

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0182	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2021
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NAME OF PROVIDER OR SUPPLIER OUR LADY OF PEACE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 751 HILLSDALE DRIVE CHARLOTTESVILLE, VA 22901
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced State Licensure Inspection was conducted 3/23/2021 through 3/25/2021. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow.</p> <p>The census in this thirty certified bed facility was 30 at the time of the inspection. The survey sample consisted of twelve current resident reviews and one closed record review.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12VAC5-371-250 (A) Cross reference to F655, F656.</p> <p>12VAC5-371-220 (A) Cross reference to F684, F758.</p> <p>12VAC5-371-180 (A) Cross reference to F880.</p>	F 001	<p>12VAC5-371-250 (A) Cross reference F655, F656.</p> <p>F655: Resident #131's interim care plan was updated to include appropriate COVID-19 precautions.</p> <p>No other resident was affected, there were no other admissions within the last 30 days. New admissions have the potential to be affected.</p> <p>The Director of Nursing (DON) or designee will develop an interim care plan, including appropriate COVID-19 precautions, for all new admissions no later than the day of admission.</p> <p>The DON or designee will audit all new</p>	4/30/21

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

Electronically Signed

TITLE

(X6) DATE

04/12/21

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F 001	Continued From page 1	F 001	<p>resident care plans monthly for the next 6 months to confirm that appropriate COVID-19 precautions are included. The audit results will be reported to the QAPI Committee for recommendation for continued follow-up, if any.</p> <p>F656:</p> <p>Bowel management care plan initiated for Resident #13 immediately.</p> <p>All residents at risk for constipation have the potential to be affected. The Director of Nursing (DON) will conduct an audit of physician orders and care plans for all residents to identify those with the potential to be affected. If needed, care plans to address bowel management will be added.</p> <p>The DON or designee will audit all physician orders monthly for the next 6 months to confirm that all residents taking narcotic medications, or with a history of constipation, have a care plan to address the potential for constipation.</p> <p>The DON or designee will submit the audit results to the QAPI Committee for recommendation for continued follow-up, if any.</p> <p>12VAC5-371-220 (A) Cross reference to F684, F758.</p> <p>F684:</p> <p>The bowel management regime for Resident #13 had been initiated prior to the start of the survey. Resident #13</p>	

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F 001	Continued From page 2	F 001	<p>received a PRN Dulcolax suppository at 1:45 am on 3/23/2021, the resident had a bowel movement on 3/23/2021.</p> <p>All residents have the potential to be affected. The bowel management report was reviewed for all residents. No other residents were found to need a bowel management regime initiated.</p> <p>All RNs and LPNs will be educated on the standing orders for bowel management. The Unit Manager or designee will review the bowel management report daily to identify any residents at risk for constipation and to ensure appropriate interventions are implemented.</p> <p>The DON or designee will review the bowel management reports monthly for the next 6 months to monitor compliance with the bowel management program. The results of the audits will be reported to the QAPI Committee on a quarterly basis.</p> <p>F758:</p> <p>The order for a PRN antipsychotic medication for resident #26 was discontinued.</p> <p>All residents with PRN antipsychotic orders have the potential to be affected. The Director of Nursing (DON) conducted an audit of physician orders for all residents. No other residents with PRN orders for antipsychotics have a stop date, no longer than 14 days from the start date of the medication. T</p>	

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F 001	Continued From page 3	F 001	<p>he DON or designee will audit all physician orders monthly for the next 6 months to confirm that all PRN antipsychotic medications have a stop date not to exceed 14 days from the start date.</p> <p>The DON or designee will submit the results of the monthly physician orders for the next 6 months. The audit results will be reported to the QAPI Committee for recommendation for continued follow-up, if any.</p> <p>12VAC5-371-180 (A) Cross reference to F880.</p> <p>Resident #131 was placed on quarantine and the use of appropriate personal protective equipment for care of resident #131 was implemented immediately. No other resident was affected, there were no other admissions within the last 30 days. New admissions have the potential to be affected.</p> <p>The "Coronavirus Outbreak – Infectious Disease Preparedness & Response Plan" was updated to reflect CDC recommendations effective 3/29/21. All RNs, LPNs, and direct care staff will be educated on the updated policy.</p> <p>The DON or designee will be supervise the admission process for new residents. The DON or designee is responsible for ensuring the move-in process is implemented in accordance with the "Coronavirus Outbreak – Infectious Disease Preparedness & Response Plan."</p>	

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