

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0224</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/21/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SHENANDOAH VLY WESTMINSTER-CANTERBURY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603</b>
--	--

(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	Initial Comments  An unannounced licensure survey was conducted 2/19/20 through 2/21/20. The facility was in substantial compliance with licensure requirement for Long-Term Care Facilities. Zero complaint(s) were investigated during the survey.	F 000		
F 001	Non Compliance  The facility was out of compliance with the following state licensure requirements:  This RULE: is not met as evidenced by: 12VAC5-371-220. Nursing Services cross reference to F686.  12VAC5-371-140. Policies and Procedures. Cross reference to F622  12VAC5-371-150. Resident Rights. Cross reference to F622	F 001	F-tag 622 1. Corrective Action Resident #36 and resident #43 have not had any hospital transfers since 12/28/19 and 1/6/2020 respectfully, therefore no comprehensive care plan goals can be provided to hospital staff. 2. Other Potential Residents All residents who may have been transferred to hospital will have a copy of the comprehensive care plan goals included in packet of documents sent to the hospital. 3. Systems Change The hospital transfer checklist has been updated with the comprehensive care plan as part of the packet of documents sent to the hospital. The licensed nurse will sign off on the checklist that includes all documents to be sent. The checklist will remain in the hard medical record. 4. Monitoring The night shift nurse will review the hospital transfer checklist for accuracy during the daily chart checks. If the comprehensive care plan was noted to not have been sent, the licensed nurse should	4/4/20

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

TITLE

(X6) DATE

Electronically Signed

03/26/20

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0224</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/21/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SHENANDOAH VLY WESTMINSTER-CANTERBURY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603</b>
--	--

(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 001	Continued From page 1	F 001	<p>fax the care plan to the hospital and document a progress note in the electronic medical record. The results will be reported to the Interdisciplinary Team weekly for three months, then quarterly for one year. Report of findings will be submitted to the QAPI committee.</p> <p>5. Date Corrective action will be completed by 4/4/2020.</p> <p>F-tag 686</p> <p>1. Corrective Action Resident #36 was assessed by the Nurse Practitioner (NP) on 2/14/20 prescribing treatment orders for the observed open area.</p> <p>2. Other Potential Residents All residents who have a pressure area are potentially affected. On 2/20/2020, an audit was conducted for all residents with pressure areas reviewing the treatment orders for application of dressings (including cleansing, ointments, etc.) to agree with the physician's order. No variances were found.</p> <p>3. Systems Change All licensed nurses will be educated on SWVC's policy and procedures for Pressure Ulcer Risk Assessment and Pressure Ulcer Prevention &amp; Care Protocol. The NP and MDS coordinator will conduct weekly wound rounds as well as review any resident with a pressure injury at the daily nursing Interdisciplinary team meeting. Any new orders/treatments will be noted and documented in the electronic medical record.</p> <p>4. Monitoring The Director of Health Services,</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0224</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/21/2020</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>SHENANDOAH VLY WESTMINSTER-CANTERBURY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 WESTMINSTER CANTERBURY DR WINCHESTER, VA 22603</b>
--	--

(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 001	Continued From page 2	F 001	<p>Healthcare Coordinator or designee will conduct a monthly audit for three months, then quarterly for 1 year to ensure all pressure injuries have orders and weekly documentation is completed. Any findings will be reported to the QAPI Committee.</p> <p>5. Date The corrective action will be completed by 4/4/2020.</p>	