STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495377	A. BUILDING _____ B. WING _____	C 05/19/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE LAURELS OF CHARLOTTESVILLE	490 HILLSDALE DRIVE CHARLOTTESVILLE, VA 22901

(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) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 5/18/2022 through 5/19/2022. One (1) complaint was investigated during the survey. Complaint VA00055037 was was substantiated with deficient practice. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. The census in this 120 certified bed facility was 105 at the time of the survey. The survey sample consisted of 13 current Resident reviews and six (6) closed record reviews.	F 000		
F 635 SS=D	Admission Physician Orders for Immediate Care CFR(s): 483.20(a) §483.20(a) Admission orders At the time each resident is admitted, the facility must have physician orders for the resident's immediate care. This REQUIREMENT is not met as evidenced by: Based on staff interview, record review and in the coarse of a complaint investigation, the facility failed to provide physician orders for immediate care for one of 19 residents, resident #119. Resident #119 did not have orders for wound care upon admission to the facility. The Findings Include: Resident #119 was admittd with diagnoses that included: Diabetes, reflux, crohns disease resulting in an ileostomy. The most current MDS (minimum data set) was a discharge assessment with an ARD (assessment reference date) of 3/31/22. Resident #119 was assessed with a	F 635		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 05/25/2022

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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F 635	Continued From page 1	F 635		

cognitive score of 15 indicating cognitively intact.

On 5/18/22 medical record review evidenced Resident #119 was admitted from the hospital to the facility status post ileostomy due to crohns disease. Review of Resident #119's "Discharge Summary" from the hospital documented orders to "Continue packing wounds with gauze 3 to 4 times daily. Flush drains 3 times per day ... Change dressing bid (twice daily)."

The physician orders along with Resident #119's medication administration record (MAR) and treatment administration record (TAR) were reviewed and did not evidence an order for Resident #119's wound care. An order was written on 3/31/22 to flush the drains twice daily.

A nursing note dated 3/30/22 documented Resident #119 "... was screaming and cussing that nobody flushed her JP (Jackson Pratt) drain on morning or evening shifts. RN (registered nurse) explained to the pt (patient) the order was not in the computer (...)"

On 5/18/22 at 4:15 PM, licensed practical nurse (LPN) #3, nurse that admitted Resident #119, was interviewed. LPN #3 stated when a resident is admitted to the facility from the hospital the admitting nurse transfers all hospital discharge orders and activates them. The physician then reviews the orders and signs off on them.

LPN #3 was asked to review the hospital discharge order for dressing changes and drain flushes, and was asked if the order should have been transcribed for the physician to review and sign off when Resident #119 was admitted. LPN #3 stated the orders for wound care were

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F 635	Continued From page 2 probably overlooked and not activated so the physician could sign off on them. On 5/19/22 at 11:00 AM, the above information was presented to the administrator and director of nursing. No other information was provided prior to exit conference on 5/19/22. This was a complaint deficiency.	F 635		