State of Virginia

, ,		' '	(X2) MULTIPLE CONSTRUCTION		
CTION	IDENTIFICATION NUMBER: A. BU			COMPLETED	
	VA0182	B. WING		03/25/2021	
OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE		
4.0E INO	751 HILL	SDALE DRIVE			
ACE INC	CHARLO	TTESVILLE, VA	22901		
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Comments		F 000			
cted 3/23/2021 ctions are required a Rules and Resing Facilities. It is report will follow the time of the ite consisted of the strong are reconsisted of the strong are required.	through 3/25/2021. red for compliance with egulations for the Licensure The Life Safety Code ow. rty certified bed facility was enspection. The survey welve current resident				
ompliance		F 001		4/30/21	
ng state licens	ure requirements:				
cility was not ir ng Virginia Rul- ure of Nursing C5-371-250 (A) reference to F6 C5-371-220 (A) reference to F6 C5-371-180 (A)	compliance with the les and Regulations for the Facilities: 655, F656.		updated to include appropriate COVID precautions. No other resident was affected, there no other admissions within the last 30 days. New admissions have the potento be affected. The Director of Nursing (DON) or designee will develop an interim care including appropriate COVID-19	vere ntial plan,	
	OR SUPPLIER SUMMARY STA (EACE INC SUMMARY STA (EACH DEFICIENC) REGULATORY OR I Comments announced Sta cted 3/23/2021 ctions are requil a Rules and Re sing Facilities. I/report will follo ensus in this thi the time of the in e consisted of the e consisted of the sand one close compliance dility was out or ing state licensus RULE: is not me ing lity was not in ing Virginia Rule sure of Nursing C5-371-250 (A) reference to F6 C5-371-220 (A) reference to F6 C5-371-180 (A)	OR SUPPLIER ACE INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Comments announced State Licensure Inspection was cted 3/23/2021 through 3/25/2021. ctions are required for compliance with a Rules and Regulations for the Licensure sing Facilities. The Life Safety Code //report will follow. ensus in this thirty certified bed facility was the time of the inspection. The survey e consisted of twelve current resident is and one closed record review. Compliance acility was out of compliance with the ing state licensure requirements: BULE: is not met as evidenced by: acility was not in compliance with the ing Virginia Rules and Regulations for the sure of Nursing Facilities: C5-371-250 (A) reference to F655, F656.	TOR SUPPLIER OR SUPPLIER STREET ADDRESS, CITY, STATEMACE INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Comments A BUILDING: B. WING T51 HILLSDALE DRIVE CHARLOTTESVILLE, VA SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 000 Comments F 000 F 000 A BUILDING: B. WING CHARLOTTESVILLE, VA ID PREFIX TAG F 000 F 001 F 001 TAG TORONTO THE SUMMENT OF THE LICENSURE SING Facilities. The Life Safety Code Interview of the inspection. The survey The consisted of twelve current resident Interview of the inspection. The survey The consisted of twelve current resident Interview of the inspection was che time of the inspection. The survey The consisted of twelve current resident Interview of the inspection was che time of the inspection was che time of the inspection. The survey The consisted of twelve current resident Interview of the inspection was che time of the inspection was che time of the inspection. The survey The consisted of twelve current resident Interview of the inspection was che time of the i	A BUILDING: NAME NAME NAME	

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

TITLE

The DON or designee will audit all new

(X6) DATE

Electronically Signed

04/12/21

STATE FORM 6899 2C1911 If continuation sheet 1 of 5

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		VA0182	B. WING		03/25/2021	
	ROVIDER OR SUPPLIER	751 HILL	DDRESS, CITY, ST. SDALE DRIVE DTTESVILLE, VA			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
F 001	Continued From page	÷ 1	F 001	resident care plans monthly for the nemonths to confirm that appropriate COVID-19 precautions are included. audit results will be reported to the Q/Committee for recommendation for continued follow-up, if any. F656: Bowel management care plan initiater Resident #13 immediately. All residents at risk for constipation had the potential to be affected. The Dire of Nursing (DON) will conduct an audit physician orders and care plans for all residents to identify those with the potential to be affected. If needed, caplans to address bowel management be added. The DON or designee will audit all physician orders monthly for the next months to confirm that all residents to narcotic medications, or with a history constipation, have a care plan to addit the potential for constipation. The DON or designee will submit the results to the QAPI Committee for recommendation for continued followany. 12VAC5-371-220 (A) Cross reference to F684, F758. F684: The bowel management regime for Resident #13 had been initiated prior the start of the survey. Resident #13	The API d for ave ctor it of II are will 6 aking / of ress audit -up, if	

State of Virginia
STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		VA0182	B. WING		03/25/2021	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	ATE, ZIP CODE	1 00/20/2021	
OUR LAD	Y OF PEACE INC		DALE DRIVE TESVILLE, VA	22901		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
F 001	Continued From page	÷ 2	F 001	received a PRN Dulcolax suppository 1:45 am on 3/23/2021, the resident habowel movement on 3/23/2021. All residents have the potential to be affected. The bowel management regwas reviewed for all residents. No oth residents were found to need a bowel management regime initiated. All RNs and LPNs will be educated or 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. The DON or designee will review the bowel management reports monthly for the next 6 months to monitor compliant with the bowel management program. The results of the audits will be report the QAPI Committee on a quarterly based is continued. All residents with PRN antipsychotic medication for resident #26 was discontinued. All residents with PRN antipsychotic orders have the potential to be affected the Director of Nursing (DON) conduction and audit of physician orders for all residents. No other residents with PR orders for antipsychotics have a stop no longer than 14 days from the start of the medication.	ad a fort firer in the fire. riew de ad . cted cted	

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: A. BUILDING:	25/2021
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
OUR LADY OF PEACE INC 751 HILLSDALE DRIVE	
CHARLOTTESVILLE, VA 22901	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 001 Continued From page 3 F 001	
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. 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. 12VAC5-371-180 (A) Cross reference to F880. 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 within the last 30 days. New admissions have the potential to be affected. The "Coronavirus Outbreak – Infectious Disease Preparedness & Response Plan" was updated to reflect CDC recommendations effective acres tastf will be educated on the updated policy. 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	

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