

State of Virginia

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0266 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/03/2021 |
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| NAME OF PROVIDER OR SUPPLIER WESTMINSTER CANTERBURY BLUE RI | STREET ADDRESS, CITY, STATE, ZIP CODE 250 PANTOPS MOUNTAIN RD CHARLOTTESVILLE, VA 22911 |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|--------------------|---|---------------|---|--------------------|
| F 000 | <p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 06/02/2021 through 06/03/2021. Corrections are required for compliance with the Virginia Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 52 bed facility was 39 at the time of the survey. The survey sample consisted of twelve (12) current resident reviews, and two (2) closed record reviews.</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 (F). Please cross reference to F-657.</p> | F 001 | <p>F 657 Care Plan Timing and Revision</p> <p>§483.21(b)(2)(i)-(iii) Comprehensive Care Plans</p> <p>WCBR will develop a comprehensive care plan which is</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that includes but is not limited to</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the</p> | 7/9/21 |

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

TITLE

(X6) DATE

Electronically Signed

06/21/21

State of Virginia

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| F 001 | Continued From page 1 | F 001 | <p>resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident s needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>1. Resident #14 was not adversely affected.</p> <p>The comprehensive care plan for Resident #14 was reviewed and / or updated on 06/03/21.</p> <p>Residents residing at WCBR who have medications, which have been discontinued have the potential to be affected.</p> <p>An audit of care plans for residents residing on the certified unit will be conducted by the Assistant Director of Nursing (ADON) and / or designee(s) by 07/09/21. Any adverse findings will be revised and / or updated.</p> <p>The RN, overseeing the certified unit and the RN receiving the order, will be re-educated on comprehensive care plans by the ADON by 06/25/21.</p> | |

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| F 001 | Continued From page 2 | F 001 | <p>The Interdisciplinary Team (IDT) will be re-educated on comprehensive care plans by the ADON and / or designee(s) by 07/09/21.</p> <p>The ADON, the Quality Assurance (QA) Nurse, and / or designee will conduct random weekly audits of three (3) charts for four (4) weeks to review resident care plans for accuracy.</p> <p>The Director of Nursing (DON) will monitor and report any findings or trends to the Quality Assurance Performance Improvement (QAPI) Committee for further recommendations.</p> | |