 660	cancer and diabetes. MDS (minimum data 14 day Medicare ass (assessment reference the resident as being #3 discharged from the Review of Resident # physician's orders incto-8/13/19- Ipratropium 0.5-2.5 (3) mg (millight) inhale orally every size be used via nebulized Review of Resident # September 2019 MA administration record administered the about every six hours during facility.  Resident #3's "My Tracomputerized form (in summary and instruct "SOCIAL SERVICES home with spouse and company) will provided Resident has access equipment)Medicate Go Home6. Ipratrop 0.5-2.5 (3) MG/3ML of hours" The form fur "EQUIPMENT I WILL A. Nursing Equipment that apply) Not Applic option to include a ne not selected).	Resident #3's most recent set) (prior to discharge), a essment with an ARD ce date) of 8/25/19, coded cognitively intact. Resident he facility on 9/2/19.  Ba's clinical record revealed cluding but not limited to: -Albuterol (2) solution rams)/3ml (milliliters) - 1 vial to hours for Anti asthmatic (to ba').  Ba's August 2019 and Rs (medication so revealed the resident was be we medication via nebulizer goal the resident's stay at the sensition Home health he halt he	F	660		

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F 660	possible need for a mesident #3's dischard on 9/10/19 at 1:57 p. conducted with OSM social services directromagnetic services coordinator) were asked if the need was discussed with Frepresentative before 9/2/19. OSM #2 state not mentioned by the confirmed she did not nebulizer machine was discharge planning proposed for a nebulizer made aware Resident nebulizer treatments discharged with a phynebulizer treatments. In the social services representative. OSM been addressed.  On 9/10/19 at 2:55 p. conducted with LPN ((the nurse who compof Resident #3's "My LPN #2 was asked if possible need for a newith the social service completing the medic Transition Home" for scheduled nebuliz stated, "No. I just contributed in the social services completing the medic transition Home" for scheduled nebuliz stated, "No. I just contributed in the social services completing the medic transition Home" for scheduled nebuliz stated, "No. I just contributed in the social services completing the medic transition Home" for scheduled nebuliz stated, "No. I just contributed in the social services completing the medic transition Home" for scheduled nebuliz stated, "No. I just contributed in the social services completing the medic transition Home" for scheduled nebuliz stated, "No. I just contributed in the social services completing the medic transition Home" for scheduled nebulizer transition H	cility staff addressed the ebulizer machine before age.  m., an interview was (other staff member) #1 (the or) and OSM #2 (the social oSM #1 and OSM #2 and for a nebulizer machine desident #3 or the resident's at the resident's discharge on ead a nebulizer machine was resident or the family and a specifically ask if a as needed during the rocess. OSM #2 further partment did not mention the machine. OSM #2 was asked if the machine at home should with the resident and or #2 confirmed it should have  m., an interview was dicensed practical nurse) #2 deted the medication section Transition Home" form), she communicates the ebulizer machine at home es department if she is ations section of the "My m and documents an order er treatments. LPN #2	F6	60				

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F 660	services department resident is being discorder for nebulizer to need for a nebulizer addressed. LPN #2 procedure."  On 9/11/19 at 9:13 a conducted with ASM member) #2 (the direwas asked to describrole for addressing the machine if a resident with a physician's ordereatments. ASM #2 services will let nursineeded. Social Services what they are going asked if nurses shouneed for a nebulizer services department home medication list nebulizer treatments should."  On 9/11/19 at 9:47 a administrator) and Ast the above concern.  The facility document documented, "The Member 1 and 1	and make them aware that a charged with a physician's eatments so the possible machine at home can be stated, "I don't know the, an interview was (administrative staff ector of nursing). ASM #2 be the nursing department's he need for a nebulizer stated, "Generally social ing know if equipment is rices sets up and informs us home with." ASM #2 was lid communicate the potential machine with the social if they are completing a that contains scheduled. ASM #2 stated, "They, ASM #1 (the SM #2 were made aware of the regarding discharges by Transition Home booklet with discharge instructions ited to:	Fé	660		

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	CA SKILLED NURSING A	AND REHAB (IMPERIAL)		STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227		
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F 660	related to their areas The document failed information regarding ensuring residents are needed equipment su  COMPLAINT DEFICE  (1) "Nebulizers are us Obstructive Pulmonar other conditions wher indicated. Nebulizers medicated air to the luth This information was https://medlineplus.gd	ponsible to complete ansition Home booklet of expertise" to document specific the responsibility of e discharged home with ich as nebulizer machines.  ENCY sed to treat asthma, Chronic ry Disease (COPD), and e inhaled medicines are	F	660		
F 745 SS=D	help breathing. This if from the website: https://www.thoracic.co/s/resources/pulmonardf Provision of Medically CFR(s): 483.40(d)  §483.40(d) The facilit medically-related soc maintain the highest pand psychosocial well This REQUIREMENT by: Based on staff interv	org/patients/patient-resource ry-function-testing-children.p ry Related Social Service	F	745		

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PROMEDI	CA SKILLED NURSING /	AND REHAB (IMPERIAL)		RICHMOND, VA	23227			
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F 745	Continued From page	e 11	F 7	45				
	the facility staff failed social services to ma	tion, it was determined that to provide medically-related intain the highest practicable or one of six residents in the lent #3.						
	The findings include:							
	The facility staff failed social services to add nebulizer machine for home on 9/2/19.  On 9/4/19, the Virgini Office of Licensure arcomplaint that alleged	(1) breathing treatments. It to provide medically-related liness the possible need for a Resident #3's discharge  a Department of Health and Certification received a Resident #3 was facility to home without						
	Resident #3 was adm 8/13/19. Resident #3 were not limited to un cancer and diabetes. MDS (minimum data 14 day Medicare asso (assessment reference	nitted to the facility on i's diagnoses included but inary tract infection, prostate Resident #3's most recent set) (prior to discharge), a essment with an ARD be date) of 8/25/19, coded cognitively intact. Resident						
	physician's orders inc -8/13/19- Ipratropium 0.5-2.5 (3) mg (milligi	3's clinical record revealed cluding but not limited to: -Albuterol (2) solution rams)/3ml (milliliters) - 1 vial to hours for Anti asthmatic (to						
	Review of Resident #	3's August 2019 and						

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F 745	September 2019 MAI administration record administration record administered the abo every six hours during facility.  Resident #3's "My Tracomputerized form (in summary and instructing "SOCIAL SERVICES home with spouse and company) will provide Resident has access equipment)Medicate Go Home6. Ipratrop 0.5-2.5 (3) MG/3ML 1 hours" The form fure "EQUIPMENT I WILL A. Nursing Equipment that apply) Not Applicate option to include a nemotous selected).  Further review of Residied to reveal the farpossible need for a new Resident #3's dischard Con 9/10/19 at 1:57 p. conducted with OSM social services directed services coordinator) were asked if the need was discussed with Frepresentative before 9/2/19. OSM #2 states.	Rs (medication s) revealed the resident was we medication via nebulizer g the resident's stay at the ansition Home" including a discharge tions) documented,Resident will discharge d (name of home health e HH (home health) needs. to DME (durable medical ion I Will Be Taking When I bium-Albuterol Solution vial inhale orally every 6 orther documented, USE WHEN I GO HOME. t. 1. Equipment (check all able." (Note- there was an bulizer machine but this was saident #3's clinical record cility staff addressed the ebulizer machine before the ge.  m., an interview was (other staff member) #1 (the por) and OSM #2 (the social cosm with and OSM #2 d for a nebulizer machine tesident #3 or the resident's the resident's discharge on end a nebulizer machine was resident or the family and it specifically ask if a	F7	745			

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NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)				STREET ADDRESS, CITY, STATE, ZIP C 1719 BELLEVUE AVENUE RICHMOND, VA 23227	CODE	03/11/2013	
(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 PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 745	discharge planning stated the nursing doneed for a nebulizer made aware Reside nebulizer treatments discharged with a planebulizer treatments need for a nebulizer have been addressed representative. OSI been addressed.  On 9/10/19 at 2:55 producted with LPN (the nurse who common of Resident #3's "My LPN #2 was asked it possible need for a with the social service completing the med Transition Home" for scheduled nebul stated, "No. I just commedications." LPN department should deservices department resident is being disorder for nebulizer to need for a nebulizer addressed. LPN #2 procedure."	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 13 ischarge planning process. OSM #2 further tated the nursing department did not mention the eed for a nebulizer machine. OSM #2 was nade aware Resident #3 received scheduled ebulizer treatments while at the facility and was ischarged with a physician's order for scheduled ebulizer treatments. OSM #2 was asked if the eed for a nebulizer machine at home should ave been addressed with the resident and or epresentative. OSM #2 confirmed it should have een addressed.  On 9/10/19 at 2:55 p.m., an interview was onducted with LPN (licensed practical nurse) #2 the nurse who completed the medication section of Resident #3's "My Transition Home" form). PN #2 was asked if she communicates the ossible need for a nebulizer machine at home with the social services department if she is completing the medications section of the "My transition Home" form and documents an order or scheduled nebulizer treatments. LPN #2 tated, "No. I just complete the list of nedications." LPN #2 was asked if the nursing epartment should contact the facility social ervices department and make them aware that a esident is being discharged with a physician's rider for nebulizer treatments so the possible eed for a nebulizer machine at home can be ddressed. LPN #2 stated, "I don't know the		745			
	role for addressing t machine if a resider	be the nursing department's he need for a nebulizer It is being discharged home der for scheduled nebulizer					

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 _			C <b>09/11/2019</b>		
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP	CODE	03/11/2013		
PROMERI	0.4. OKU 1 ED MUDOINO	AND DELIAD (MADEDIAL)		1719 BELLEVUE AVENUE				
PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)				RICHMOND, VA 23227				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG			DATE	N	
F 745	Continued From page		F7	745				
	treatments. ASM #2 services will let nursin needed. Social Servi what they are going hasked if nurses shoul need for a nebulizer revices department in home medication list nebulizer treatments. should."  On 9/11/19 at 10:13 a administrator) was maconcern. A policy registrator was reconcern. A policy registrator was r	stated, "Generally social ing know if equipment is ideas sets up and informs us nome with." ASM #2 was dommunicate the potential machine with the social if they are completing a that contains scheduled ASM #2 stated, "They  a.m., ASM #1 (the made aware of the above garding medically-related equested.  a.m., ASM #1 stated the specific policy regarding ial services but provided a CIAL SERVICE ROLE AND adocumented, "The My klet provides the patient with its including, but not limited to:  care  us  ponsible to complete eansition Home booklet of expertise"  to document specific						
	•	e discharged home with uch as nebulizer machines.						

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 _			C 09/11/2019
NAME OF PROVIDER OR SUPPLIER  PROMEDICA SKILLED NURSING AND REHAB (IMPERIAL)				STREET ADDRESS, CITY, STATE, ZIP CODE  1719 BELLEVUE AVENUE  RICHMOND, VA 23227		09/11/2013
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	REFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE
F 745	(1) "Nebulizers are us Obstructive Pulmona other conditions when indicated. Nebulizers medicated air to the I This information was https://medlineplus.go 1_1.htm  (2) Ipratropium-Albute help breathing. This from the website: https://www.thoracic.co.	sed to treat asthma, Chronic ry Disease (COPD), and e inhaled medicines are	F7	745		