CENTERS FOR MEDICARE & MEDICAD SERVICES         OME NO. 0984-0381           AND PLAN OF CORRECTION         (P) PROVEDING SERVICES         (P2) MUTPLE CONSTRUCTION         (P3) DUTPLE CONSTRUCTION         (P4) DUTPLE CONSTRUCTION </th <th></th> <th></th> <th>ID HUMAN SERVICES</th> <th></th> <th></th> <th>FOI</th> <th>RM APPROVED</th>			ID HUMAN SERVICES			FOI	RM APPROVED
R-C 07/07/2022           NME OF PROVIDER OF SUPPLIER           STREET ADDRESS, CITY, STOLE JP CODE           TOME DR ADDRESS, CITY, STOLE JP CODE           CONTROL COMMENTS           CONTROL COMMENTS <td>STATEMENT O</td> <td>OF DEFICIENCIES</td> <td>(X1) PROVIDER/SUPPLIER/CLIA</td> <td>l` '</td> <td></td> <td>CONSTRUCTION (X3) DA</td> <td>TE SURVEY</td>	STATEMENT O	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	l` '		CONSTRUCTION (X3) DA	TE SURVEY
NAME OF PROVIDER OR SUPPLER         STREET ADDRESS, CITY, STATE_2P CODE           PROMEDICA SKILLED NURSING AND REHAB (RICHMOND)         ISSUELIARD ROAD           (Mail D)         SUMMARY STATEMENT OF DEFICIENCIES           PROVIDER'S PLAN OF CORRECTION, ISSUE PRESENDED BY FULL         Base (Mail Comparison)           (F 000)         INITIAL COMMENTS         ISSUE (F 000)           (F 000)         INITIAL COMMENTS         (F 000)           An unannounced Medicare/Medicaid abbreviated, and revisit to the standard survey conducted 71/2022 through 5/20/2022 and 5/20/2022, was conducted 71/2022 through 5/20/202 and 5/20/2022, was conducted 71/20/20 through 5/20/202 and 5/20/202, was conducted 71/20/20 through 5/20/202 and 5/20/202, was conducted 71/20/20 through 5/20/202           F 540         Definitions           Sef CFR part 433 Federal Long Term Care -           Requirements.         F 540           Sused in this subpart, the following definitions apply:           Abuse. Abuse is the willful infliction or injury, unreasonable confinement, infiniting abyose that means tha and thealing duarmed the kery paid on mental anguish. It and th					NG		R-C
Million Heart         BRANKEY STREEMENT OF GEORENCES (EXPLO REFIGENCY MIST GE RESCIPTION FULL REGULATIONY OR LSC DEMTEYING INFORMATION)         Description PROVIDERS AND CORRECTION (EARL DESCRIPTION OF LARCE DESCRIPTION OF LSC DEMTEYING INFORMATION)         Description PROVIDERS AND CORRECTION (EARL DESCRIPTION OF LSC DEMTEYING INFORMATION)         Description PROVIDERS AND CORRECTION (EARL DESCRIPTION OF LSC DEMTEYING INFORMATION)         Description PROVIDERS AND CORRECTION (EARL DESCRIPTION OF LARCE DESCRIPTION OF LARCE DESCRIPTION OF LARCE DESCRIPTION (EARL DESCRIPTION OF LARCE DESCRIPTION OF LARCE DESCRIPTION OF LARCE DESCRIPTION (EARL DESCRIPTION OF LARCE DESCRIPTION OF LARCE DESCRIPTION OF LARCE DESCRIPTION OF LARCE DESCRIPTION (EARL DESCRIPTION OF LARCE DESCRIPTION OF LARCE DESCRIPTION OF LARCE DESCRIPTION OF LARCE DESCRIPTION (EARL DESCRIPTION OF LARCE DESCRIPTION OF LARCE DESCRIPTION OF LARCE DESCRIPTION OF LARCE DESCRIPTION (EARL DESCRIPTION OF LARCE DESCRIPTION OF LAR			AND REHAB (RICHMOND)		212	REET ADDRESS, CITY, STATE, ZIP CODE	110112022
An unannounced Medicare/Medicaid abbreviated, and revisit to the standard survey conducted 5/17/2022 through 5/20/2022 and 5/23/2022, was conducted 7/5/20/2022 through 7/7/2022. Three complaints were investigated during the survey, VA00055535-substantiated, VA000555482-substantiated, VA000555482-substantiated, VA000555482-substantiated, VA000555482-substantiated, VA000555482-substantiated, VA000555482-substantiated, VA000555482-substantiated, VA00055482-substantiated, S483.5 Definitions, As used in this subpart, the following definitions apply: Abuse, Abuse is the willful infliction of injury, urreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mential anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attin or maintain physical mential and physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, physical abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETION
	F 540	An unannounced Me abbreviated, and revis conducted 5/17/2022 5/23/2022, was conducted 7/7/2022. Three comp during the survey, VA VA00055593-unsubstice VA00055482-substant Corrections are require CFR Part 483 Federa Requirements. The census in this 19 time of the survey. The of 16 current resident record reviews. Definitions CFR(s): 483.5 §483.5 Definitions. As used in this subpart apply: Abuse. Abuse is the work of unreasonable confine punishment with result mental anguish. Abuse deprivation by an indit of goods or services to or maintain physical, well-being. Instances irrespective of any me cause physical harm, includes verbal abuse abuse, and mental abuse	dicare/Medicaid sit to the standard survey through 5/20/2022 and ucted 7/5/2022 through blaints were investigated 00055255-substantiated, tantiated, tiated. red for compliance with 42 al Long Term Care - 4 bed facility was 169 at the resurvey sample consisted reviews and 4 closed reviews and 4 closed reviews and 4 closed reviews and a closed r			<ol> <li>Corrective Action Concern forms were generated and resolved on Residents #105,#109,#118, #119 related to the key pads being disarmed. The facility disarmed the key pad on the unit 6 elevator and unit 2 unit doors on 7-6-22.</li> <li>Like Residents/Areas The administrator reviewed the facility floorplan to validate that facility units were accessible to residents in the center based on their careplan.</li> <li>Systemic Change The Regional Director of Operations re-educate the administrator or F540 to include making sur residents can move about the facility without restriction. The Administrator re-educated the ID team on F540 to include making sure residents can move about the facility without restriction.</li> <li>Monitoring The Administrator/designee will review facility floorplan weekly times 4 weeks and the facility grievance log weekly times 4 weeks to validate concerns were received related to keypads</li> </ol>	d e IT
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		facilitated or enabled	through the use of			TITLE	8-10-22

PLIER REPRESENTATIVE'S SIGNATURE

(X6)

atrambone oe (

## Administrator

7/20/2022

PRINTED: 07/15/2022

Any desciency 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.

	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C	
		495045	B. WING				-C 07/2022
NAME OF PI	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	ND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 540	technology. Willful, as abuse, means the ind deliberately, not that t intended to inflict injur Adverse event. An ad undesirable, and usua causes death or serio Common area. Comm facility where resident other residents, visito individual pursuits, ap rooms. This includes rooms, dining rooms, areas, and meeting ro located on a regular b Composite distinct par (1) Definition. A comp distinct part consisting non-contiguous comp within the same camp (2) of this chapter. (2) Requirements. In requirements of speci "distinct part" of this s part must meet all of t (i) A SNF or NF that is one location will be tro part of the institution of As such, the composi one provider agreement number. (ii) If two or more instit part SNF or NF) under	a used in this definition of ividual must have acted he individual must have y or harm. verse event is an untoward, ally unanticipated event that us injury, or the risk thereof. non areas are areas in the as may gather together with rs, and staff or engage in eart from their residential but is not limited to living activity rooms, outdoor boms where residents are basis. rt. osite distinct part is a g of two or more onents that are not located bus, as defined in §413.65(a) addition to meeting the fied in the definition of ection, a composite distinct the following requirements: is a composite of more than eated as a single distinct of which it is a distinct part. te distinct part will have only ent and only one provider tutions (each with a distinct trgo a change of ownership, ne existing SNFs or NFs as	F	540			

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 07/15/20 FORM APPROV OMB NO. 0938-03
TATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
495045		B. WING		R-C 07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	•
PROMEDICA SKILLED NURSING AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULD BE COMPLETIC IE APPROPRIATE DATE
F 540	institution. In making considers whether its composite distinct pa efficient use of public the quality of care. If ownership of a comp- the assignment of the new owner will apply locations that compris part SNF or NF. (iii) To ensure quality all residents, the varie composite distinct par requirements for part each location. (iv) To ensure quality all residents, the varie composite distinct par requirements for part each location. (v) Use of composite residents by payment than care needs is pr Distinct part (1) Definition. A distin physically distinguish institution or institutio meets the requirement paragraph (2) of this applicable statutory re NFs in sections 1819 respectively. A distin comprised of one or re parts of buildings (that that are: In the same	site distinct part of a single such a determination, CMS approval or disapproval of a rt promotes the effective and monies without sacrificing there is a change of osite distinct part SNF or NF, e provider agreement to the to all of the approved se the composite distinct of care and quality of life for ous components of a rt must meet all of the icipation independently in of care and quality of life for ous components of a rt must meet all of the icipation independently in distinct parts to segregate t source or on a basis other ohibited.	F 54		

Facility ID: VA0241

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						0938-03
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BUILDING			-C
		495045	B. WING			
	ROVIDER OR SUPPLIER	+000+0		STREET ADDRESS, CITY, STATE, ZIP CO		07/2022
	CONDER OR SOFFLIER			2125 HILLIARD ROAD	DE	
ROMEDIC	CA SKILLED NURSING	AND REHAB (RICHMOND)				
				RICHMOND, VA 23228		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO		(X5) COMPLETIC
TAG		R LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY	E APPROPRIATE	DATE
F 540	Continued From pag	ae 3	F 540			
	areas and structures					
		ain buildings but are located				
	-	ty of the main buildings; and				
		CMS determines on an				
	individual basis, to be part of the institution's					
	campus. A distinct	part must include all of the				
	beds within the desi	gnated area, and cannot				
		collection of individual rooms				
		ttered throughout the physical				
	-	tinct part" also includes a				
	• •	art that meets the additional				
	requirements specified in the definition of "composite distinct part" of this section.					
		addition to meeting the				
	• •	ments for long-term care				
		sewhere in this subpart, a				
		NF must meet all of the				
	following requirement					
		nust be operated under				
	common ownership	and control (that is, common				
		institution of which it is a				
	-	enced by the following:				
		s wholly owned by the				
	institution of which it	•				
	. ,	s subject to the by-laws and				
		of common governing body. which the SNF or NF is a				
		I responsibility for the distinct				
		decisions and personnel				
	-	pproval for the distinct part's				
	personnel actions.					
	•	functions as an integral and				
		he institution of which it is a				
	distinct part, with sig	nificant common resource				
	usage of buildings,	equipment, personnel, and				
	services.					
	(ii)The administrator	of the SNF or NF reports to				

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 07/15/202 FORM APPROVE OMB NO. 0938-039
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495045	B. WING		R-C 07/07/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	•
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD	
				RICHMOND, VA 23228	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE COMPLETION THE APPROPRIATE DATE
F 540	Continued From page	≥ <i>∆</i>	F 54	10	
1 0 10			1.0-	+0	
	the institution of which the SNF or NF is a distinct part.				
		nust have a designated			
	medical director who	•			
	implementing care policies and coordinating medical care, and who is directly accountable to				
		he institution of which it is a			
	distinct part.				
		financially integrated with			
	evidenced by the sha	h it is a distinct part, as			
		stitution, and the reporting of			
	its costs on that instit				
		can have a maximum of			
	only one distinct part	SNF and one distinct part			
		cannot designate a distinct			
		nstead must submit a written			
	•	ntation that demonstrates it			
		forth above to CMS to			
	-	e considered a distinct part. e of approval of a distinct			
	part is the date that C				
		ng enrollment with the fiscal			
	1	met for approval, and			
	cannot be made retro	st request approval from			
		changes in the number of			
	beds in the approved	distinct part.			
	Exploitation. Exploita	tion means taking advantage			
		onal gain through the use of			
	manipulation, intimida	ation, threats, or coercion.			
	Facility defined. For p	ourposes of this subpart,			
	facility means a skille	d nursing facility (SNF) that			
	-	nts of section s1819(a), (b),			
	(c), and (d) of the Act	, or a nursing facility (NF)			

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C	
		495045	B. WING				/07/2022
NAME OF P	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 540	that meets the require (b), (c), and (d) of the distinct part of an inst paragraph (b) of this s §440.40 and §440.15 not include an institut intellectual disabilities conditions described For Medicare and Me eligibility, coverage, of the "facility" is always the program, whether all of, or a distinct par Medicare, an SNF (se Act), and for Medicaid 1919(a)(1) of the Act) mental diseases as d chapter. Fully sprinklered. A fuc care facility is one that accordance with Nation Association 13 "Stand Sprinkler Systems" w the Fire Safety Evaluat Licensed health profe professional is a physinurse practitioner; pho occupational therapis therapy assistant; reg licensed practical nur social worker; or regis or certified respiratory Major modification me	ements of sections 1919(a), Act. "Facility" may include a itution (as defined in section and specified in 5 of this chapter), but does ion for individuals with or persons with related in §440.150 of this chapter. dicaid purposes (including ertification, and payment), the entity that participates in that entity is comprised of t of, a larger institution. For es section 1819(a)(1) of the d, and NF (see section may not be an institution for efined in §435.1010 of this and NF (see section that all areas sprinklered in onal Fire Protection dard for the Installation of ithout the use of waivers or ation System. essional. A licensed health bician; physician assistant; ysical, speech, or t; physical or occupational listered professional nurse; se; or licensed or certified stered respiratory therapist <i>y</i> therapy technician.	F	540			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495045	B. WING				-C 07/2022
NAME OF PF	ROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			125 HILLIARD ROAD LICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 540	Continued From page	9 6	F	540			
	deliberate misplacem wrongful, temporary, r resident's belongings resident's consent. Mistreatment means i exploitation of a resid Neglect is the failure of or service providers to services to a resident physical harm, pain, r distress. Nurse aide. A nurse a providing nursing or n residents in a facility. an individual who pro- an agency or under a is not a licensed healt dietitian, or someone such services without include those individu residents only as paid defined in §488.301 of Person-centered care subpart, person-center the resident in making having control over th	or permanent use of a or money without the inappropriate treatment or ent. of the facility, its employees o provide goods and that are necessary to avoid mental anguish, or emotional aide is any individual nursing-related services to This term may also include vides these services through contract with the facility, but th professional, a registered who volunteers to provide a pay. Nurse aides do not tals who furnish services to a feeding assistants as of this chapter. e. For purposes of this ared care means to focus on cus of control and support g their own choices and heir daily lives.					
	subpart, the term resi any of the following:	ve. For purposes of this dent representative means en by the resident to act on					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				F	NTED: 07/15/2022 ORM APPROVED NO. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		STRUCTION	(X3) [	DATE SURVEY COMPLETED
		495045	B. WING _				R-C 07/07/2022
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		2125 H	T ADDRESS, CITY, STATE, ZIP CO ILLIARD ROAD IOND, VA 23228	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
F 540	resident in decision-n social or other persor resident; manage fina notifications; (2) A person authoriz (including but not limit attorney, representation fiduciaries) to act on to order to support the r access medical, social information of the resident (3) Legal representation of the Older American (4) The court-appoint of a resident. (5) Nothing in this rule scope of authority of beyond that authority the resident, State or competent jurisdiction Sexual abuse is non- of any type with a resident to a nesident to a bed outs whether that bed is in not. Transfer and discharge resident to a bed outs whether that bed is in not. Transfer and disc certified facility. This REQUIREMENT by: Based on observatio interview, facility doct record reviews, and it investigation, the faci	in order to support the making; access medical, nal information of the ancial matters; or receive ed by State or Federal law ted to agents under power of twe payees, and other behalf of the resident in esident in decision-making; al or other personal ident; manage financial otifications; or ive, as used in section 712 ns Act; or ed guardian or conservator e is intended to expand the any resident representative specifically authorized by Federal law, or a court of n.	F 5	40			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOF	ED: 07/15/2022 RM APPROVED IO. 0938-0391
STATEMENT O	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495045	B. WING				R-C 7/07/2022
NAME OF PI	ROVIDER OR SUPPLIER			ST	IREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		21	25 HILLIARD ROAD		
				RI	ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 540	(NF). This determina affect the entire certif There were 83 of the that were in locked un locked doors (which r both ends or were loc (600 rooms) and the to the second floor re was provided code to when asked for the cor resident records of re second floor unit (600 following: 24 of 50 ha assessments and onl exit seeking. A review minutes dated 4/19/2 "New business-admir invited by president to locks and doors." Re and #105 were includ 20 residents. Review of the Code of CFR 483.5 revealed 1 facility means a nursi the requirements of s and (d) of the Actar not be an institution for defined in 435.1010 of The Social Security A	ty (SNF) or a Nursing Facility tion has the potential to ication of 194 facility beds. 169 residents in the facility hits. These units either had required a code to open) on cated on the second floor elevator and doors leading quired a code. Surveyor ounlock doors or elevator ode. A review of the 50 sidents located on the 0 rooms) revealed the ad no behavioral/elopement y 1 of 50 was assessed as w of the Resident Council 2 revealed the following, histration: Administrator o inform residents of new esidents #109, #118, #119 led in the survey sample of of Federal Regulations at 42 'Definitions. Facility defined. ng facility (NF) that meets ections 1919 (a), (b), (c), nd for Medicaid, an NF may or mental diseases as of this chapter."	F	540	DEFICIENCY)		
	1396r] (a) Nursing Fa the term "nursing faci a distinct part of an in (1) Is primarily engag (A) Skilled nursing ca	icility DefinedIn this title, lity" means an institution (or					

Facility ID: VA0241

If continuation sheet Page 9 of 129

		ID HUMAN SERVICES MEDICAID SERVICES				FORI	D: 07/15/2022 M APPROVED D. 0938-0391
STATEMENT OF DEFICIENC AND PLAN OF CORRECTIO	IES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495045	B. WING _				R-C 1 <b>07/2022</b>
NAME OF PROVIDER OR	SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
PROMEDICA SKILLE		AND REHAB (RICHMOND)		2	2125 HILLIARD ROAD		
	BINORONO			F	RICHMOND, VA 23228		
	CH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	x	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
<ul> <li>(B) Rehalinjured, d</li> <li>(C) on a reservices of mental or services of which can through in for the can the selevator of stated, "V a prison."</li> <li>Resident 1/1/21 wirlimited to (CKD) and (ASCVD)</li> <li>The most assessmed ARD (assessmed ARD (assess</li></ul>	isabled, or s egular basis to individuals physical co (above the leans the made a notitutional fa- re and treat mags included and treat mags included	vices for the rehabilitation of sick persons, or s, health-related care and s who because of their ndition require care and evel of room and board) vailable to them only acilities, and is not primarily ment of mental diseases;	F	540			

	-	ID HUMAN SERVICES MEDICAID SERVICES				FO	TED: 07/15/2022 ORM APPROVED NO. 0938-0391
STATEMENT (	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DA	ATE SURVEY DMPLETED
		495045	B. WING				R-C 07/07/2022
NAME OF PI	ROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	I IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 540	leisure pursuits of inte INTERVENTIONS: F activity participation." A review of the behave Resident #109 dated following: "Identified F aggression, agitation, checked. Seriousness Patient is threat to hir disruptive-no, distress others-no." An interview was con AM with LPN (license asked the purpose of stated the purpose is When asked if all the assessed for safety, I sure." An interview was con AM with Resident #10 able to move through Resident #109 stated not have any control without the staff comi will not give us the co An interview was con with ASM (administra director of nursing. V the locked units, ASM an unusual number o state, any patient that without a LOA (leave unsafe to do so. The out in the parking lot."	erest on a daily basis. Respect choices in regard to vioral assessment for 3/25/19 revealed the Behavior symptoms: verbal irritability or hyperactivity as of Behavioral Symptom: nself or others-no, sing to self and/or ducted on 7/6/22 at 11:05 ed practical nurse) #2. When the coded elevator, LPN #2 to keep the residents safe. residents had been _PN #2 stated, "I am not ducted on 7/6/22 at 10:55 09. When asked if he was out the facility freely, , no, this is like Alcatraz, I do of getting off of this floor ng to enter the code. They de. ducted on 7/6/22 at 1:00 PM tive staff member) #2, the Vhen asked the purpose of 1 #2 stated, "We have had f elopements reported to the t could leave the facility of absence) order and it is re is a door that takes you	F	540			

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 07/15/20 FORM APPROVI OMB NO. 0938-03
TATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495045	B. WING		R-C 07/07/2022
NAME OF P	ROVIDER OR SUPPLIER	•	S	TREET ADDRESS, CITY, STATE, ZIP CO	DE
PROMEDICA SKILLED NURSING AND REHAB (RICHMOND)			125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	DN SHOULD BE COMPLETIO DE APPROPRIATE DATE
F 540	resident requires place ASM #2 stated, "What assessment, if they h would have a behavior is designed so that all staff to get out. There unit." When asked if assessed as a risk, we allowed that independ because the resident. We do not give the co- it would lengthen you since they have to as When asked if a reside and go are they offered ASM #2 stated, no, th how many residents of assessed as exit see not sure how many of seeking. I will have to asked how this impace choice and rights, AS reasons I have alreade anything else to offer An interview was com- with ASM #2, the direct asked who was respond ASM #2 stated, that we plant operations. When nursing has with plan resident rights and in- stated, "I state my ca- rights, generally I wor would take it up to co- thoroughly with the O	cement on a locked unit, at we do have is a behavior ave had behaviors they or assessment. The security I they need to do is to ask a are sign out books on each a resident has not been why would the resident not be dence, ASM #2 stated, "It is s would share the codes. ode to the resident. I believe r time to get off the unit k the staff for the code." dent says they want to come ed another room placement, hey are not. When asked on the 600 hall were king, ASM #2 stated, "I am n the 600 hall are exit o check on that." When cts the residents ability for SM #2 stated, "Other than the dy stated, I do not have ." ducted on 7/6/22 at 1:59 PM ector of nursing. When onsible to the locked units, was not nursing, that was a an asked who the plant , ASM #2 stated, the asked what discussions t operations regarding dependence, ASM #2 se or speak for resident's uld think the administrator rporate. We discussed it	F 540		

Facility ID: VA0241

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		MEDICAID SERVICES				IO. 0938-039
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · ·	E SURVEY
			A. BUILDING	<u> </u>		
		495045	B. WING			R-C
		495045	B. WING			7/07/2022
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	JE	
PROMEDIC	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
				RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 540	Continued From pag	e 12	F 54	0		
1 010			F 34			
	it for residents who are at risk. I personally did not want the locks, but I do not know that I					
		I do not know that that I				
	• •	d. There are four residents				
		are exit seeking." When				
		ASM #2 stated the resident				
		20 and three other residents.				
	When ASM #2 was in	nformed that only Resident				
	#120 had a behavior	assessment that listed exit				
	seeking as a behavio	or, ASM #2 stated, "These				
	are the names I was	given."				
	An interview was co	nducted on 7/6/22 at 2:43				
	PM with ASM #1, the	e administrator. When asked				
	to tell us about the lo	ocked units, ASM #1 stated,				
		elopement risks, like the				
	•	nch in a code for any resident				
		off the unit. Residents do not				
		ion. They do not abide by				
		procedure. I have had to				
		ppements. If you want to go				
		e activities department. o come and go as you please.				
		consider the resident as				
		ave to have someone enter				
	•	ave the unit. ASM #1 stated,				
		would you consider this as				
		home, ASM #1 stated, "Yes, I				
		to go into one of my rooms				
		asked what discussion does				
		e with nursing regarding				
	-	ndependence, ASM #1				
		e one who talked with				
	-	ommitted to making the				
		o all residents at all time as				
		ropriate to go down on the				
	elevator and sign out	t in the book on each unit.				
		nts just talk with the nurse				

Facility ID: VA0241

If continuation sheet Page 13 of 129

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE &					FORM	APPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE	
	495045	B. WING			R-C 07/07/2022	
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDICA SKILLED NURSING	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B) CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
<ul> <li>make sure that the reseen residents elopedoing our best to make safe." When asked it assessments were do locked units, ASM #1 do elopement assess of an acute episodic of unexpected and unprit that something is not that will not put the reserved and instrator, ASM #3, the corporate coordinator were maded according to the facilic Care Planning/Reside Care/Quality of Life" of "Comprehensive Care The care plan must do services that are to b patient's highest prace psychosocial well-beit No further information</li> <li>2. The facility staff fait to ensure facility means the requirements/definition Facility (SNF) or a No Resident #118.</li> <li>Resident #118 was a 7/18/18 with diagnositi to ensure facility with diagnositi to ensure facility and the facility (SNF) or a No Resident #118.</li> </ul>	bisodic event, and we want to esident is secure. We have from the facility and are we sure the residents stay behavior /exit seeking one on all residents on those stated, "No, we would not ments on everyone because events, those are completely edictable. You cannot tell going to happen tomorrow isident in harm's way." nately 4:30 PM, ASM #1, the 2, the director of nursing and the quality assurance de aware of the findings. ity's policy "Interdisciplinary ent Rights/Person Centered dated 3/2018, which reveals, e Planning Requirements: escribe the following: the e furnished to maintain the ticable physical, mental and ng." n was provided prior to exit.	F	540			

Facility ID: VA0241

If continuation sheet Page 14 of 129

	-	ID HUMAN SERVICES				FORM	APPROVED		
STATEMENT	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD			(X3) DATE COMP	LETED		
		495045	B. WING				-C 07/2022		
NAME OF P	ROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP CODE					
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
F 540	hypertension. The most recent MDS assessment, a quarter ARD (assessment ref coded the resident as the BIMS (brief intervindicating the resident review of the MDS Second coded the resident as mobility, transfer, wal hygiene and bathing; dressing. A review of the compu- 11/16/19, which revea participated in indeper choice daily. INTERV planning/encourage to activities." A review of the Resid found there was no be completed. An interview was com AM with LPN (license asked the purpose is When asked if all the assessed for safety, L sure.	S (minimum data set) rly assessment, with an ference date) of 6/16/22, a scoring a 15 out of 15 on iew for mental status) score, t was cognitively intact. A ection G-functional status a independent for bed king, locomotion, eating, limited assistance for rehensive care plan dated aled, "GOAL: Resident will endent leisure activities of ENTIONS: Assist in o plan own leisure-time ent #118's medical record ehavioral assessment ducted on 7/6/22 at 11:05 ed practical nurse) #2. When the coded elevator, LPN #2 a to keep the residents safe. residents had been _PN #2 stated, I am not	F	54(					
	AM with Resident #11 able to move through Resident #118 stated person to enter the co	ducted on 7/6/22 at 10:50 I8. When asked if he was out the facility freely, , no, I have to wait for a staff ode. I can push the down yon't open until the staff							

Facility ID: VA0241

If continuation sheet Page 15 of 129

TATEMENT (	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	ECONSTRUCTION	(X3) DAT	E SURVEY
	CORRECTION	IDENTIFICATION NUMBER:			· · ·	IPLETED
					1	<b>२-</b> С
		495045	B. WING		07/07/2022	
NAME OF PI	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE	E	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 540	Continued From page	e 15	F 540			
		ode. We are not allowed to				
	An interview was conducted on 7/6/22 at 1:00 PM with ASM (administrative staff member) #2, the director of nursing. When asked the purpose of					
	the locked units, ASM an unusual number o	I #2 stated, "We have had f elopements reported to the				
	without a LOA (leave unsafe to do so. The	t could leave the facility of absence) order and it is re is a door that takes you				
		" When asked what npleted to determine if a sement on a locked unit,				
	assessment, if they h	it we do have is a behavior ave had behaviors they or assessment. The security				
	is designed so that al staff to get out. There	I they need to do is to ask are sign out books on each				
	assessed as a risk, w	a resident has not been /hy would the resident not be dence, ASM #2 stated, "It is				
	We do not give the co	s would share the codes. ode to the resident. I believe r time to get off the unit				
	since they have to as When asked if a resid	k the staff for the code." dent says they want to come				
		ed another room placement, ney are not. When asked on the 600 hall were				
	not sure how many o	king, ASM #2 stated, "I am n the 600 hall are exit o check on that."  When				
	asked how this impac choice and rights, AS	ts the residents ability for M #2 stated, "Other than the dy stated, I do not have				
		ay stated, i do not nave				

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES				F	NTED: 07/15/2022 FORM APPROVED B NO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		ONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		495045	B. WING			R-C 07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	•	•	STR	EET ADDRESS, CITY, STATE, ZIP CO	DE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			5 HILLIARD ROAD HMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 540	asked who was respond ASM #2 stated, that we plant operations. Who operations contact is, administrator. When nursing has with plant resident rights and invest stated, "I state my case rights, generally I work would take it up to co- thoroughly with the O gentleman from anoth it for residents who are not want the locks, but specifically said that. came down that hard on the 600 hall that a asked their names, A names, Resident #12 When ASM #2 was in #120 had a behavior seeking as a behavior are the names I was gen An interview was con- with ASM #1, the admittell us about the locks they are not units for arcadia unit. We pund that wants to come of all have same cognition the LOA policy and pur- report quite a few elo- shopping, go with the Residents are free to- When asked do you co- independent if they has	actor of nursing. When onsible to the locked units, was not nursing, that was a en asked who the plant ASM #2 stated, the asked what discussions t operations regarding dependence, ASM #2 se or speak for resident's uld think the administrator rporate. We discussed it mbudsman, another ner building. We need to do re at risk. I personally did ut I do not know that I I do not know that I I do not know that that I . There are four residents re exit seeking." When SM #2 stated the resident 0 and three other residents. formed that only Resident assessment that listed exit r, ASM #2 stated, "These	F	540			

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 07/15/202 FORM APPROVE OMB NO. 0938-039	
TATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495045	B. WING		R-C 07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CC	DDE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETIO HE APPROPRIATE DATE	
F 540	independent in your h have to enter a code in my home." When a plant operations have resident rights and im- stated, "Yes, I am the corporate. We are co- elevator accessible to long as they are appr elevator and sign out Generally the residen and let them know wh can have an acute ep- make sure that the re- seen residents elope doing our best to mak safe." When asked if assessments were do locked units, ASM #1 do elopement assess of an acute episodic of unexpected and unpr that something is not that will not put the re- On 7/6/22 at approxir administrator, ASM # ASM #3, the corporat coordinator were mad According to the facil Care Planning/Reside Care/Quality of Life" of "Comprehensive Care The care plan must d services that are to b	would you consider this as nome, ASM #1 stated, "Yes, I to go into one of my rooms asked what discussion does e with nursing regarding dependence, ASM #1 e one who talked with ommitted to making the o all residents at all time as ropriate to go down on the in the book on each unit. Its just talk with the nurse here they are going. Anyone bisodic event, and we want to esident is secure. We have from the facility and are ke sure the residents stay behavior /exit seeking one on all residents on those stated, "No, we would not sments on everyone because events, those are completely redictable. You cannot tell going to happen tomorrow esident in harm's way." mately 4:30 PM, ASM #1, the 2, the director of nursing and te quality assurance de aware of the findings. ity's policy "Interdisciplinary ent Rights/Person Centered dated 3/2018, which reveals, e Planning Requirements: escribe the following: the e furnished to maintain the ticable physical, mental and	F 54	40		

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 07/15/2022 MAPPROVED 0. 0938-039
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	PLE CONSTRUCTION		(X3) DAT COM	E SURVEY PLETED
		495045	B. WING				x-C 7/07/2022
NAME OF PF	ROVIDER OR SUPPLIER	1		STREET ADDRESS, C	ITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROA RICHMOND, VA 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH C	VIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO EFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 540	Continued From page	9 18	F 54	40			
	No further information was provided prior to exit. 3. The facility staff failed to the facility staff failed to ensure facility meets the						
	•	ons of a Skilled Nursing Irsing Facility (NF) for					
	Resident #119 was admitted to the facility on 2/26/21 with diagnosis that included but were not limited to: right above the knee amputation, diabetes mellitus and chronic obstructive pulmonary disease.	s that included but were not the knee amputation,					
	ARD (assessment ref coded the resident as the BIMS (brief interv indicating the residen review of the MDS Se coded the resident as bed mobility, transfer	S (minimum data set) erly assessment, with an ference date) of 6/22/22, a scoring a 15 out of 15 on iew for mental status) score, t was cognitively intact. A ection G-functional status a extensive assistance for , dressing, hygiene and for eating and independent in					
	2/27/21, which reveal improve functional mo participate in group e	rehensive care plan dated ed, "GOAL: Resident will obility. Resident will actively vents of interest daily. assist in planning/encourage me activities."					
		ent #119's medical record ehavioral assessment					
	An interview was con	ducted on 7/6/22 at 11:05					

Facility ID: VA0241

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	S FOR MEDICARE &	1				O. 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	· · ·	E SURVEY IPLETED
		495045	B. WING		R-C 07/07/2022	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIOI DATE
F 540	Continued From page		F 540			
	asked the purpose of stated, the purpose is When asked if all the	ed practical nurse) #2. When the coded elevator, LPN #2 to keep the residents safe. residents had been LPN #2 stated, I am not				
	AM with Resident #1 <sup>2</sup> able to move through Resident #118 stated person to enter the co button, but the door w	l, no, I have to wait for a staff ode. I can push the down von't open until the staff ode. We are not allowed to				
	An interview was conducted on 7/6/22 at 1:00 PM with ASM (administrative staff member) #2, the director of nursing. When asked the purpose of the locked units, ASM #2 stated, "We have had an unusual number of elopements reported to the state, any patient that could leave the facility without a LOA (leave of absence) order and it is unsafe to do so. There is a door that takes you out in the parking lot." When asked what assessments are completed to determine if a resident requires placement on a locked unit, ASM #2 stated, "What we do have is a behavior assessment, if they have had behaviors they would have a behavior assessment. The security is designed so that all they need to do is to ask staff to get out. There are sign out books on each unit." When asked if a resident has not been assessed as a risk, why would the resident not be allowed that independence, ASM #2 stated, "It is because the residents would share the codes.					

Facility ID: VA0241

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	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		O. 0938-039	
	CORRECTION	IDENTIFICATION NUMBER:	· · ·			IPLETED	
						R-C	
		495045	B. WING		0	07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	DE		
DOMEDI				2125 HILLIARD ROAD			
FROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 540	Continued From pag	e 20	F 54	0			
1 040			Г 54				
	When asked if a resident says they want to come and go are they offered another room placement,						
		hey are not. When asked					
	how many residents	-					
	-	king, ASM #2 stated, "I am					
		on the 600 hall are exit					
	seeking. I will have t	o check on that." When					
	asked how this impa	cts the residents ability for					
		SM #2 stated, "Other than the					
		dy stated, I do not have					
	anything else to offer	- "					
	An interview was cor	nducted on 7/6/22 at 1:59 PM					
		ector of nursing. When					
		onsible to the locked units,					
	-	was not nursing, that was a					
	plant operations. Wh	nen asked who the plant					
	operations contact is	, ASM #2 stated, the					
		asked what discussions					
		nt operations regarding					
	-	dependence, ASM #2					
		ise or speak for resident's					
		uld think the administrator					
		orporate. We discussed it Ombudsman, another					
		her building. We need to do					
	•	re at risk. I personally did					
		ut I do not know that I					
		I do not know that that I					
		I. There are four residents					
		are exit seeking." When					
		SM #2 stated the resident					
		20 and three other residents.					
		nformed that only Resident					
		assessment that listed exit					
	are the names I was	or, ASM #2 stated, "These					
	are the names I was	UIVEIL	1	1		1	

Facility ID: VA0241

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	S FOR MEDICARE &					O. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	· · ·	E SURVEY PLETED
ND PLAN OF	- CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			PLETED
				E F	R-C	
		495045	B. WING		07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP COD	E	
			2'	125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)	R	ICHMOND, VA 23228		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETIO
F 540	Continued From page	e 21	F 540			
		ninistrator. When asked to				
		ed units, ASM #1 stated,				
		elopement risks, like the				
		ich in a code for any resident				
	that wants to come off the unit. Residents do not					
		on. They do not abide by				
		rocedure. I have had to				
		pements. If you want to go				
		activities department.				
		come and go as you please.				
		consider the resident as				
		ave to have someone enter				
		ave the unit. ASM #1 stated,				
		vould you consider this as				
		nome, ASM #1 stated, "Yes, I				
	have to enter a code	to go into one of my rooms				
	in my home." When a	sked what discussion does				
	plant operations have	with nursing regarding				
	resident rights and in	dependence, ASM #1				
	stated, "Yes, I am the	one who talked with				
	corporate. We are co	ommitted to making the				
	elevator accessible to	o all residents at all time as				
	long as they are appr	opriate to go down on the				
		in the book on each unit.				
	-	its just talk with the nurse				
		nere they are going. Anyone				
		bisodic event, and we want to				
		sident is secure. We have				
	-	from the facility and are				
	-	ke sure the residents stay				
		behavior /exit seeking				
		one on all residents on those				
		stated, "No, we would not				
	-	ments on everyone because				
	-	events, those are completely				
		edictable. You cannot tell going to happen tomorrow				

If continuation sheet Page 22 of 129

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391			
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED			
		495045	B. WING				-C 07/2022			
NAME OF P	ROVIDER OR SUPPLIER		•	5	STREET ADDRESS, CITY, STATE, ZIP CODE					
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE			
F 540	On 7/6/22 at approxim administrator, ASM # ASM #3, the corporat coordinator were made According to the facilit Care Planning/Reside Care/Quality of Life" of "Comprehensive Care The care plan must d services that are to be patient's highest prace psychosocial well-bei No further information 4. For Resident #105 (minimum data set) a assessment, with an of 4/29/2022, the resi on the BIMS (brief int score, indicating the r impaired for making of #105 (R105) was cod understood and unde E - Behaviors, the resi having had any behav period. In Section G - resident was coded a set up help only for w in the hallway, locome locomotion off the uni The Recreational Ser 11/22/2021, document admitted to the facility religious programs an The Recreational Ser	nately 4:30 PM, ASM #1, the 2, the director of nursing and e quality assurance de aware of the findings. ty's policy "Interdisciplinary ent Rights/Person Centered dated 3/2018, which reveals, e Planning Requirements: escribe the following: the e furnished to maintain the ticable physical, mental and ng." n was provided prior to exit. , on the most recent MDS ssessment, a quarterly assessment reference date dent scored a 14 out of 15 erview for mental status) resident was not cognitively laily decisions. Resident ed as making themselves rstanding others. In Section sident was not coded as viors during the look back Functional Status, the s requiring supervision with alking in the room, walking otion on the unit and t.	F	540						

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES			F	NTED: 07/15/2022 ORM APPROVED 3 NO. 0938-0391	
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3)	DATE SURVEY COMPLETED R-C	
		495045	B. WING			07/07/2022	
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)	STREET ADDRESS, CITY, STATE, ZIP CODE 2125 HILLIARD ROAD RICHMOND, VA 23228				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE EFICIENCY)	(X5) COMPLETION DATE	
F 540	activity supplies." The Recreational Ser documented in part, " interests. Current goa 90 days." The Behavioral Symp 6/2/2022, documented documented next to, hyperactivity." Exit se intent or purpose was The comprehensive of documented in part, " country music, spade TV, computer and tal pursue his interests." documented. "Assist encourage to plan ow Encourage to p	is out to dialysis 3 s no need for additional vices note dated, 5/2/2022, No changes in activity al to be continued over next otoms Assessment, dated, d in part: a check mark was "Agitation, irritability, or teking or wandering without s not checked. care plan dated, 1/10/2022, 'Focus: (R105) enjoys is, news, outdoors, church, kingNeeds opportunities to The "Interventions" in planning and/or <i>n</i> leisure time activities. on in group activities of blies/materials for leisure equested."	F 54	40			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	DNSTRUCTION	· · ·	E SURVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			IPLETED
		495045	B. WING		R-C 07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER		STRE	EET ADDRESS, CITY, STATE, ZIP CODI		10112022
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)	-	5 HILLIARD ROAD HMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 540	Continued From page	e 24	F 540			
	without an LOA order elopement. When as assesses the residen environment that is m they assess through a When asked about re #2 stated if the reside they would have an a resident that reside o don't have behaviors, it's locked, ASM #2 st designed to let us be residents are. When a the code, could they g generally speaking, c is not allowed to be g if that infringes upon their highest level of y the resident's time to stated, "This is not a resident's safety. The unit, they just need to the residents on Stati elopement risk, ASM When asked but you ASM #2 stated, "I hav that what I have alrea An interview was con p.m. with ASM (admin the administrator. With	t that need to be in an nore secured, ASM #2 stated a behavioral assessment. esidents on Station 2, ASM ent has indicated behaviors, assessment. When asked if in that unit (Station 2) and is that impacting them, that tated the security is aware of where the asked if a resident asked for get it, ASM #2 stated, odes are shared. A resident iven the code. When asked a resident's ability to attain well-being, it would lessen get off the unit, ASM #2 secured unit, it's for the residents can still go off the ask". When asked if all of on 2 considered an #2 stated, "No, Ma'am." have them on a locked unit " When asked why the ependently about the facility, ve nothing else to offer other ady stated." ducted on 7/6/22 at 2:43 histrative staff member) #1, hen asked to tell us about 1 #1 stated, "They are not				

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	-	D HUMAN SERVICES MEDICAID SERVICES				FORM	): 07/15/2022 MAPPROVED ). 0938-0391
STATEMENT	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING				-C 07/2022
NAME OF P	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STAT	TE, ZIP CODE	•	
PROMED	CA SKILLED NURSING A	ND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIA EFICIENCY)		(X5) COMPLETION DATE
F 540	policy and procedure. few elopements. If yo with the activities dep to come and go as the you consider the reside have to have someon leave the unit. ASM # would you consider th home, ASM #1 stated code to go into one of When asked what dis operations have with rights and independen is the one who talked stated, "We are comm accessible to all resid they are appropriate t and sign out in the bo the residents just talk know where they are acute episodic event, that the resident is se residents elope from the best to make sure the When asked if behavior assessments were do locked units, ASM #1 do elopement assess of an acute episodic event that something is goir will not put the resider	the LOA (leave of absence) I have had to report quite a ou want to go shopping, go artment. Residents are free ey please." When asked do dent as independent if they e enter a code for them to 41 stated, yes. When asked his as independent in your I, "Yes, I have to enter a fmy rooms in my home." cussion does plant nursing regarding resident nee, ASM #1 stated, yes, he with corporate. ASM #1 nitted to making the elevator ents, at all time, as long as o go down on the elevator ok on each unit. Generally with the nurse and let them going. Anyone can have an and we want to make sure cure. We have seen the facility and are doing our eresidents stay safe." or /exit seeking one on all residents on those stated, "No, we would not ments on everyone because event, those are completely edictable. You cannot tell ing to happen tomorrow that int in harm's way."	F 540				

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ATEMENT	DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C	
		495045	B. WING			07/2022
	1	AND REHAB (RICHMOND)	2	TREET ADDRESS, CITY, STATE, ZIP CODE 125 HILLIARD ROAD RICHMOND, VA 23228 PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		COMPLETIO DATE
F 540 F 550 SS=E	No further information Resident Rights/Exer CFR(s): 483.10(a)(1) §483.10(a) Resident I The resident has a rig self-determination, an access to persons an outside the facility, ind this section. §483.10(a)(1) A faciliti with respect and dign resident in a manner promotes maintenanch her quality of life, reco individuality. The facil promote the rights of §483.10(a)(2) The faci access to quality care severity of condition, must establish and m practices regarding tr provision of services of residents regardless of §483.10(b) Exercise of the resident has the rights as a resident of or resident of the Unit §483.10(b)(1) The fac resident can exercise interference, coercion from the facility.	n was provided prior to exit. cise of Rights (2)(b)(1)(2) Rights. ght to a dignified existence, nd communication with and d services inside and cluding those specified in ty must treat each resident ity and care for each and in an environment that be or enhancement of his or ognizing each resident's lity must protect and the resident. clility must provide equal e regardless of diagnosis, or payment source. A facility aintain identical policies and ansfer, discharge, and the under the State plan for all of payment source. of Rights. right to exercise his or her f the facility and as a citizen	F 540 F 550		to the Irmed t 2 orplan ble to splan. lucated ng sure out the IDT dents cion. cility cility idate no	8-10-22

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		ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 07/15/202 MAPPROVE O. 0938-039
TATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING		(X3) DATE SURVEY COMPLETED R-C	
		495045	B. WING			7/07/2022
NAME OF P	ROVIDER OR SUPPLIER		STF	REET ADDRESS, CITY, STATE, ZIP CC	DDE	
PROMED	CA SKILLED NURSING	AND REHAB (RICHMOND)		5 HILLIARD ROAD CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 550	free of interference, or reprisal from the facil rights and to be supp exercise of his or her subpart. This REQUIREMENT by: Based on review of f staff interview, it was failed to promote and right to a dignified exi ability to move freely residents in the surve #118, #119 and #105 There were 83 of the that were in locked un locked doors (which r both ends or were loo (600 rooms) and the to the second floor re was provided code to when asked for the cor resident records of re second floor unit (600 following: 24/50 had assessment and only seeking. A review of minutes dated 4/19/2 "New business-admir invited by president to locks and doors." The findings included 1. The facility staff fai to exercise their right facility. Resident #109	coercion, discrimination, and ity in exercising his or her orted by the facility in the rights as required under this T is not met as evidenced facility's documentation and determined that the facility enhance each resident's istence by restricting the about the facility for 4 of 20 ey sample, Residents #109,  169 resident in the facility nits. These units either had required a code to open) on cated on the second floor elevator and doors leading quired a code. Surveyor ounlock doors or elevator ode. A review of the 50 esidents located on the 0 rooms) revealed the no behavioral/elopement of 1/50 being assessed as exit the Resident Council 2 revealed the following, nistration: Administrator on inform residents of new	F 550			

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	
		495045	B. WING _				-C 07/2022
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
PROMED	CA SKILLED NURSING A	AND REHAB (RICHMOND)			25 HILLIARD ROAD ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 550	stated, "We are in Alo a prison." Resident #109 was at 1/1/21 with diagnosis limited to: quadriplegi (CKD) and atheroscle (ASCVD). The most recent MDS assessment, a quarte ARD (assessment ref coded the resident as the BIMS (brief interv indicating the residen review of the MDS Se coded the resident as for bed mobility, trans bathing; extensive as supervision for eating independent. A review of the compu- 11/16/19 and revised "GOAL: Resident will independent leisure p basis. INTERVENTIC regard to activity parti A review of the behav Resident #109 dated following "Identified B aggression, agitation, checked. Seriousness Patient is threat to hir disruptive-no, distress others-no."	atraz. This is our home not dmitted to the facility on that included but were not a, chronic kidney disease erotic cardiovascular disease action cardiovascular disease action cardiovascular disease action cardiovascular disease action ga 15 out of 15 on iew for mental status) score, t was cognitively intact. A action G-functional status a requiring total dependence offer, dressing, hygiene and sistance for dressing and b. Locomotion is coded as the thensive care plan dated 6/6/22, which revealed, choose and engage in bursuits of interest on a daily DNS: Respect choices in icipation." tioral assessment for 3/25/19 revealed the tehavior symptoms: verbal i, irritability or hyperactivity as of Behavioral Symptom: nself or others-no,	F	550			

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				RM APPROVE IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		TE SURVEY MPLETED
		495045	B. WING		R-C 07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 550	AM with LPN (license asked the purpose of stated, the purpose is When asked if all the assessed for safety, I sure. An interview was con AM with Resident #10 able to move through Resident #109 stated not have any control without the staff comi will not give us the co An interview was con with ASM (administra director of nursing. V the locked units, ASM an unusual number of state, any patient that without a LOA (leave unsafe to do so. The out in the parking lot. assessments are com resident requires place ASM #2 stated, "What assessment, if they h would have a behavio is designed so that all	ed practical nurse) #2. When the coded elevator, LPN #2 is to keep the residents safe. residents had been _PN #2 stated, I am not ducted on 7/6/22 at 10:55 09. When asked if he was out the facility freely, I, no, this is like Alcatraz, I do of getting off of this floor ng to enter the code. They ode. ducted on 7/6/22 at 1:00 PM tive staff member) #2, the When asked the purpose of I #2 stated, "We have had f elopements reported to the t could leave the facility of absence) order and it is re is a door that takes you	F 5			
	assessed as a risk, w allowed that independ because the resident. We do not give the co it would lengthen you since they have to as	a resident has not been why would the resident not be dence, ASM #2 stated, "It is s would share the codes. ode to the resident. I believe r time to get off the unit k the staff for the code." dent says they want to come				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		O. 0938-03
	CORRECTION	IDENTIFICATION NUMBER:			· · · ·	IPLETED
						R-C
		495045	B. WING		07	7/07/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	DE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
				RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETIO DATE
F 550	Continued From page	e 30	F 55	0		
		ed another room placement,	1 00			
		they are not." When asked				
	how many residents	-				
	assessed as exit seeking, ASM #2 stated, "I am					
	-	n the 600 hall are exit				
		o check on that." When asks				
	·	residents ability for choice				
	<b>U</b>	tated, "Other than the dy stated, I do not have				
	anything else to offer					
	An interview was con	ducted on 7/6/22 at 1:59 PM				
	with ASM #2, the director of nursing. When					
		onsible to the locked units,				
		was not nursing, that was a				
	operations contact is	en asked who the plant				
	•	asked what discussions				
		t operations regarding				
		dependence, ASM #2				
	stated, "I state my ca	se or speak for resident's				
		uld think the administrator				
	-	rporate. We discussed it				
	thoroughly with the C	her building. We need to do				
	-	re at risk. I personally did				
	not want the locks, bu	· · ·				
		I do not know that that I				
		. There are four residents				
		re exit seeking." When				
		SM #2 stated, "These are				
		Resident #120 and three hen ASM #2 was informed				
	that only Resident #1					
		d exit seeking as a behavior,				
		se are the names I was				
	given."					1

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	S FOR MEDICARE &				OMB NO. 0938-
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDIN	G	R-C
		495045	B. WING		07/07/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	
				2125 HILLIARD ROAD	
PROMEDI	ICA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF (	CORRECTION (X5
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE DAT
F 550	Continued From page	e 31	F 5	50	
		ninistrator. When asked to			
		ed units, ASM #1 stated,			
	they are not units for elopement risks, like the arcadia unit. We punch in a code for any resident that wants to come off the unit. Residents do not				
		on. They do not abide by			
		rocedure. I have had to			
		pements. If you want to go			
		activities department.			
		come and go as you please.			
		consider the resident as ave to have someone enter			
		ave the unit. ASM #1 stated,			
		ould you consider this as			
		nome, ASM #1 stated, yes, I			
		to go into one of my rooms			
	in my home. When as	sked what discussion does			
	plant operations have	e with nursing regarding			
		dependence, ASM #1			
	stated, yes, I am the				
	-	ommitted to making the			
		all residents at all time as			
		opriate to go down on the			
		in the book on each unit.			
	•	its just talk with the nurse			
		nere they are going. Anyone bisodic event, and we want to			
		sident is secure. We have			
		from the facility and are			
		ke sure the residents stay			
		behavior /exit seeking			
		one on all residents on those			
	locked units, ASM #1	stated, no, we would not do			
		nts on everyone because of			
		ents, those are completely			
		edictable. You cannot tell			
	-	going to happen tomorrow			
	that will not put the re				

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		495045	B. WING				/07/2022
NAME OF PI	ROVIDER OR SUPPLIER		•	5	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 550	administrator, ASM #2 ASM #3, the corporat coordinator were made According to the facili Care Planning/Reside Care/Quality of Life" of "Comprehensive Care The care plan must de services that are to be patient's highest prace psychosocial well-beil No further information 2. The facility staff fail to exercise their right facility. Resident #118 was are 7/18/18 with diagnosis limited to: Parkinson's hypertension The most recent MDS assessment, a quarte ARD (assessment ref coded the resident as the BIMS (brief intervi indicating the residen review of the MDS Se coded the resident as mobility, transfer, wal hygiene and bathing; dressing. A review of the compre-	nately 4:30 PM, ASM #1, the 2, the director of nursing and e quality assurance de aware of the findings. hty's policy "Interdisciplinary ent Rights/Person Centered dated 3/2018, which reveals, e Planning Requirements: escribe the following: the e furnished to maintain the ticable physical, mental and ng." h was provided prior to exit. led to allow Resident #118 to freely move about the dmitted to the facility on s that included but were not s disease, lymphedema and S (minimum data set) erly assessment, with an ference date) of 6/16/22, a scoring a 15 out of 15 on iew for mental status) score, t was cognitively intact. A ection G-functional status a independent for bed king, locomotion, eating, limited assistance for	F	550			
		rehensive care plan dated aled, "GOAL: Resident will					

	-	ID HUMAN SERVICES MEDICAID SERVICES				FO	TED: 07/15/2022 ORM APPROVED NO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DA	ATE SURVEY DMPLETED
		495045	B. WING				R-C 07/07/2022
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			125 HILLIARD ROAD ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 550	choice daily. INTERV planning/encourage t activities." A review of the Resid found there was no b completed. An interview was con AM with LPN (license asked the purpose of stated, the purpose is When asked if all the assessed for safety, I sure." An interview was con AM with Resident #11 able to move through Resident #118 stated staff person to enter t down button, but the staff comes to enter t allowed to have the c why." An interview was con with ASM (administra director of nursing. V the locked units, ASM an unusual number o state, any patient tha without a LOA (leave unsafe to do so. The out in the parking lot. assessments are con resident requires place	endent leisure activities of (ENTIONS: Assist in o plan own leisure-time ent #118's medical record ehavioral assessment ducted on 7/6/22 at 11:05 ed practical nurse) #2. When the coded elevator, LPN #2 is to keep the residents safe. residents had been _PN #2 stated, "I am not ducted on 7/6/22 at 10:50 18. When asked if he was out the facility freely, , "No, I have to wait for a the code. I can push the door won't open until the he code. I don't understand ducted on 7/6/22 at 1:00 PM tive staff member) #2, the Vhen asked the purpose of M#2 stated, "We have had f elopements reported to the t could leave the facility of absence) order and it is re is a door that takes you	F	550			

If continuation sheet Page 34 of 129

		MEDICAID SERVICES			NSTRUCTION		O. 0938-03
	CORRECTION	IDENTIFICATION NUMBER:			NSTRUCTION	· · ·	E SURVEY IPLETED
			A. DOILDIN				R-C
		495045	B. WING				7/07/2022
NAME OF PF	ROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE		
				2125	HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICH	IMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	HOULD BE COMPL	
F 550	Continued From pag	e 34		550			
1 000			F 0	550			
		nave had behaviors they or assessment. The security					
	is designed so that all they need to do is to ask						
		e are sign out books on each					
		a resident has not been					
		vhy would the resident not be					
		dence, ASM #2 stated, "It is					
		ts would share the codes.					
		ode to the resident. I believe					
		ur time to get off the unit sk the staff for the code."					
		dent says they want to come					
		red another room placement,					
		they are not." When asked					
	how many residents						
		king, ASM #2 stated, "I am					
	-	on the 600 hall are exit					
		to check on that." When					
		ts the residents ability for					
		SM #2 stated, "Other than the dy stated, I do not have					
	anything else to offer	-					
	An interview was cor	nducted on 7/6/22 at 1:59 PM					
		ector of nursing. When					
	· ·	onsible to the locked units,					
		was not nursing, that was a					
	operations contact is	nen asked who the plant					
		asked what discussions					
		nt operations regarding					
	·	idependence, ASM #2					
		ase or speak for resident's					
		uld think the administrator					
		prporate. We discussed it					
	-	-					
	thoroughly with the C gentleman from anot it for residents who a	Dmbudsman, another her building. We need to do ire at risk. I personally did ut I do not know that I					

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 07/15/2022 M APPROVED O. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495045	B. WING				R-C 7/ <b>07/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	I		S	STREET ADDRESS, CITY, STATE, ZIP CODE	1 0.	
				2	125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		R	RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPRON DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 550	specifically said that. came down that hard on the 600 hall that a asked their names, A the resident names, ( other residents). Whit that only Resident #1 assessment (complet seeking as a behavio are the names I was g An interview was con with ASM #1, the adm tell us about the locke "They are not units for arcadia unit. We pun that wants to come of all have same cogniti the LOA policy and pur report quite a few elo shopping, go with the Residents are free to please." When asked resident as independent someone enter a cod ASM #1 stated, "Yes, consider this as indep #1 stated, "Yes, I hav one of my rooms in m discussion does plant nursing regarding res independence, ASM a who talked with corpor making the elevator a all time as long as the down on the elevator each unit. Generally the nurse and let ther	I do not know that that I . There are four residents re exit seeking." When SM #2 stated, "These are Resident #120 and three en ASM #2 was informed 20 had a behavior ted 6/21/22) that listed exit r, ASM #2 stated, "These given." ducted on 7/6/22 at 2:43 PM inistrator. When asked to ed units, ASM #1 stated, or elopement risks, like the ch in a code for any resident ff the unit. Residents do not on. They do not abide by rocedure. I have had to pements. If you want to go activities department. come and go as you d do you consider the ent if they have to have e for them to leave the unit. " When asked would you bendent in your home, ASM e to enter a code to go into ny home." When asked what t operations have with	F	550			

Facility ID: VA0241

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·		E CONSTRUCTION	(X3) DATE COMP	
		495045	B. WING				07/2022
NAME OF PI	ROVIDER OR SUPPLIER			ŝ	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	ND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 550	and we want to make secure. We have see facility and are doing residents stay safe." /exit seeking assessm residents on those loc "No, we would not do everyone because of those are completely unpredictable. You ca not going to happen to resident in harm's way On 7/6/22 at approxim administrator, ASM #2 ASM #3, the corporat coordinator were mad According to the facili Care Planning/Reside Care/Quality of Life" of "Comprehensive Care The care plan must do services that are to be patient's highest pract psychosocial well-bein No further information 3. The facility staff fail to exercise his right to facility. Resident #119 was ad	sure that the resident is en residents elope from the our best to make sure the When asked if behavior nents were done on all cked units, ASM #1 stated, elopement assessments on an acute episodic events, unexpected and annot tell that something is omorrow that will not put the y." nately 4:30 PM, ASM #1, the 2, the director of nursing and e quality assurance le aware of the findings. ty's policy "Interdisciplinary ent Rights/Person Centered dated 3/2018, which reveals, e Planning Requirements: escribe the following: the e furnished to maintain the ticable physical, mental and ng." of was provided prior to exit. ded to allow Resident #119 of freely move about the chinitted to the facility on s that included but were not the knee amputation,	F	550			

Facility ID: VA0241

If continuation sheet Page 37 of 129

		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DATE COMP	
		495045	B. WING				-C 07/2022
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 550	ARD (assessment ref coded the resident as the BIMS (brief intervi indicating the residen review of the MDS Se coded the resident as bed mobility, transfer, bathing; supervision f locomotion. A review of the compt 2/27/21, which reveal improve functional mo participate in group et INTERVENTIONS: A to plan own leisure-tin A review of the Reside found there was no be completed. An interview was cont AM with Resident #11 able to move through Resident #118 stated person to enter the co button, but the door w comes to enter the co have the code. I don' An interview was cont AM with LPN (license asked the purpose is When asked if all the	6 (minimum data set) rrly assessment, with an ference date) of 6/22/22, a scoring a 15 out of 15 on iew for mental status) score, t was cognitively intact. A ection G-functional status a extensive assistance for dressing, hygiene and for eating and independent in rehensive care plan dated ed, "GOAL: Resident will obility. Resident will actively vents of interest daily. assist in planning/encourage me activities." ent #119's medical record ehavioral assessment ducted on 7/6/22 at 10:50 18. When asked if he was out the facility freely, no, I have to wait for a staff ode. I can push the down yon't open until the staff ode. We are not allowed to t understand why. ducted on 7/6/22 at 11:05 d practical nurse) #2. When the coded elevator, LPN #2 to keep the residents safe.	F	550			

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		ID HUMAN SERVICES MEDICAID SERVICES				_	FORM	07/15/2022 APPROVED 0938-0391
STATEMENT	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		NSTRUCTION	(	X3) DATE SI COMPLE	ETED
		495045	B. WING _		R-C 07/07/2022			
NAME OF P	ROVIDER OR SUPPLIER	I		STRE	ET ADDRESS, CITY, STATE, ZIP COL	DE		
				2125	HILLIARD ROAD			
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		RICH	MOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIAT	E	(X5) COMPLETION DATE
F 550	Continued From page	e 38	F	550				
	with ASM (administra director of nursing. W the locked units, ASM an unusual number of state, any patient that without a LOA (leave unsafe to do so. The out in the parking lot.' assessments are com resident requires place ASM #2 stated, "What assessment, if they h would have a behavior is designed so that all staff to get out. There unit." When asked if a assessed as a risk, w allowed that independ because the residents We do not give the co it would lengthen you since they have to as When asked if a reside and go are they offere ASM #2 stated, "No," how many residents of assessed as exit seel not sure how many of seeking. I will have to asks how this impacts choice and rights, AS reasons I have alread anything else to offer An interview was con with ASM #2, the dire	npleted to determine if a cement on a locked unit, at we do have is a behavior ave had behaviors they or assessment. The security I they need to do is to ask a resign out books on each a resident has not been thy would the resident not be dence, ASM #2 stated, "It is s would share the codes. bode to the resident. I believe r time to get off the unit k the staff for the code." dent says they want to come ed another room placement, they are not." When asked on the 600 hall were king, ASM #2 stated, "I am n the 600 hall are exit o check on that." When s the residents ability for M #2 stated, I do not have						

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES				F	NTED: 07/15/2022 ORM APPROVED 3 NO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3)	DATE SURVEY COMPLETED
		495045	B. WING				R-C 07/07/2022
NAME OF P	ROVIDER OR SUPPLIER		•	ST	REET ADDRESS, CITY, STATE, ZIP CODI	E	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			25 HILLIARD ROAD CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 550	ASM #2 stated, that w plant operations. Wh operations contact is, administrator. When nursing has with plan resident rights and im- stated, "I state my car- rights, generally I wow would take it up to co- thoroughly with the O gentleman from anoth it for residents who an not want the locks, bu- specifically said that. came down that hard on the 600 hall that a asked their names, A the resident names, ( other residents). Wh- that only Resident #1 assessment (complet seeking as a behavio are the names I was g An interview was con- with ASM #1, the adm tell us about the locks "They are not units fo arcadia unit. We pun that wants to come of all have same cogniti the LOA policy and pu- report quite a few elo shopping, go with the Residents are free to please." When asked resident as independents	vas not nursing, that was a en asked who the plant ASM #2 stated, the asked what discussions t operations regarding dependence, ASM #2 se or speak for resident's uld think the administrator rporate. We discussed it mbudsman, another her building. We need to do re at risk. I personally did ut I do not know that I I do not know that I I do not know that that I . There are four residents re exit seeking." When SM #2 stated, "These are Resident #120 and three en ASM #2 was informed 20 had a behavior red 6/21/22) that listed exit r, ASM #2 stated, "These given." ducted on 7/6/22 at 2:43 PM hinistrator. When asked to ed units, ASM #1 stated, r elopement risks, like the ch in a code for any resident f the unit. Residents do not on. They do not abide by rocedure. I have had to pements. If you want to go activities department. come and go as you	F	550			

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		MEDICAID SERVICES	L			IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · · ·	E SURVEY
			A. BUILDIN	G		
		495045	B. WING			R-C
	ROVIDER OR SUPPLIER	+350+5		STREET ADDRESS, CITY, STATE, ZIP C		7/07/2022
NAME OF F	ROVIDER OR SUFFLIER			2125 HILLIARD ROAD	ODE	
PROMED	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
		ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		ION SHOULD BE THE APPROPRIATE	(X5) COMPLETIOI DATE
F 550	Continued From page	e 40	F 5	50		
		pendent in your home, ASM				
		e to enter a code to go into				
		ny home." When asked what				
	discussion does plan	t operations have with				
	nursing regarding res	-				
		#1 stated, "Yes, I am the one				
		orate. We are committed to				
		accessible to all residents at				
		ey are appropriate to go and sign out in the book on				
		the residents just talk with				
		m know where they are				
		ave an acute episodic event,				
		sure that the resident is				
	secure. We have see	en residents elope from the				
		our best to make sure the				
		When asked if behavior				
		nents were done on all				
		cked units, ASM #1 stated,				
		elopement assessments on				
	those are completely	an acute episodic events,				
		annot tell that something is				
		tomorrow that will not put the				
	resident in harm's wa					
	On 7/6/22 at approxir	mately 4:30 PM, ASM #1, the				
		2, the director of nursing and				
	ASM #3, the corporat					
	coordinator were mad	de aware of the findings.				
	According to the facil	ity's policy "Interdisciplinary				
		ent Rights/Person Centered				
	Care/Quality of Life"	dated 3/2018, which reveals,				
	-	e Planning Requirements:				
	-	lescribe the following: the				
		e furnished to maintain the				
		ticable physical, mental and				
	psychosocial well-bei		1	I. I		1

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	
		495045	B. WING				-C 07/2022
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	••••=•==
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 550	Continued From page	2 41	F	550			
	4. The facility staff fai	n was provided prior to exit. led to allow Resident #105 s right to freely move about					
	assessment, a quarter assessment reference resident scored a 14 interview for mental s resident was not cogr daily decisions. Resid as making themselve understanding others the resident was not of behaviors during the G - Functional Status requiring supervision walking in the room, v locomotion on the unit An interview was con 7/6/2022 at 11:05 a.m off the unit, R105 stat member to put in the When asked if the stat	. In Section E - Behaviors, coded as having had any look back period. In Section , the resident was coded as with set up help only for valking in the hallway, t and locomotion off the unit.					
	admitted to the facility religious programs ar The Recreational Ser documented in part, " activities in room and	ited in part, "Resident /he enjoys movies, cards, id TV." vices note dated, 2/17/2022 He pursues independent					

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES				FC	TED: 07/15/2022 DRM APPROVED NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
		495045	B. WING				R-C 07/07/2022
NAME OF F	ROVIDER OR SUPPLIER		-	5	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMED		AND REHAB (RICHMOND)		2	2125 HILLIARD ROAD		
				F	RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 550	The Recreational Ser documented in part, " interests. Current goa 90 days." The Behavioral Symp 6/2/2022, documented documented next to, hyperactivity." Exit set intent or purpose was The comprehensive of documented in part, " country music, spade TV, computer and tal pursue his interests." documented. "Assist encourage to plan ow Encourage to plan ow Encourage participati interest. Provide supp activities as needed/r An interview was con director of nursing, or When asked why are stated the facility has elopements reported security for patients, i leaves the facility. Re without an LOA order elopement. When as assesses the residen environment that is m they assess through a When asked about re #2 stated if the reside they would have an a resident that reside o	vices note dated, 5/2/2022, No changes in activity al to be continued over next otoms Assessment, dated, d in part: a check mark was "Agitation, irritability, or beking or wandering without a not checked. care plan dated, 1/10/2022, 'Focus: (R105) enjoys as, news, outdoors, church, kingNeeds opportunities to The "Interventions" in planning and/or <i>n</i> leisure time activities. on in group activities of blies/materials for leisure equested." ducted with ASM #2, the n 7/6/2022 at 1:00 p.m. the doors locked. ASM #2 had an unusual number of to the state. It's an added it's for any patient that sidents that leave the facility <i>r</i> , would be considered an	F	550			

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	S FOR MEDICARE &						IO. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		· · ·	E SURVEY IPLETED
				<u> </u>		R-C	
		495045	B. WING			7/07/2022	
JAME OF PROVIDER OR SUPPLIER		•		STREET ADDRESS	S, CITY, STATE, ZIP CODE	•	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD R RICHMOND, VA			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EAC	ROVIDER'S PLAN OF CORR CH CORRECTIVE ACTION SI S-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 550	Continued From page	e 43	F 55	50			
	it's locked, ASM #2 s		1.00				
	designed to let us be	-					
	•	asked if a resident asked for					
	-	get it, ASM #2 stated,					
		codes are shared. A resident					
		jiven the code. When asked					
	0 1	a resident's ability to attain					
	0	well-being, it would lessen get off the unit, ASM #2					
		secured unit, it's for the					
		e residents can still go off the					
		o ask". When asked if all of					
	the residents on Stat	ion 2 considered an					
	-	#2 stated, "No, Ma'am."					
	-	have them on a locked unit					
		"When asked why the					
		lependently about the facility, ve nothing else to offer other					
	that what I have alread	0					
	An interview was con	nducted on 7/6/22 at 2:43					
		nistrative staff member) #1,					
		hen asked to tell us about					
	the locked units, ASM	/I #1 stated, "They are not					
	-	isks, like the arcadia unit					
		are unit). We punch in a					
	-	t that wants to come off the other all have same cognition.					
		the LOA (leave of absence)					
		. I have had to report quite a					
		ou want to go shopping, go					
		partment. Residents are free					
	to come and go as th	ey please." When asked do					
	•	dent as independent if they					
		ne enter a code for them to					
1			1	1			1
		#1 stated, yes. When asked					
	would you consider th	#1 stated, yes. When asked his as independent in your d, "Yes, I have to enter a					

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 07/15/202 /I APPROVEI ). 0938-039
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED
		495045	B. WING				-C 07/2022
NAME OF PF	OVIDER OR SUPPLIER	l		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDIO	CA SKILLED NURSING	AND REHAB (RICHMOND)			25 HILLIARD ROAD		
				R	CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 550	Continued From page	2 44	F	550			
	When asked what dis						
		nursing regarding resident					
	0	nce, ASM #1 stated, yes, he					
		with corporate. ASM #1					
		nitted to making the elevator lents, at all time, as long as					
		to go down on the elevator					
	and sign out in the bo	ook on each unit. Generally					
	-	with the nurse and let them					
		going. Anyone can have an and we want to make sure					
	that the resident is se						
		the facility and are doing our					
	best to make sure the						
	When asked if behav assessments were do	one on all residents on those					
		stated, "No, we would not					
	•	ments on everyone because					
	•	event, those are completely edictable. You cannot tell					
		ng to happen tomorrow that					
	will not put the reside						
		trator, ASM #2, the director					
		#3, the quality assurance					
	consultant, were mad concern on 7/6/2022	le aware of the above					
	CONCENTION //0/2022	ai 4.29 p.m.					
	No further information	n was provided prior to exit.					
1		Meds-Clinically Approp	F	554	<ol> <li>Corrective Action RN#1 removed the loition from Res</li> </ol>	ident #117	
SS=D	CFR(s): 483.10(c)(7)				beside on 7-6-22.		
	§483.10(c)(7) The rig				2.Like Residents/Area The Director of Nursing/Designee w		
		erdisciplinary team, as )(2)(ii), has determined that			resident rooms in the center to valid medications are left at the bedside	late no	
	this practice is clinica	lly appropriate.			3. Systemic Change		
	This REQUIREMENT by:	is not met as evidenced			The Director of Nursing/Designee w licensed nurses on the medication a process to include not leaving medi at the bedside.	vill re-educate administration cations/loitions	

Facility ID: VA0241

If continuation sheet Page 45 of 129

	-	D HUMAN SERVICES MEDICAID SERVICES				FOR	D: 07/15/2022 MAPPROVED D. 0938-0391
STATEMENT OF DEF AND PLAN OF CORF	FICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		495045	B. WING _				R-C 107/2022
NAME OF PROVID	ER OR SUPPLIER			ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDICA SI	KILLED NURSING A	ND REHAB (RICHMOND)			125 HILLIARD ROAD ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
Bas intel revis inve staff self- the of 2 #11 On crea The R11 R11 an N revis 6/24 pers On sittin Pho obse R11 the from neve A re follo Pho one	rview, facility docu ew, and in the cou- estigation, it was de failed to assess a -administration of i medication at the 0 residents in the 7 (R117). 7/6/22, the facility am at R117's beds findings include: 7 was admitted to 7 had not been in MDS (minimum da ew of R117's adm t/22 revealed R11' son, place, and tim 7/6/22 at 9:03 a.m ng up in bed. A tub sphate (antibiotic) erved on R117's of 7 used the lotion, lotion whenever no n overactive sweat er used the lotion wing order dated usphate Lotion 1% time a day for ant view of R117's ba	n, resident interview, staff ment review, clinical record rse of a complaint etermined that the facility a resident for medication prior to leaving resident's bedside, for one survey sample, Resident staff left a prescription ide. the facility on 6/24/22. the facility long enough for ta set) to be completed. A ission assessment dated 7 was alert and oriented to ne. ., R117 was observed be of Clindamycin 1% Topical Lotion was verbed table. When asked if R117 stated they applied eeded to treat symptoms is glands. R117 stated they more than once a day. hical record revealed the 7/1/22: "Clindamycin Apply to armpit topically	F 5	554	4. Monitoring The Director of Nursing/Designee will r audit 5 resident rooms weekly times 4 validate that no medications are left at	andomly weeks to the bedside.	8-10-22

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 07/15/2022 APPROVED 0. 0938-0391
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /			(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_		-C 07/2022
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, ST	ATE, ZIP CODE	•••	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 554		Rs (treatment s) for June and July 2022	F 554				
	revealed the resident ordered.						
	assistant) #2 was inte should not have had a	n., CNA (certified nursing erviewed. She stated R117 any prescription medications #2 stated she needed to go					
	was interviewed. She informed her about th R117's bedside table. removed the lotion fro placed it in the medic resident should have unless the resident has able to self-administe	e prescription lotion on She stated she had om the resident's room and ation cart. She stated no medication at the bedside as been determined to be r the medication. She stated cern. RN #2 stated she was had been assessed to					
	member) #2, the direct interviewed. When as followed for a residen prescription medication she stated medication resident's bedside. Sh concern if the residen medication. She state process for assessing	ked what process is to be t to be allowed to have on at the resident's bedside, as should not be left at a ne stated it could be a safety t takes too little or too much ed she could not quote the					

Facility ID: VA0241

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				IO. 0938-039	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	· ,	LE CONSTRUCTION	· · · ·		
ND PLAN OF	AN OF CORRECTION IDENTIFICATION NUMBER: 495045	IDENTIFICATION NUMBER:	A. BUILDING	B	CO	COMPLETED	
					R-C		
		495045	B. WING	·····	0	7/07/2022	
NAME OF P	OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
				2125 HILLIARD ROAD			
PROMED	ICA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CC	RRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETION	
F 554	Continued From pag	e 47	F 55	54			
		n., ASM #2 stated a resident					
		determine their ability to					
		cation. She stated R117 had					
	not been assessed.	Salon. One stated IVIII had					
	On 7/6/22 at 3:54 p.r	n., ASM (administrative staff					
		ninistrator, ASM #2, the					
	, ,	nd ASM #3, the corporate					
		ordinator, were informed of					
	these concerns.						
	A review of the facilit	y policy, "Medication					
	Administration: Self-/						
	Medications," revealed	· · ·					
	-	Iministration is clinically					
		ent, the IDT (interdisciplinary					
	, ,	er the following criteriathe					
		teness of the medication(s)					
		nthe patient's physical					
		vithout difficulty and to open					
		he patient's cognitive status,					
		to correctly name their					
		w what conditions they are					
	taken forthe patien	t's capacity to follow ne to know when medications					
		e patient's comprehension of edications they are taking,					
		ming, and signs of side					
		report to facility staffthe					
		derstand what refusal of					
		opropriate steps taken by					
		this occursthe patient's					
		medication is stored safely					
	-	ecision to allow a patient to					
	self-administer medie	-					
	periodic assessment						
	changes in the patier	-					
	-	usMedications, if stored at					
		-	1			1	

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		ID HUMAN SERVICES MEDICAID SERVICES					MAPPROVE D. 0938-039
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		ONSTRUCTION	COMF	E SURVEY PLETED
		495045	B. WING				R-C / <b>07/2022</b>
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		212	REET ADDRESS, CITY, STATE, ZIP CODE 25 HILLIARD ROAD CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETIO DATE
F 554 F 561 SS=E	also be retained in the accessed by the nurse scheduled medication begin self-administer evaluation has been of determined that the p fully self-administer in signs and dates along explained the evaluat No further information Complaint deficiency. Self-Determination CFR(s): 483.10(f)(1)- §483.10(f) Self-detern The resident has the promote and facilitate through support of re- not limited to the right (1) through (11) of thi §483.10(f)(1) The rese activities, schedules ( waking times), health care services consist assessments, and pla applicable provisions §483.10(f)(2) The rese choices about aspect facility that are signifi §483.10(f)(3) The rese with members of the	ntil use. Medications may e medication cart and be upon patient request for nsThe patient can only of medications after the completed and it is patient is granted approval to nedications. The patient g with the individual who tion process to the patient." In was provided prior to exit. (3)(8) mination. right to and the facility must e resident self-determination sident choice, including but ts specified in paragraphs (f) s section. bident has a right to choose (including sleeping and care and providers of health ent with his or her interests, an of care and other of this part. bident has a right to make ts of his or her life in the	F		<ol> <li>Corrective Action Concern forms were generated and Residents #105,#109,#118, #119 re key pads being disarmed. The facilit the key pad on the unit 6 elevator at unit doors on 7-6-22.</li> <li>Like Residents/Areas The administrator reviewed the facili to validate that facility units were ac residents in the center based on the 3. Systemic Change The Regional Director of Operations the administrator on F561 to include residents can move about the facility restriction. The Administrator re-edu team on F 561 to include making su can move about the facility without r</li> <li>Monitoring The Administrator/designee will revi floorplan weekly times 4 weeks and grievance log weekly times 4 weeks concerns were received related to k restricting access of the residents.</li> </ol>	elated to the ty disarmed and unit 2 ity floorplan cessible to bir careplan. s re-educated e making sure y without icated the IDT re residents restriction. ew facility the facility to validate no	8-10-22

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 07/15/20 FORM APPROV OMB NO. 0938-03
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495045	B. WING		R-C 07/07/2022
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	•
		AND REHAB (RICHMOND)		2125 HILLIARD ROAD	
		AND REHAD (RICHMOND)		RICHMOND, VA 23228	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLÉTIC TE APPROPRIATE DATE
fa §	Continued From pag	e 49	F 56	1	
	facility.				
	§483.10(f)(8) The res	sident has a right to			
		ctivities, including social,			
	•	unity activities that do not			
		nts of other residents in the			
	facility.	T is not met as evidenced			
	by:				
	Based on review of	staff interview and facility			
		w, it was determined that the			
	facility failed to prom				
		f-determination by restricting reely moving about the			
		idents in the survey sample,			
	Resident #109, #118				
		169 resident in the facility			
		nits. These units either had			
	, , , , , , , , , , , , , , , , , , ,	required a code to open) on cated on the second floor			
		elevator and doors leading			
	, , ,	equired a code. Surveyor			
		unlock doors or elevator			
		ode. A review of the 50			
		esidents located on the			
		0 rooms) revealed the no behavioral/elopement			
		/ 1/50 being assessed as exit			
		the Resident Council			
		22 revealed the following,			
		nistration: Administrator			
	invited by president t locks and doors."	o inform residents of new			
	The findings included	d:			
	1. The facility staff fa their independence to	iled to allow Resident #109			

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		ID HUMAN SERVICES MEDICAID SERVICES					FORM	D: 07/15/2022 MAPPROVED D: 0938-0391	
STATEMENT (	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		LE CONSTRUCTION	(	(X3) DATE SURVEY COMPLETED R-C		
		495045	B. WING					-C 07/2022	
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZI	P CODE			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T	CTION SHOULD BE	F	(X5) COMPLETION DATE	
				,	DEFICIE		_		
F 561			F	56	1				
	throughout the facility	'.							
	elevator on 7/5/22 at	bserved waiting for the 3:55 PM. Resident #109 atraz. This is our home not							
	1/1/21 with diagnosis limited to: quadriplegi	dmitted to the facility on that included but were not a, chronic kidney disease erotic cardiovascular disease							
	ARD (assessment ref coded the resident as the BIMS (brief interv indicating the residen review of the MDS Se coded the resident as for bed mobility, trans bathing; extensive as	6 (minimum data set) erly assessment, with an ference date) of 6/2/22, a scoring a 15 out of 15 on iew for mental status) score, t was cognitively intact. A fection G-functional status requiring total dependence offer, dressing, hygiene and sistance for dressing and b. Locomotion is coded as							
	11/16/19 and revised "GOAL: Resident will independent leisure p	rehensive care plan dated 6/6/22, which revealed, choose and engage in pursuits of interest on a daily DNS: Respect choices in icipation."							
	aggression, agitation,	3/25/19 revealed the rehavior symptoms: verbal irritability or hyperactivity s of Behavioral Symptom:							

Facility ID: VA0241

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		495045	B. WING				-C 07/2022
NAME OF PR	OVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
				2	2125 HILLIARD ROAD		
PROMEDIC	A SKILLED NURSING A	ND REHAB (RICHMOND)		F	RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		(X5) COMPLETION DATE
	AM with LPN (license asked the purpose of stated, the purpose is When asked if all the assessed for safety, L sure. An interview was cone AM with Resident #10 able to move through Resident #109 stated do not have any contr without the staff comin will not give us the co An interview was cone with ASM (administrat director of nursing. W the locked units, ASM an unusual number of state, any patient that without a LOA (leave unsafe to do so. The out in the parking lot." assessments are com resident requires plac ASM #2 stated, "Wha assessment, if they has would have a behavior is designed so that all staff to get out. There unit." When asked if assessed as a risk, w allowed that independ	sing to self and/or ducted on 7/6/22 at 11:05 d practical nurse) #2. When the coded elevator, LPN #2 to keep the residents safe. residents had been .PN #2 stated, I am not ducted on 7/6/22 at 10:55 09. When asked if he was out the facility freely, , "No, this is like Alcatraz, I rol of getting off of this floor ing to enter the code. They de." ducted on 7/6/22 at 1:00 PM tive staff member) #2, the /hen asked the purpose of I #2 stated, "We have had f elopements reported to the could leave the facility of absence) order and it is re is a door that takes you	F	561			

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		ID HUMAN SERVICES MEDICAID SERVICES				FOF	ED: 07/15/2022 RM APPROVED IO. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495045	B. WING				R-C 7/07/2022
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
				21	25 HILLIARD ROAD		
PROMED	ICA SKILLED NURSING A	AND REHAB (RICHMOND)		RI	CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 561	it would lengthen you since they have to as When asked if a resid and go are they offer ASM #2 stated, "No," how many residents of assessed as exit see not sure how many of seeking. I will have the how this impacts the and rights, ASM #2 st reasons I have alread anything else to offer An interview was con- with ASM #2, the dire asked who was respond ASM #2 stated, that we plant operations. Who operations contact is, administrator. When nursing has with plan resident rights and inter- stated, "I state my cas rights, generally I wou would take it up to co- thoroughly with the O gentleman from anoth it for residents who and not want the locks, bu specifically said that. came down that hard on the 600 hall that a asked their names, A the resident names, ( other residents)." Wh that only Resident #1	be to the resident. I believe r time to get off the unit k the staff for the code." dent says they want to come ed another room placement, they are not." When asked on the 600 hall were king, ASM #2 stated, "I am in the 600 hall are exit o check on that." When asks residents ability for choice tated, "Other than the dy stated, I do not have ." ducted on 7/6/22 at 1:59 PM octor of nursing. When onsible to the locked units, vas not nursing, that was a een asked who the plant ASM #2 stated, the asked what discussions t operations regarding dependence, ASM #2 se or speak for resident's uld think the administrator rporate. We discussed it imbudsman, another her building. We need to do re at risk. I personally did ut I do not know that I I do not know that I SM #2 stated, "These are Resident #120 and three hen ASM #2 was informed	F	561			

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	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION		IO. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	IPLETED
			A. BOILDING			R-C
		495045	B. WING			7/07/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		110112022
	CONDER ON OUT FIELD			2125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETIO DATE
F 561	Continued From page	e 53	F 56	1		
		se are the names I was				
	given."					
	An interview was con	nducted on 7/6/22 at 2:43 PM				
		ninistrator. When asked to				
		ed units, ASM #1 stated,				
		or elopement risks, like the				
		nch in a code for any resident				
	· ·	ff the unit. Residents do not				
	all have same cogniti	ion. They do not abide by				
	the LOA policy and p	rocedure. I have had to				
	report quite a few elo	pements. If you want to go				
	shopping, go with the	e activities department.				
	Residents are free to	come and go as you				
	please." When aske	d do you consider the				
	resident as independ	ent if they have to have				
	someone enter a cod	le for them to leave the unit.				
		." When asked would you				
		pendent in your home, ASM				
		/e to enter a code to go into				
	-	ny home." When asked what				
		t operations have with				
	nursing regarding res					
	-	#1 stated, "Yes, I am the one				
	-	orate. We are committed to				
		accessible to all residents at				
	-	ey are appropriate to go				
		and sign out in the book on				
		the residents just talk with				
		m know where they are				
		have an acute episodic event,				
		e sure that the resident is				
		en residents elope from the				
		our best to make sure the				
		When asked if behavior /exit				
		s were done on all residents				
		s, ASM #1 stated, "No, we				

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391	
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C		
		495045	B. WING				/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	I		5	STREET ADDRESS, CITY, STATE, ZIP CODE	1 017		
BROWER				2	2125 HILLIARD ROAD			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		F	RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 561	not going to happen to resident in harm's war On 7/6/22 at approxinal administrator, ASM # ASM #3, the corporation coordinator were made According to the facill Care Planning/Reside Care/Quality of Life" of "Comprehensive Care The care plan must of services that are to be patient's highest prace psychosocial well-bei No further information 2. The facility staff fait their independence to throughout the facility Resident #118 was a 7/18/18 with diagnosis limited to: Parkinson's hypertension. The most recent MDS assessment, a quarter ARD (assessment ref coded the resident as the BIMS (brief interv indicating the resident review of the MDS Seconded the resident as	unexpected and annot tell that something is comorrow that will not put the y." mately 4:30 PM, ASM #1, the 2, the director of nursing and the quality assurance de aware of the findings. ity's policy "Interdisciplinary ent Rights/Person Centered dated 3/2018, which reveals, e Planning Requirements: lescribe the following: the e furnished to maintain the sticable physical, mental and ing." n was provided prior to exit. led to allow Resident #118 o move about freely /. dmitted to the facility on s that included but were not s disease, lymphedema and S (minimum data set) erly assessment, with an ference date) of 6/16/22, a scoring a 15 out of 15 on iew for mental status) score, it was cognitively intact. A ection G-functional status is independent for bed	F	561				
	indicating the residen review of the MDS Se coded the resident as	t was cognitively intact. A ection G-functional status						

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FC	TED: 07/15/2022 DRM APPROVED NO. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495045	B. WING				R-C 07/07/2022
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		2	STREET ADDRESS, CITY, STATE, ZIP CODE 2125 HILLIARD ROAD RICHMOND, VA 23228	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHC CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 561	dressing. A review of the comp 11/16/19, which revea participated in independence choice daily. INTERV planning/encourage to activities." A review of the Resid found there was no b completed. An interview was con AM with LPN (license asked the purpose of stated, the purpose of stated, the purpose is When asked if all the assessed for safety, I sure. An interview was con AM with Resident #11 able to move through Resident #118 stated person to enter the co button, but the door w comes to enter the co have the code. I don An interview was con with ASM (administration director of nursing. V the locked units, ASM an unusual number of state, any patient that without a LOA (leave	limited assistance for rehensive care plan dated aled, "GOAL: Resident will endent leisure activities of 'ENTIONS: Assist in o plan own leisure-time ent #118's medical record ehavioral assessment ducted on 7/6/22 at 11:05 ed practical nurse) #2. When the coded elevator, LPN #2 s to keep the residents safe. residents had been _PN #2 stated, I am not ducted on 7/6/22 at 10:50 18. When asked if he was out the facility freely, , no, I have to wait for a staff ode. I can push the down yon't open until the staff ode. We are not allowed to	F	561			

Facility ID: VA0241

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						10. 0938-039
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · /	TE SURVEY MPLETED
			A. DOILDING			R-C
		495045	B. WING			7/07/2022
NAME OF P	ROVIDER OR SUPPLIER	l		STREET ADDRESS, CITY, STATE, ZIP CODE		
				2125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 561	Continued From page	56	F 56	1		
1 301			F 30	1		
	out in the parking lot." When asked wassessments are completed to deter					
		cement on a locked unit,				
		at we do have is a behavior				
		ave had behaviors they				
	would have a behavior	or assessment. The security				
st ui a:		ll they need to do is to ask				
	•	e are sign out books on each				
		a resident has not been				
		hy would the resident not be				
		dence, ASM #2 stated, "It is				
		s would share the codes. ode to the resident. I believe				
		r time to get off the unit				
		k the staff for the code."				
	•	dent says they want to come				
		ed another room placement,				
	ASM #2 stated, "No,	they are not." When asked				
	how many residents					
		king, ASM #2 stated, "I am				
	-	n the 600 hall are exit				
		o check on that." When asks				
		residents ability for choice				
		tated, "Other than the dy stated, I do not have				
	anything else to offer	-				
	An interview was con	ducted on 7/6/22 at 1:59 PM				
		ector of nursing. When				
		onsible to the locked units,				
		was not nursing, that was a				
		en asked who the plant				
	operations contact is					
		asked what discussions				
		t operations regarding				
		dependence, ASM #2				
		se or speak for resident's uld think the administrator				
	nonis deneralivi Wo					1

Facility ID: VA0241

If continuation sheet Page 57 of 129

DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE &				PRINTED: 07/15/2022 FORM APPROVED OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495045	B. WING _		R-C 07/07/2022
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	
			2125 HILLIARD ROAD	
PROMEDICA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228	
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE COMPLETION HE APPROPRIATE DATE
gentleman from anot it for residents who a not want the locks, b specifically said that. came down that hard on the 600 hall that a asked their names, A the resident names, other residents)." W that only Resident #' assessment that liste ASM #2 stated, "The given." An interview was cor with ASM #1, the adu tell us about the lock "They are not units for arcadia unit. We put that wants to come of all have same cognit the LOA policy and p report quite a few elo shopping, go with the Residents are free to please." When aske resident as independo someone enter a coo ASM #1 stated, "Yes, I hav one of my rooms in r discussion does plar nursing regarding res independence, ASM	Ombudsman, another ther building. We need to do are at risk. I personally did ut I do not know that I I do not know that that I I. There are four residents are exit seeking." When ASM #2 stated, "These are (Resident #120 and three hen ASM #2 was informed I20 had a behavior ed exit seeking as a behavior, ase are the names I was anducted on 7/6/22 at 2:43 PM ministrator. When asked to ed units, ASM #1 stated, or elopement risks, like the nch in a code for any resident off the unit. Residents do not ion. They do not abide by procedure. I have had to opements. If you want to go e activities department. o come and go as you d do you consider the lent if they have to have de for them to leave the unit. ." When asked would you pendent in your home, ASM we to enter a code to go into my home." When asked what at operations have with sident rights and #1 stated, "Yes, I am the one orate. We are committed to	F 5	61	

Facility ID: VA0241

If continuation sheet Page 58 of 129

		ND HUMAN SERVICES MEDICAID SERVICES			FORM	: 07/15/202 APPROVE . 0938-039
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·		(X3) DATE SURVEY COMPLETED	
		495045	B. WING		R- 07/	-C 07/2022
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	•	
	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
FROMEDI	CA SKIELED NORSING	AND REINAD (RICHMOND)		RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 561	561 Continued From page 58 down on the elevator and sign out in the book on		F 56	1		
		the residents just talk with				
		m know where they are				
		ave an acute episodic event,				
		e sure that the resident is en residents elope from the				
		our best to make sure the				
		When asked if behavior /exit				
	-	s were done on all residents s, ASM #1 stated, "No, we				
	would not do elopem					
	-	an acute episodic events,				
	those are completely	unexpected and annot tell that something is				
		tomorrow that will not put the				
	resident in harm's wa	-				
		mately 4:30 PM, ASM #1, the				
	ASM #3, the corporat	2, the director of nursing and te quality assurance				
		de aware of the findings.				
	According to the facil	ity's policy "Interdisciplinary				
		ent Rights/Person Centered				
		dated 3/2018, which reveals, e Planning Requirements:				
		lescribe the following: the				
		e furnished to maintain the				
	patient's highest prac psychosocial well-bei	cticable physical, mental and ing."				
	No further information	n was provided prior to exit.				
		iled to allow Resident #119				
	their independence to throughout the facility	-				
		dmitted to the facility on				
	2/26/21 with diagnos	is that included but were not				

Facility ID: VA0241

If continuation sheet Page 59 of 129

		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 07/15/2022 M APPROVED D. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	(X3) DATE COME	E SURVEY PLETED
		495045	B. WING _				R-C / <b>07/2022</b>
NAME OF PF	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		21	25 HILLIARD ROAD		
				RI	CHMOND, VA 23228		1
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	K	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 561	Continued From page	e 59	F 5	561			
		e the knee amputation,					
	The most recent MDS	S (minimum data set)					
	ARD (assessment ref	erly assessment, with an ference date) of 6/22/22, s scoring a 15 out of 15 on					
	the BIMS (brief interv indicating the residen review of the MDS Se	iew for mental status) score, It was cognitively intact. A ection G-functional status					
	bed mobility, transfer	s extensive assistance for , dressing, hygiene and for eating and independent in					
	2/27/21, which reveal improve functional me participate in group e	rehensive care plan dated led, "GOAL: Resident will obility. Resident will actively vents of interest daily. Assist in planning/encourage me activities "					
	A review of the Resid	ent #119's medical record ehavioral assessment					
	AM with LPN (license asked the purpose of	ducted on 7/6/22 at 11:05 ed practical nurse) #2. When the coded elevator, LPN #2 to keep the residents safe. residents had been					
		LPN #2 stated, I am not					
	AM with Resident #1 <sup>2</sup> able to move through	ducted on 7/6/22 at 10:50 18. When asked if he was out the facility freely, , no, I have to wait for a staff					

Facility ID: VA0241

If continuation sheet Page 60 of 129

	S FOR MEDICARE &					O. 0938-039
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
					l F	<b>२-</b> С
		495045	B. WING		07	/07/2022
NAME OF PI	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		E	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETIO DATE
F 561	Continued From pag	e 60	F 56	1		
			1.00			
	person to enter the code. I can push the down button, but the door won't open until the staff					
		ode. We are not allowed to				
	have the code. I don't understand why. An interview was conducted on 7/6/22 at 1:00 PM with ASM (administrative staff member) #2, the					
		When asked the purpose of M #2 stated, "We have had				
		of elopements reported to the				
		at could leave the facility				
		of absence) order and it is				
	unsafe to do so. The	ere is a door that takes you				
	out in the parking lot					
		npleted to determine if a				
		cement on a locked unit,				
		at we do have is a behavior nave had behaviors they				
		or assessment. The security				
		Il they need to do is to ask				
		e are sign out books on each				
	unit." When asked if	a resident has not been				
		vhy would the resident not be				
		dence, ASM #2 stated, "It is				
		ts would share the codes.				
	•	ode to the resident. I believe ur time to get off the unit				
	÷ .	sk the staff for the code."				
	-	dent says they want to come				
		ed another room placement,				
		they are not." When asked				
	how many residents					
		king, ASM #2 stated, "I am				
	-	on the 600 hall are exit				
	-	to check on that." When asks				
and	now this impacts the	residents ability for choice				
	and rights ASM #2 a	tated "Other than the				
	-	stated, "Other than the dy stated, I do not have				

Facility ID: VA0241

If continuation sheet Page 61 of 129

	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 07/15/2022 APPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		STRUCTION	(X3) DATE SURVEY COMPLETED R-C		
		495045	B. WING _					-C 07/2022
NAME OF P	ROVIDER OR SUPPLIER				T ADDRESS, CITY, STATE, ZIP CO	DE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			IILLIARD ROAD MOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BI		(X5) COMPLETION DATE
F 561	Continued From page	9 61	F 5	61				
	with ASM #2, the dire asked who was respond ASM #2 stated, that we plant operations. Who operations contact is, administrator. When nursing has with plant resident rights and im- stated, "I state my carrights, generally I work would take it up to co- thoroughly with the O gentleman from anoth it for residents who are not want the locks, bu- specifically said that. came down that hard on the 600 hall that are asked their names, A the resident names, ( other residents)." Wh that only Resident #1 assessment that liste ASM #2 stated, "The given." An interview was con- with ASM #1, the admit tell us about the locker "They are not units for arcadia unit. We pun- that wants to come of all have same cogniti- the LOA policy and pur- report quite a few elo-	asked what discussions t operations regarding dependence, ASM #2 se or speak for resident's uld think the administrator rporate. We discussed it imbudsman, another her building. We need to do re at risk. I personally did ut I do not know that I I do not know that I I do not know that I I do not know that I SM #2 stated, "These are Resident #120 and three hen ASM #2 was informed 20 had a behavior d exit seeking as a behavior, se are the names I was ducted on 7/6/22 at 2:43 PM hinistrator. When asked to ed units, ASM #1 stated, or elopement risks, like the isch in a code for any resident ff the unit. Residents do not on. They do not abide by rocedure. I have had to pements. If you want to go activities department.						

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		MEDICAID SERVICES				IO. 0938-039	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	· · ·	TE SURVEY MPLETED	
		495045	B. WING		R-C 07/07/2022		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	0110112022		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228			
(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 COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE	
F 561	Continued From page	e 62	F 56 <sup>-</sup>				
	someone enter a cod ASM #1 stated, "Yes. consider this as indep #1 stated, "Yes, I hav one of my rooms in m discussion does plant nursing regarding res- independence, ASM a who talked with corpor- making the elevator a all time as long as the down on the elevator each unit. Generally the nurse and let ther going. Anyone can h and we want to make secure. We have see facility and are doing residents stay safe." V seeking assessments on those locked units would not do elopeme everyone because of those are completely unpredictable. You can not going to happen t resident in harm's wa On 7/6/22 at approxim administrator, ASM #3, the corporat	ent if they have to have e for them to leave the unit. "When asked would you bendent in your home, ASM e to enter a code to go into ny home."When asked what t operations have with ident rights and #1 stated, "Yes, I am the one orate. We are committed to accessible to all residents at ey are appropriate to go and sign out in the book on the residents just talk with n know where they are ave an acute episodic event, sure that the resident is en residents elope from the our best to make sure the When asked if behavior /exit is were done on all residents , ASM #1 stated, "No, we ent assessments on an acute episodic events, unexpected and annot tell that something is omorrow that will not put the y."					
	Care Planning/Reside	ity's policy "Interdisciplinary ent Rights/Person Centered dated 3/2018, which reveals,					

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES				F	NTED: 07/15/2022 ORM APPROVED NO. 0938-0391	
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C		
		495045	B. WING				R-C 07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE	I		
PROMED	CA SKILLED NURSING	AND REHAB (RICHMOND)			25 HILLIARD ROAD ICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 561	services that are to b patient's highest prace psychosocial well-beil No further information 4. The facility staff fail (R105) their independ throughout the facility On the most recent M assessment, a quarter assessment reference resident scored a 14 interview for mental s resident was not cog daily decisions. Resid as making themselve understanding others the resident was not cog daily decisions. Resid as making themselve understanding others the resident was not behaviors during the G - Functional Status requiring supervision walking in the room, w locomotion on the un An interview was con 7/6/2022 at 11:05 a.m off the unit, R105 stat member to put in the When asked if the stat to open the door, R10 are in a prison."	escribe the following: the e furnished to maintain the ticable physical, mental and ng." In was provided prior to exit. led to allow Resident #105 dence to move about freely of the sessment, with an e date of 4/29/2022, the out of 15 on the BIMS (brief tatus) score, indicating the hitively impaired for making dent #105 (R105) was coded s understood and . In Section E - Behaviors, coded as having had any look back period. In Section , the resident was coded as with set up help only for walking in the hallway, it and locomotion off the unit. ducted with R105 on h. When asked how he gets ted they have to get a staff code and open the door. aff would give them the code D5 stated, "No, it's like we	F	561				

Facility ID: VA0241

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		ND HUMAN SERVICES MEDICAID SERVICES				F	ITED: 07/15/202 ORM APPROVE NO. 0938-039
STATEMENT (	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C	
		495045	B. WING				к-С 07/07/2022
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
		AND REHAB (RICHMOND)		2	125 HILLIARD ROAD		
INCIMEDI		AND REINAD (RICHMOND)		F	RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
		- 04	_				
F 561	Continued From page			561			
		"He pursues independent					
	activities in room and	s no need for additional					
	activity supplies."						
		rvices note dated, 5/2/2022,					
		"No changes in activity					
	-	al to be continued over next					
	90 days."						
	The Behavioral Sym	otoms Assessment, dated,					
		ed in part: a check mark was					
		"Agitation, irritability, or					
		eeking or wandering without					
	intent or purpose was	s not checked.					
	The comprehensive	care plan dated, 1/10/2022,					
		"Focus: (R105) enjoys					
		es, news, outdoors, church,					
		kingNeeds opportunities to					
	pursue his interests." documented. "Assist						
		vn leisure time activities.					
		ion in group activities of					
	interest. Provide sup	plies/materials for leisure					
	activities as needed/	requested."					
	An interview was cor	nducted with ASM #2, the					
		n 7/6/2022 at 1:00 p.m.					
		the doors locked. ASM #2					
		had an unusual number of					
		to the state. It's an added					
		it's for any patient that esidents that leave the facility					
		r, would be considered an					
	elopement. When as						
		it that need to be in an					
		nore secured, ASM #2 stated					
		a behavioral assessment.					
	vvnen asked about re	esidents on Station 2, ASM					

Facility ID: VA0241

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	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		IO. 0938-039 E SURVEY	
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	· ,	·	CON	IPLETED	
						R-C	
		495045	B. WING		0	7/07/2022	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD			
				RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIOI DATE	
F 561	Continued From pag	e 65	F 56	1			
1 001			F 30	1			
	#2 stated if the resident has indicated behaviors, they would have an assessment. When asked if						
	-						
	resident that reside on that unit (Station 2) and don't have behaviors, is that impacting them, that it's locked, ASM #2 stated the security is						
	designed to let us be	-					
		asked if a resident asked for					
	the code, could they	get it, ASM #2 stated,					
	generally speaking, o	codes are shared. A resident					
	-	given the code. When asked					
		a resident's ability to attain					
	-	well-being, it would lessen					
		get off the unit, ASM #2					
		secured unit, it's for the					
	-	e residents can still go off the					
	the residents on Stat	o ask." When asked if all of					
		#2 stated, "No, Ma'am."					
		have them on a locked unit					
		.". When asked why the					
		lependently about the facility,					
		ve nothing else to offer other					
	that what I have alrea						
	An interview was cor	nducted on 7/6/22 at 2:43					
	p.m. with ASM (admi	nistrative staff member) #1,					
	the administrator. W	hen asked to tell us about					
		/I #1 stated, "They are not					
		isks, like the arcadia unit					
	•	are unit). We punch in a					
	-	t that wants to come off the					
		ot all have same cognition.					
		the LOA (leave of absence) I have had to report quite a					
		ou want to go shopping, go					
		partment. Residents are free					
		ey please." When asked do					
	-	-, preseet. This ability abili	1				
	vou consider the resi	dent as independent if they					

Facility ID: VA0241

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	-	D HUMAN SERVICES MEDICAID SERVICES				FOR	D: 07/15/2022 M APPROVED D. 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED R-C	
		495045	B. WING	WING			/07/2022
NAME OF PI	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	ND REHAB (RICHMOND)			125 HILLIARD ROAD ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 561 {F 656} SS=E	would you consider the home, ASM #1 stated code to go into one of When asked what dis operations have with rights and independent is the one who talked stated, "We are comma accessible to all reside they are appropriate the and sign out in the both the residents just talk know where they are acute episodic event, that the resident is se residents elope from the best to make sure the When asked if behavior assessments were do locked units, ASM #1 do elopement assess of an acute episodic event that something is goin will not put the resider ASM #1, the administ of nursing, and ASM aconsultant, were mad concern on 7/6/2022 aconsultant No further information Develop/Implement C CFR(s): 483.21(b) Comprehent	A1 stated, yes. When asked is as independent in your I, "Yes, I have to enter a "my rooms in my home." cussion does plant nursing regarding resident nee, ASM #1 stated, yes, he with corporate. ASM #1 nitted to making the elevator ents, at all time, as long as o go down on the elevator ok on each unit. Generally with the nurse and let them going. Anyone can have an and we want to make sure cure. We have seen the facility and are doing our residents stay safe." or /exit seeking one on all residents on those stated, "No, we would not ments on everyone because event, those are completely edictable. You cannot tell og to happen tomorrow that nt in harm's way." rator, ASM #2, the director #3, the quality assurance e aware of the above at 4:29 p.m.	F :	561	1.Corrective Action Resident #105,#109,#118,and #119 care was reviewed by the IDT team to validat related to moving about the facility. Resident #102 had an incident report co related to the administration of Coreg out parameters and food preferences.	e accuracy mpleted	
L	7/02-00) Previous Versions Obs	olete Event ID: 767N1	1				1

Facility ID: VA0241

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CENTER TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	OMB NO (X3) DATE	
ND PLAN OI	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	·	COMPI	LETED
					R-C	
		495045	B. WING		07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMED	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
_				RICHMOND, VA 23228		
(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 CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETIO DATE
{F 656}	implement a compreh care plan for each res- resident rights set for §483.10(c)(3), that in- objectives and timefra- medical, nursing, and needs that are identifi assessment. The con- describe the following (i) The services that a or maintain the reside physical, mental, and required under §483.2 (ii) Any services that a under §483.24, §483. provided due to the re- under §483.10, include treatment under §483.3 (iii) Any specialized se- rehabilitative services provide as a result of recommendations. If findings of the PASAF rationale in the resider (iv)In consultation with resident's representat (A) The resident's pre- future discharge. Fac- whether the resident's community was asses local contact agencies entities, for this purpo (C) Discharge plans in plan, as appropriate,	the nursing facility will PASARR a facility disagrees with the resident so reper a resident's mental and psychosocial and in the comprehensive and the furnished to attain and the second and the tive(s)- als for admission and and the second and the second and and the second and and the second and and the second and the second and the second and th	{F 656	<ul> <li>2. Like Residents/Areas The Director of Nursing/designee has resident careplans related to freedom medication parameters, and food pref validate accuracy text here</li> <li>3. Systemic Change The Director of Nursing/designee has licensed nurses on F656 specific to the implementation of resident careplans freedom of movement, medication par food preferences.</li> <li>4. Monitoring The Director of Nursing/designee will resdient careplans weekly times 4 we implementation of freedome of mover parameters, and food preferences.</li> </ul>	movement, erences to re-educated e related to ameters, and aduit 5 random eks to validate	8-10-22

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORI	D: 07/15/2022 MAPPROVED D. 0938-0391	
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C		
		495045	B. WING				-C /07/2022	
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		21	TREET ADDRESS, CITY, STATE, ZIP CODE 125 HILLIARD ROAD RICHMOND, VA 23228	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
{F 656}	by: 5. The facility staff fa comprehensive care i freedom of movemen #109. Resident #109 was o elevator on 7/5/22 at stated, "We are in Alc a prison." Resident #109 was a 1/1/21 with diagnosis limited to: quadriplegi (CKD) and atheroscle (ASCVD). The most recent MDS assessment, a quarte ARD (assessment ref coded the resident as the BIMS (brief interv indicating the resident review of the MDS Se coded the resident as for bed mobility, trans bathing; extensive as supervision for eating independent. A review of the compt 11/16/19 and revised "GOAL: Resident will independent leisure p basis. INTERVENTIC regard to activity part	<ul> <li>is not met as evidenced</li> <li>iled to implement the plan for independence in t in the facility for Resident</li> <li>bserved waiting for the 3:55 PM. Resident #109 catraz. This is our home not</li> <li>dmitted to the facility on that included but were not fa, chronic kidney disease</li> <li>erotic cardiovascular disease</li> <li>6 (minimum data set) erotic cardiovascular disease</li> <li>8 (minimum data set) erotic cardiovascular disease</li> <li>9 (minimum data set) er</li></ul>	{F 6	556}				

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	M APPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		495045	B. WING				/07/2022
NAME OF P	ROVIDER OR SUPPLIER		•	5	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
{F 656}	with LPN (licensed pr asked the purpose of stated, the purpose is resident and know wh When asked if being re- elevator without havir independence, LPN # enter the code for the On 7/6/22 at approxim (administrative staff m administrator, ASM # ASM #3, the corporat coordinator were mad According to the facilit Care Planning: The of preventing an avoidal Planning Process: Ev- effectiveness of the c help the interdisciplina- plan as needed to hel- highest practicable le No further information 6. The facility staff fai comprehensive care p freedom of movemen #118. Resident #118 was ac 7/18/18 with diagnosi limited to: Parkinson's hypertension. The most recent MDS	actical nurse) #2. When the care plan, LPN #2 to look at the care of the nat to do for the resident. unable to exit the floor via og the code was 42 stated, "No, we have to m." nately 4:30 PM, ASM nember) #1, the 2, the director of nursing and e quality assurance de aware of the findings. ty's policy "Interdisciplinary 3/2018, which reveals, care plan should focus on ble decline in function. Care valuation-evaluating the are plan interventions will ary team to modify the care ly the resident reach their vel of well-being. n was provided prior to exit. led to implement the blan for independence in t in the facility for Resident dmitted to the facility on s that included but were not a disease, lymphedema and	{F 6	556}			

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		ND HUMAN SERVICES MEDICAID SERVICES			FORM APPF OMB NO. 0938		
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·		(X3) DATE SURVEY COMPLETED		
		495045	B. WING		R-C 07/07/202	22	
NAME OF PF	ROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CO	•		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF C	ORRECTION	X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE COMP E APPROPRIATE DA		
{F 656}	Continued From page	e 70	{F 656}				
(,		ference date) of 6/16/22,	[1 000]				
	•	s scoring a 15 out of 15 on					
		view for mental status) score,					
	0	nt was cognitively intact. A ection G-functional status					
		s independent for bed					
	-	lking, locomotion, eating,					
		limited assistance for					
	dressing.						
	A review of the comp	rehensive care plan dated					
		aled, "GOAL: Resident will					
		endent leisure activities of /ENTIONS: Assist in					
	-	to plan own leisure-time					
	activities."	1					
		nducted on 7/6/22 at 8:00 AM					
		ractical nurse) #2.  When f the care plan, LPN #2					
		s to look at the care of the					
		hat to do for the resident.					
		unable to exit the floor via					
	elevator without having	ng the code was #2 stated, "No, we have to					
	enter the code for the						
	An interview was cor	nducted on 7/6/22 at 10:50					
		18. When asked if he was					
	able to exit his secon	id floor via elevator lent #118 stated, "No, I have					
		son to enter the code. I can					
	push the down buttor	n, but the door won't open					
		to enter the code. We are					
	not allowed to have t why."	he code. I don't understand					
		mately 4:30 PM, ASM					
	(administrative staff r						

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		D HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DATE SURV COMPLETE R-C	
		495045	B. WING				-0 07/2022
NAME OF PI	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
{F 656}	ASM #3, the corporat coordinator were made According to the facili Care Planning" dated "Care Planning: The of preventing an avoidal Planning Process: Ex- effectiveness of the of help the interdisciplinal plan as needed to hele highest practicable let No further information 7. The facility staff fail comprehensive care p freedom of movemen #119. Resident #119 was ad 2/26/21 with diagnosis limited to: right above diabetes mellitus and pulmonary disease. The most recent MDS assessment, a quarte ARD (assessment ref coded the resident as the BIMS (brief intervi indicating the resident review of the MDS Se coded the resident as bed mobility, transfer,	2, the director of nursing and e quality assurance le aware of the findings. ty's policy "Interdisciplinary 3/2018, which reveals, care plan should focus on ole decline in function. Care valuation-evaluating the are plan interventions will ary team to modify the care p the resident reach their vel of well-being. In was provided prior to exit. led to implement the olan for independence in t in the facility for Resident dmitted to the facility on s that included but were not the knee amputation, chronic obstructive	{F 6	\$56}	}		

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	-	ID HUMAN SERVICES MEDICAID SERVICES					RINTED: 07/15/20 FORM APPROV MB NO. 0938-03
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		NSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495045	B. WING				R-C 07/07/2022
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		2125	ET ADDRESS, CITY, STATE, ZIP COE HILLIARD ROAD IMOND, VA 23228	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI> TAG	(	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETIO DATE
{F 656}	2/27/21, which reveal improve functional m participate in group e INTERVENTIONS: A to plan own leisure-tii An interview was con- with LPN (licensed pr asked the purpose of stated, the purpose is resident and know w When asked if being elevator without havin independence, LPN # enter the code for the An interview was con- AM with Resident #11 found in the activity re asked if he was able elevator independent "No, it is like a jail. W elevator without staff do not understand wh be able to have the c On 7/6/22 at approxin (administrative staff re administrator, ASM # ASM #3, the corporat coordinator were mad According to the facil Care Planning" dated "Care Planning: The preventing an avoida Planning Process: E	rehensive care plan dated led, "GOAL: Resident will obility. Resident will actively vents of interest daily. Assist in planning/encourage me activities." ducted on 7/6/22 at 8:00 AM ractical nurse) #2. When the care plan, LPN #2 is to look at the care of the hat to do for the resident. unable to exit the floor via hg the code was #2 stated, "No, we have to em." ducted on 7/6/22 at 11:00 19. Resident #119 was boom on the first floor. When to exit his second floor via ly, Resident #119 stated, //e cannot come down on the entering the code for us. I hy they do that. We should ode." mately 4:30 PM, ASM nember) #1, the 2, the director of nursing and	{F 6	56}			

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		ID HUMAN SERVICES MEDICAID SERVICES					RINTED: 07/15/2022 FORM APPROVED //B NO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495045	B. WING				R-C 07/07/2022
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		212	REET ADDRESS, CITY, STATE, ZIP CODE 25 HILLIARD ROAD CHMOND, VA 23228	I	0110112022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
{F 656}	plan as needed to he highest practicable le No further information 8. A. The facility staff comprehensive care medications per the p Resident #102 (R102 On the most recent M assessment, an annu assessment reference resident scored a 15 interview for mental s resident was not cogn daily decisions. The comprehensive of documented in part, " related to HTN, heart documented in part, " physician orders." The physician order of documented, "Carveo treat high blood press 3.125 MG (milligrams every 12 hours every (Thursday), Sat (Satu HTN (hypertension - for SBP (systolic bloo 120."	ary team to modify the care Ip the resident reach their vel of well-being. In was presented prior to exit. failed to implement the plan to give blood pressure ohysician's orders for ). IDS (minimum data set) Ial assessment, with an e date of 5/6/2022, the out of 15 on the BIMS (brief tatus) score, indicating the nitively impaired to make care plan dated, 8/18/2021, 'Focus: Cardiac disease failure." The "Interventions" 'Administer medication per dated, 3/3/2022, dilol Tablet - Coreg (used to sure and heart disease) (1) s) - give 1 tablet by mouth Tue (Tuesday), Thu urday), Sun (Sunday) for high blood pressure) Hold od pressure) < (less than) (medication administration the above order. On the nes, the medication was	{F 6	56}			

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DEPARTMENT OF HEALTH					RINTED: 07/18 FORM APPR MB NO. 0938	OVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			X3) DATE SURVEY COMPLETED	
	495045	B. WING		_	R-C 07/07/202	2
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA	ATE, ZIP CODE		
PROMEDICA SKILLED NURSIN	G AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BE ICED TO THE APPROPRIAT IEFICIENCY)	E DA	ETION
evidence document the medication for The June 2022 MA order. On the follow medication was ad documented blood 6/5/2022 at 8:00 a 6/16/2022 at 8:00 a 6/23/2022 at 8:00 a 6/23/2022 at 8:00 a Review of the June evidence document the medication for The July 2022 MAI order. On the follow medication was ad documented blood 7/5/2022 at 8:00 p. Review of the July evidence document	m 117/70 m 117/71 m 104/66 m 107/67 m 114/68 a.m 112/78 b.m 118/74 b.m 112/73 a.m 110/68 b.m 108/72 b.m 108/72 b.m 108/72 b.m 106/72 b.m 80/55 2022 nurse's notes failed to tation regarding the holding of the above blood pressures. R documented the above ving days and times, the ministered with the pressure: m 102/68 a.m 95/56 a.m 107/62 e 2022 nurse's notes failed to tation regarding the holding of the above blood pressures. R documented the above ving day and time, the ministered with the pressure: R documented the above ving day and time, the ministered with the pressure:	{F 650	<pre> } </pre>			

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CENTERS FOR MEDICARE & I	ID HUMAN SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C	
	495045	B. WING				07/2022
NAME OF PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
			2	2125 HILLIARD ROAD		
PROMEDICA SKILLED NURSING A			F	RICHMOND, VA 23228		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
<ul> <li>practical nurse) #3 on When asked the purp #3 stated it is there for supposed to do for the the care plan docume the physician order an according to the physic the care plan, LPN #3</li> <li>ASM (administrative si administrator, ASM #2 and ASM #3, the qua were made aware of the 7/6/2022 at 4:29 p.m.</li> <li>No further information (1) This information wi following website: https://medlineplus.go tml.</li> <li>8. B The facility staff fi #102's food preference On the most recent M assessment reference #102 (R102) scored a (brief interview for me the resident was not of daily decisions.</li> <li>The comprehensive of documented in part, " potential for nutrition/fi (related to) multiple m</li> </ul>	ducted with LPN (licensed n 7/6/2022 at 10:37 a.m. pose of the care plan, LPN or us to follow what we are at resident. When asked if ents to give medications per nd they are not given sician order, is that following 3 stated, "No." staff member) #1, the 2, the director of nursing, ality assurance consultant, the above concern on	{F 6	556}			

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	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	ED: 07/15/2022 MAPPROVED O. 0938-0391
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING		(X3) DATE SURVEY COMPLETED R-C	
		495045	B. WING			۲-۵ 7/07/2022
NAME OF PF	ROVIDER OR SUPPLIER		STF	REET ADDRESS, CITY, STATE, ZIP CC	•	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		5 HILLIARD ROAD CHMOND, VA 23228		
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE
{F 656}	Continued From page	∋ 76	{F 656}			
	food, the resident sta good. They get serve Eggs and if available R102 stated they wou boiled or fried. They would boiled or fried. They would boiled or fried. They would be at. R102 stated they diabetic and needs to before going to dialys R102 stated they only for dinner most nights eat beef or pork. A request was made ASM (administrative a administrator, for a co preferences and their dietary food system.	When asked about the ted his breakfasts are not d white bread, not toasted. a small bowl of cereal. uld like the eggs, either hard would like toast in the ntoasted bread. R102 stated read making it very hard to y are a dialysis patient and a o eat something substantial sis three times a week. y gets two turkey sandwiches s. They stated they do not on 7/5/2022 at 5:00 p.m. to staff member) #1, the opy of the resident's food to meal ticket from their				
	of R102 sitting up in t was present. The res facility at 8:45 a.m. for at 8:08 a.m. The bread pieces of white bread eggs, a container of r juice, and a small box stated he couldn't eat going to be sitting on hours. When the CNA opened the hard boild	de on 7/6/2022 at 8:00 a.m. the wheelchair, no breakfast sident had to leave the or dialysis. Breakfast arrived akfast consisted of two I, untoasted, two hard boiled milk, a container of cranberry wl of bran cereal. R102 t the bran cereal if he was a dialysis machine for three A (certified nursing assistant) ed eggs, they were not fully then asked what they got for				
	dinner last night, R10 sandwiches. They st	2 stated they got two turkey ated what happened to tuna d. R102 stated they get two				

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 07/15/2022 M APPROVED O. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C	
		495045	B. WING				//07/2022
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		2	STREET ADDRESS, CITY, STATE, ZIP CODE 2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
{F 656}	them on dialysis days something other than and jelly. R102 stated vegetables. They like they got anything else sandwiches, R102 sta The menu was review approximately 9:00 a. pork was to be served The "Patient Summar following: Diet - regular Fluid restriction - non Beverages - Grape o Extra Items - oatmeat sandwich, toast, yogu Additional Directions Dislikes: sausage, gra beef ground, grilled c beef, meatballs, meat Special Instructions: alternate to main meat An interview was con practical nurse) #3 or When asked the purp #3 stated it is there for supposed to do for th the care plan docume intervention is not foll care plan, LPN #3 sta ASM (administrative s administrator, ASM # and ASM #3, the qua	y sandwiches to go with s, but wondered if there was turkey and peanut butter d they missed getting vegetables. When asked if e with the turkey ated, no. ved on 7/6/2022 at .m. On 7/5/2022 for dinner, d. The alternate was fish. ry" documented the e r Apple Juice l, tuna or chicken salad urt, eggs scram (scrambled) - early breakfast tray avy, red meat, Pork, bacon, heese sandwich, corned tloaf, and sloppy joe. Turkey sandwich or salad as al. ducted with LPN (licensed n 7/6/2022 at 10:37 a.m. pose of the care plan, LPN or us to follow what we are at resident. When asked if ents an intervention and the owed, is that following the	{F 6	\$56}			

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		ND HUMAN SERVICES MEDICAID SERVICES			PRINTED: 07/15/202 FORM APPROVE OMB NO. 0938-039	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING		(X3) DATE SURVEY COMPLETED R-C	
		495045	B. WING		07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	•	STR	EET ADDRESS, CITY, STATE, ZIP CO	· · · · · · · · · · · · · · · · · · ·	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)	212	5 HILLIARD ROAD		
			RIC	HMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE COMPLETION IE APPROPRIATE DATE	
{F 656}	Continued From page	e 78	{F 656}			
	7/6/2022 at 4:29 p.m.					
	No further information	n was provided prior to exit.				
	9. The facility staff failed to implement the					
	comprehensive care Resident #105's.					
	assessment, a quarter assessment reference resident scored a 14 interview for mental s resident was not cogni daily decisions. Resid as making themselver understanding others the resident was not behaviors during the G - Functional Status	<ul> <li>In Section E - Behaviors,</li> <li>coded as having had any</li> <li>look back period. In Section</li> <li>the resident was coded as</li> </ul>				
	walking in the room,	with set up help only for walking in the hallway, it and locomotion off the unit.				
	Resident #105 reside	ed on a locked unit.				
	documented in part, ' country music, spade TV, computer and tal pursue his interests." documented. "Assist encourage to plan ow Encourage participati	in planning and/or vn leisure time activities. ion in group activities of olies/materials for leisure				
	The Recreational Ser 11/22/2021, documer	rvices note dated, nted in part, "Resident				

Facility ID: VA0241

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	OMB NO: 0938-03 (X3) DATE SURVEY		(X2) MULTIPLE	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA		
445045         B. WING         07//           NAME OF PROVIDER OR SUPPLIER         STREETABL CASULED NURSING AND REHAB (RICHMOND)         STREETABL ROAD RICHMOND, VA 23228         STREETABL ROAD RICHMOND, VA 23228           (x0)10 TAS         SUMMARY STREMENT OF DEFICIENCIES RECULATIONY OR LSC IDENTIFINIO INFORMATION)         ID PROVIDERS PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATIONY OR LSC IDENTIFINIO INFORMATION)         ID PROVIDERS PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATIONY OR LSC IDENTIFINIO INFORMATION)         ID PROVIDERS PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATIONY OR LSC IDENTIFINIO INFORMATION)         ID PROVIDERS PLAN OF CORRECTION (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATIONY OR LSC IDENTIFINIO INFORMATION)         ID PROVIDERS PLAN OF CORRECTION (EACH DEPICENCY MUST BE PRECEDED BY FULL REGULATIONY OR LSC IDENTIFINIO INFORMATION)           {F 656}         Continued From page 79 admitted to the facilityhe enjoys movies, cards, religious programs and TV." The Recreational Services note dated, 2/17/2022 documented in part, "He pursues independent activities in room and is out to dialysis 3 days/week. He voices no need for additional activity supplies." The Behavioral Symptoms Assessment, dated, 6/2/2022, documented in part: a check mark was documented mexit or, "Agliation, initability, or hyperactivity." Exit seeking or wandering without intent or purpose was not checked.         An interview was conducted with LPN (licensed practical nurse), %0 ar (Biowa), is that following the care plan, LPN #3 stated, TNO."         An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 7/6/2022 at 1:0:02 n When asked who is responsible for implementing	COMPLETED		A. BUILDING	IDENTIFICATION NUMBER:	CORRECTION	ND PLAN OF
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	CONNECTION		A. BUILDING		R-	
		495045	B. WING		07/0	7/2022
NAME OF P	ROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMED	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(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 E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETIC DATE
{F 656}	of nursing, and ASM a consultant, were mad concern on 7/6/2022 a	#3, the quality assurance e aware of the above	{F 656}			
F 675 SS=E	Quality of Life CFR(s): 483.24 § 483.24 Quality of life Quality of life is a fund applies to all care and residents. Each resid facility must provide th necessary care and s the highest practicabl psychosocial well-beil resident's comprehen of care. This REQUIREMENT by: Based on review of fa staff interview, it was failed to promote and quality of life by allow highest degree of pra of 20 residents in the #109, #118, #119 and There were 83 of the that were in locked ur locked doors (which r both ends or were loc (600 rooms) and the of to the second floor re- was provided code to when asked for the co	e damental principle that d services provided to facility lent must receive and the ervices to attain or maintain e physical, mental, and ng, consistent with the sive assessment and plan d is not met as evidenced acility's documentation and determined that the facility enhance each resident's ing residents to maintain the cticability of well-being for 4 survey sample, Resident d #105. 169 resident in the facility nits. These units either had equired a code to open) on ated on the second floor elevator and doors leading quired a code. Surveyor unlock doors or elevator ode. A review of the 50 sidents located on the	F 675	<ul> <li>1. Corrective Action Concern forms were generated and resolv Residents #105,#109,#118, #119 related t key pads being disarmed. The facility disa the key pad on the unit 6 elevator and unit unit doors on 7-6-22.</li> <li>2. Like Residents/Areas The administrator reviewed the facility floo to validate that facility units were accessib residents in the center based on their care</li> <li>3. Systemic Change The Regional Director of Operations re-ed the administrator on F675 to include makin residents can move about the facility withour restriction. The Administrator re-educated team on F675 to include making sure resic can move about the facility without restrict</li> <li>4. Monitoring The Administrator/designee will review fac floorplan weekly times 4 weeks and the fac grievance log weekly times 4 weeks to val concerns were received related to keypad restricting access of the residents.</li> </ul>	o the rmed 2 rplan le to plan. ucated og sure out the IDT dents ion. ility cility idate no	8-10-22

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		495045	B. WING				-C <b>07/2022</b>
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMED	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 675	following: 24/50 had assessment and only seeking. A review of minutes dated 4/19/2. "New business-admir invited by president to locks and doors." The findings included 1. The facility staff fa to attain their highest Resident #109 was of elevator on 7/5/22 at stated, "We are in Alc a prison." Resident #109 was at 1/1/21 with diagnosis limited to: quadriplegi (CKD) and atheroscle (ASCVD). The most recent MDS assessment, a quarter ARD (assessment ref coded the resident as the BIMS (brief interv indicating the residen review of the MDS Se coded the resident as for bed mobility, trans bathing; extensive as supervision for eating independent. A review of the comput	no behavioral/elopement 1/50 being assessed as exit the Resident Council 2 revealed the following, histration: Administrator o inform residents of new : iled to allow Resident #109 level of well-being. bserved waiting for the 3:55 PM. Resident #109 eatraz. This is our home not dmitted to the facility on that included but were not a, chronic kidney disease erotic cardiovascular disease	F	675			

	-	ID HUMAN SERVICES MEDICAID SERVICES				FOF	ED: 07/15/2022 RM APPROVED O. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DAT COM	E SURVEY IPLETED
		495045	B. WING				R-C 7/ <b>07/2022</b>
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		21	TREET ADDRESS, CITY, STATE, ZIP CODE 125 HILLIARD ROAD RICHMOND, VA 23228	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 675	"GOAL: Resident will independent leisure p basis. INTERVENTIC regard to activity part A review of the behave Resident #109 dated following "Identified E aggression, agitation, checked. Seriousness Patient is threat to hir disruptive-no, distress others-no." An interview was con AM with LPN (license asked the purpose of stated, the purpose of stated, the purpose is When asked if all the assessed for safety, I sure. An interview was con AM with Resident #10 able to move through Resident #109 stated not have any control without the staff comi will not give us the co An interview was con with ASM (administra director of nursing. V the locked units, ASM an unusual number o state, any patient that without a LOA (leave	choose and engage in bursuits of interest on a daily DNS: Respect choices in icipation." vioral assessment for 3/25/19 revealed the Behavior symptoms: verbal , irritability or hyperactivity as of Behavioral Symptom: mself or others-no, sing to self and/or ducted on 7/6/22 at 11:05 ed practical nurse) #2. When the coded elevator, LPN #2 a to keep the residents safe. residents had been _PN #2 stated, I am not ducted on 7/6/22 at 10:55 D9. When asked if he was out the facility freely, I, no, this is like Alcatraz, I do of getting off of this floor ng to enter the code. They de. ducted on 7/6/22 at 1:00 PM tive staff member) #2, the When asked the purpose of M#2 stated, "We have had f elopements reported to the t could leave the facility of absence) order and it is re is a door that takes you	F	575			

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	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPU	E CONSTRUCTION		O. 0938-03
	CORRECTION	IDENTIFICATION NUMBER:	. ,		· · ·	IPLETED
						R-C
		495045	B. WING		0	7/07/2022
NAME OF PR	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE		
				2125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)	1	RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
F 675	Continued From page	e 83	F 675			
1 010		npleted to determine if a	1 0/ 3			
		cement on a locked unit,				
		at we do have is a behavior				
	assessment, if they have had behaviors they					
	would have a behavior assessment. The security					
		ll they need to do is to ask				
	-	e are sign out books on each				
		a resident has not been				
		/hy would the resident not be				
		dence, ASM #2 stated, "It is				
		s would share the codes.				
	-	ode to the resident. I believe Ir time to get off the unit				
		k the staff for the code."				
	-	dent says they want to come				
		ed another room placement,				
		ney are not. When asked				
	how many residents	on the 600 hall were				
	assessed as exit see	king, ASM #2 stated, "I am				
	-	n the 600 hall are exit				
	-	o check on that." When				
		cts the residents ability for				
	-	SM #2 stated, "Other than the				
		dy stated, I do not have				
	anything else to offer					
	An interview was con	ducted on 7/6/22 at 1:59 PM				
		ector of nursing. When				
		onsible to the locked units,				
		was not nursing, that was a				
		en asked who the plant				
	operations contact is					
		asked what discussions				
	÷ .	t operations regarding				
		dependence, ASM #2				
		se or speak for resident's				
		uld think the administrator rporate. We discussed it				

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				IO. 0938-03	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			· · · ·	TE SURVEY MPLETED	
			A. BUILDING	3			
		405045			R-C		
		495045	B. WING			7/07/2022	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI	Ξ		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD			
		· · ·		RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETIOI DATE	
F 675			F 67	75			
		her building. We need to do					
		re at risk. I personally did					
	not want the locks, bu						
		I do not know that that I					
		. There are four residents					
		re exit seeking." When					
		SM #2 stated the resident					
		0 and three other residents. formed that only Resident					
		assessment that listed exit					
		r, ASM #2 stated, "These					
	are the names I was						
		given					
	An interview was con	ducted on 7/6/22 at 2:43 PM					
		ninistrator. When asked to					
		ed units, ASM #1 stated,					
		elopement risks, like the					
		ich in a code for any resident					
	that wants to come of	ff the unit. Residents do not					
	all have same cogniti	on. They do not abide by					
	the LOA policy and p	rocedure. I have had to					
		pements. If you want to go					
		activities department.					
		come and go as you please.					
	-	consider the resident as					
		ave to have someone enter					
		ave the unit. ASM #1 stated,					
		vould you consider this as					
		nome, ASM #1 stated, "Yes, I					
		to go into one of my rooms asked what discussion does					
		e with nursing regarding					
		dependence, ASM #1					
	stated, "Yes, I am the						
		ommitted to making the					
		o all residents at all time as					
		opriate to go down on the					
		in the book on each unit.					
		its just talk with the nurse					

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	-	D HUMAN SERVICES				FORM	APPROVED
		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUL	TIPLE	E CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:				COMP	LETED
		495045	B. WING				-C 07/2022
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	•••	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			2125 HILLIARD ROAD		
	1			F	RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/		(X5) COMPLETION DATE
					DEFICIENCY)		
F 675	and let them know wh can have an acute ep make sure that the re seen residents elope doing our best to mak safe." When asked if assessments were do locked units, ASM #1 do elopement assess of an acute episodic e unexpected and unpr that something is not that will not put the re	here they are going. Anyone isodic event, and we want to sident is secure. We have from the facility and are the sure the residents stay behavior /exit seeking one on all residents on those stated, "No, we would not ments on everyone because events, those are completely edictable. You cannot tell going to happen tomorrow sident in harm's way."	F	675			
	administrator, ASM # ASM #3, the corporat	nately 4:30 PM, ASM #1, the 2, the director of nursing and e quality assurance le aware of the findings.					
	Care Planning/Reside Care/Quality of Life" of "Comprehensive Care The care plan must d services that are to be	ty's policy "Interdisciplinary ent Rights/Person Centered dated 3/2018, which reveals, e Planning Requirements: escribe the following: the e furnished to maintain the ticable physical, mental and ng."					
	No further information	was provided prior to exit.					
	2. The facility staff fai to attain their highest	led to allow Resident #118 level of well-being.					
	7/18/18 with diagnosi	dmitted to the facility on s that included but were not s disease, lymphedema and					
	The most recent MDS	6 (minimum data set)					

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 07/15/2022 M APPROVED D. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		E CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED
		495045	B. WING				K-C /07/2022
	ROVIDER OR SUPPLIER	I AND REHAB (RICHMOND)		2	TREET ADDRESS, CITY, STATE, ZIP CODE 125 HILLIARD ROAD RICHMOND, VA 23228	07	10112022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIZ TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 675	assessment, a quarte ARD (assessment rel coded the resident as the BIMS (brief intervi indicating the resident review of the MDS Se coded the resident as mobility, transfer, wal hygiene and bathing; dressing. A review of the comp 11/16/19, which revea participated in indepe choice daily. INTERV planning/encourage t activities." A review of the Resid found there was no b completed. An interview was con AM with LPN (license asked the purpose of stated, the purpose is When asked if all the assessed for safety, I sure. An interview was con AM with Resident #11 able to move through Resident #118 stated staff person to enter to down button, but the staff comes to enter to	erly assessment, with an ference date) of 6/16/22, a scoring a 15 out of 15 on iew for mental status) score, t was cognitively intact. A ection G-functional status a independent for bed king, locomotion, eating, limited assistance for rehensive care plan dated aled, "GOAL: Resident will endent leisure activities of 'ENTIONS: Assist in o plan own leisure-time ent #118's medical record ehavioral assessment ducted on 7/6/22 at 11:05 ed practical nurse) #2. When the coded elevator, LPN #2 s to keep the residents safe. residents had been _PN #2 stated, I am not ducted on 7/6/22 at 10:50 18. When asked if he was out the facility freely, , No, I have to wait for a he code. I can push the door won't open until the	F	675			

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		ID HUMAN SERVICES MEDICAID SERVICES				_	FORM	07/15/2022 APPROVED 0938-0391
STATEMENT (	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		INSTRUCTION	(	X3) DATE S COMPL	ETED
		495045	B. WING _				R-1	C 7/2022
NAME OF P	ROVIDER OR SUPPLIER	I		STRE	ET ADDRESS, CITY, STATE, ZIP COD	E		
				2125	HILLIARD ROAD			
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		RICH	1MOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	Ē	(X5) COMPLETION DATE
F 675	Continued From page	e 87	F6	675				
	with ASM (administra director of nursing. W the locked units, ASM an unusual number of state, any patient that without a LOA (leave unsafe to do so. The out in the parking lot.' assessments are com resident requires place ASM #2 stated, "What assessment, if they h would have a behavior is designed so that all staff to get out. There unit." When asked if assessed as a risk, w allowed that independ because the residents We do not give the co it would lengthen you since they have to as When asked if a reside and go are they offere ASM #2 stated, no, th how many residents of assessed as exit seel not sure how many of seeking. I will have to asked how this impact choice and rights, AS reasons I have alread anything else to offer An interview was con with ASM #2, the dire	npleted to determine if a cement on a locked unit, at we do have is a behavior ave had behaviors they or assessment. The security I they need to do is to ask a resign out books on each a resident has not been why would the resident not be dence, ASM #2 stated, "It is s would share the codes. bode to the resident. I believe r time to get off the unit k the staff for the code." dent says they want to come ed another room placement, hey are not. When asked on the 600 hall were king, ASM #2 stated, "I am n the 600 hall are exit o check on that." When cts the residents ability for M #2 stated, I do not have						

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES				I	NTED: 07/15/2022 FORM APPROVED B NO. 0938-0391	
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		CONSTRUCTION	(X3)	DATE SURVEY COMPLETED	
		495045	B. WING			R-C 07/07/2022		
NAME OF P	ROVIDER OR SUPPLIER	•	•	ST	REET ADDRESS, CITY, STATE, ZIP CODE			
				21	25 HILLIARD ROAD			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RI	ICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 675	plant operations. Wh operations contact is, administrator. When nursing has with plan resident rights and in- stated, "I state my car rights, generally I wou would take it up to co thoroughly with the O gentleman from anoth it for residents who an not want the locks, bu specifically said that. came down that hard on the 600 hall that a asked their names, A names, Resident #12 When ASM #2 was in #120 had a behavior seeking as a behavior are the names I was gen An interview was con with ASM #1, the adm tell us about the locks they are not units for arcadia unit. We pun that wants to come of all have same cogniti the LOA policy and pur report quite a few elo shopping, go with the Residents are free to When asked do you of independent if they has a code for them to lear	vas not nursing, that was a een asked who the plant ASM #2 stated, the asked what discussions t operations regarding dependence, ASM #2 se or speak for resident's uld think the administrator rporate. We discussed it mbudsman, another ner building. We need to do re at risk. I personally did ut I do not know that I I do not know that I I do not know that that I . There are four residents re exit seeking." When SM #2 stated the resident 0 and three other residents. formed that only Resident assessment that listed exit r, ASM #2 stated, "These	F	675				

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	): 07/15/2022 MAPPROVED ). 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495045	B. WING		_		-C 07/2022
NAME OF P	ROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, ST	ATE, ZIP CODE	•	
PROMED	CA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 675	in my home." When a plant operations have resident rights and ind stated, "Yes, I am the corporate. We are co- elevator accessible to long as they are appre- elevator and sign out Generally the residen and let them know wh can have an acute ep- make sure that the re- seen residents elope doing our best to mak safe." When asked if assessments were do locked units, ASM #1 do elopement assess of an acute episodic e unexpected and unpu- that something is not that will not put the re- On 7/6/22 at approxim administrator, ASM #2 ASM #3, the corporat coordinator were made According to the facili Care Planning/Reside Care/Quality of Life" of "Comprehensive Care The care plan must do services that are to be patient's highest prac- psychosocial well-beil	to go into one of my rooms sked what discussion does with nursing regarding dependence, ASM #1 one who talked with ommitted to making the o all residents at all time as opriate to go down on the in the book on each unit. ts just talk with the nurse here they are going. Anyone isodic event, and we want to sident is secure. We have from the facility and are the sure the residents stay behavior /exit seeking one on all residents on those stated, "No, we would not ments on everyone because events, those are completely edictable. You cannot tell going to happen tomorrow sident in harm's way." nately 4:30 PM, ASM #1, the 2, the director of nursing and e quality assurance le aware of the findings. ty's policy "Interdisciplinary ent Rights/Person Centered dated 3/2018, which reveals, e Planning Requirements: escribe the following: the e furnished to maintain the ticable physical, mental and	F 675				

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	-	ID HUMAN SERVICES MEDICAID SERVICES			FORM	07/15/2022 APPROVED 0938-0391
STATEMENT O	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION G	(X3) DATE S COMPL	SURVEY ETED
		495045	B. WING			7/2022
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
F 675	Continued From page	90	F 67	75		
	3. The facility staff fai to attain their highest	led to allow Resident #119 level of well-being.				
	2/26/21 with diagnosi	dmitted to the facility on s that included but were not the knee amputation, chronic obstructive				
	ARD (assessment ref coded the resident as the BIMS (brief interv indicating the residen review of the MDS Se coded the resident as bed mobility, transfer	S (minimum data set) erly assessment, with an ference date) of 6/22/22, a scoring a 15 out of 15 on iew for mental status) score, t was cognitively intact. A fection G-functional status extensive assistance for dressing, hygiene and for eating and independent in				
	2/27/21, which reveal improve functional mo participate in group e	rehensive care plan dated ed, "GOAL: Resident will obility. Resident will actively vents of interest daily. assist in planning/encourage me activities."				
		ent #119's medical record ehavioral assessment				
	AM with LPN (license asked the purpose of stated, the purpose is When asked if all the	ducted on 7/6/22 at 11:05 of practical nurse) #2. When the coded elevator, LPN #2 to keep the residents safe. residents had been _PN #2 stated, I am not				

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		MEDICAID SERVICES				IO. 0938-039	
	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, <i>,</i>		· · · ·	E SURVEY	
			A. BUILDING	<u> </u>			
			5 W/NO			R-C	
		495045	B. WING		07/07/2022		
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC	DDE		
	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD			
				RICHMOND, VA 23228			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C		(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLETION	
F 675	Continued From pag	e 91	F 67	.5			
	sure.						
		nducted on 7/6/22 at 10:50 19.  When asked if he was					
		nout the facility freely,					
	-	d, "No, I have to wait for a					
		the code. I can push the					
		door won't open until the					
		the code. We are not					
		code. I don't understand					
	why."						
		nducted on 7/6/22 at 1:00 PM					
		ative staff member) #2, the					
	-	When asked the purpose of					
		M #2 stated, "We have had of elopements reported to the					
		at could leave the facility					
		e of absence) order and it is					
		ere is a door that takes you					
		." When asked what					
		mpleted to determine if a					
		cement on a locked unit,					
		at we do have is a behavior					
	assessment, if they h	nave had behaviors they					
		or assessment. The security					
	-	II they need to do is to ask					
	-	e are sign out books on each					
		f a resident has not been					
		why would the resident not be					
	-	idence, ASM #2 stated, "It is ts would share the codes.					
		ode to the resident. I believe					
	-	ur time to get off the unit					
		sk the staff for the code."					
		dent says they want to come					
		red another room placement,					
		hey are not. When asked					
	how many residents						

Facility ID: VA0241

If continuation sheet Page 92 of 129

		ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 07/15/2022 APPROVED ). 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		E CONSTRUCTION		(3) DATE COMP	SURVEY LETED
		495045	B. WING					-C 07/2022
NAME OF PF	ROVIDER OR SUPPLIER	1		5	STREET ADDRESS, CITY, STATE, ZIP CODE		•••	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			2125 HILLIARD ROAD			
0(0)5		ATEMENT OF DEFICIENCIES			RICHMOND, VA 23228 PROVIDER'S PLAN OF CORF			()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	Ξ	(X5) COMPLETION DATE
F 675	Continued From page	<b>a</b> 92	F	675				
1 010		king, ASM #2 stated, "I am		070				
		n the 600 hall are exit						
		o check on that." When						
	asked how this impac	cts the residents ability for						
		M #2 stated, "Other than the						
		ly stated, I do not have						
	anything else to offer							
	An interview was con	ducted on 7/6/22 at 1:59 PM						
		ector of nursing. When						
		onsible to the locked units,						
		vas not nursing, that was a						
		en asked who the plant						
	operations contact is,	, ASM #2 stated, the asked what discussions						
		t operations regarding						
		dependence, ASM #2						
	÷	se or speak for resident's						
	<b>e e i</b>	uld think the administrator						
		rporate. We discussed it						
	thoroughly with the O	-						
	-	her building. We need to do re at risk. I personally did						
	not want the locks, bu	· ·						
		I do not know that that I						
		. There are four residents						
		re exit seeking." When						
		SM #2 stated the resident						
		0 and three other residents. formed that only Resident						
		assessment that listed exit						
		r, ASM #2 stated, "These						
	are the names I was							
	An intonvious was	ducted on 7/6/22 at 2.42 DM						
		ducted on 7/6/22 at 2:43 PM ninistrator. When asked to						
		ed units, ASM #1 stated,						
		elopement risks, like the						
		ich in a code for any resident						

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES					FORM	): 07/15/2022 1 APPROVED ). 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	`, ´		E CONSTRUCTION		X3) DATE COMP	SURVEY LETED
		495045	B. WING					-C 07/2022
NAME OF P	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE	•		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	Ē	(X5) COMPLETION DATE
F 675	all have same cogniti the LOA policy and pr report quite a few elo shopping, go with the Residents are free to When asked do you of independent if they have a code for them to lea "Yes." When asked w independent in your h have to enter a code in my home." When a plant operations have resident rights and in stated, "Yes, I am the corporate. We are co- elevator accessible to long as they are appr elevator and sign out Generally the residen and let them know wh can have an acute ep make sure that the re seen residents elope doing our best to mak safe." When asked if assessments were do locked units, ASM #1 do elopement assess of an acute episodic e unexpected and unpr that something is not that will not put the re On 7/6/22 at approxin administrator, ASM #3, the corporat	ff the unit. Residents do not on. They do not abide by rocedure. I have had to pements. If you want to go activities department. come and go as you please. consider the resident as ave to have someone enter ave the unit. ASM #1 stated, yould you consider this as nome, ASM #1 stated, "Yes, I to go into one of my rooms asked what discussion does a with nursing regarding dependence, ASM #1 e one who talked with ommitted to making the o all residents at all time as opriate to go down on the in the book on each unit. Its just talk with the nurse nere they are going. Anyone bisodic event, and we want to esident is secure. We have from the facility and are ke sure the residents stay behavior /exit seeking one on all residents on those stated, "No, we would not ments on everyone because events, those are completely edictable. You cannot tell going to happen tomorrow esident in harm's way."	F	675				

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	APPROVED 0. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE	
		495045	B. WING				-C 07/2022
NAME OF P	ROVIDER OR SUPPLIER	-		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PROMED	CA SKILLED NURSING A	AND REHAB (RICHMOND)			125 HILLIARD ROAD LICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLETION DATE
F 675	Continued From page	94	F	675			
	Care Planning/Reside Care/Quality of Life" of "Comprehensive Care The care plan must d services that are to be patient's highest prac- psychosocial well-bei No further information 4. The facility staff fai to attain their highest On the most recent M assessment, a quarter assessment reference resident scored a 14 interview for mental s resident was not cogr daily decisions. Resid as making themselve understanding others the resident was not of behaviors during the G - Functional Status requiring supervision walking in the room, M locomotion on the unit An interview was con 7/6/2022 at 11:05 a.m off the unit, R105 stat member to put in the When asked if the stat	n was provided prior to exit. led to allow Resident #105 level of well-being. IDS (minimum data set) rly assessment, with an e date of 4/29/2022, the out of 15 on the BIMS (brief tatus) score, indicating the nitively impaired for making lent #105 (R105) was coded s understood and . In Section E - Behaviors, coded as having had any look back period. In Section , the resident was coded as with set up help only for valking in the hallway, t and locomotion off the unit. ducted with R105 on n. When asked how he gets red they have to get a staff code and open the door. off would give them the code 05 stated, "No, it's like we					

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 07/15/2022 FORM APPROVED OMB NO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING		(X3) DATE SURVEY COMPLETED R-C
		495045	B. WING		07/07/2022
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)	212	REET ADDRESS, CITY, STATE, ZIP CO 25 HILLIARD ROAD CHMOND, VA 23228	•
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BECOMPLETIONIE APPROPRIATEDATE
F 675	admitted to the facility religious programs ar The Recreational Ser documented in part, " activities in room and days/week. He voices activity supplies." The Recreational Ser documented in part, " interests. Current goa 90 days." The Behavioral Symp 6/2/2022, documente documented next to, hyperactivity." Exit se intent or purpose was The comprehensive of documented in part, " country music, spade TV, computer and tall pursue his interests." documented. "Assist encourage to plan ow Encourage participati interest. Provide supp activities as needed/r An interview was con director of nursing, or When asked why are stated the facility has elopements reported security for patients, i leaves the facility. Re	hted in part, "Resident he enjoys movies, cards, ad TV." vices note dated, 2/17/2022 He pursues independent is out to dialysis 3 a no need for additional vices note dated, 5/2/2022, No changes in activity al to be continued over next tooms Assessment, dated, d in part: a check mark was "Agitation, irritability, or teking or wandering without a not checked. are plan dated, 1/10/2022, Focus: (R105) enjoys is, news, outdoors, church, kingNeeds opportunities to The "Interventions" in planning and/or <i>n</i> leisure time activities. on in group activities of obles/materials for leisure equested." ducted with ASM #2, the n 7/6/2022 at 1:00 p.m. the doors locked. ASM #2 had an unusual number of to the state. It's an added it's for any patient that isidents that leave the facility , would be considered an	F 675		

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	MENT OF HEALTH A S FOR MEDICARE &					MAPPROVE D. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		495045	B. WING			R-C 107/2022
NAME OF PF	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO	DDE	
ROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD		
		. ,		RICHMOND, VA 23228		1
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETIO DATE
F 675	Continued From page	ue 96	F 67	5		
		nt that need to be in an	1.07			
		more secured, ASM #2 stated				
	they assess through	a behavioral assessment.				
		esidents on Station 2, ASM				
		lent has indicated behaviors, assessment. When asked if				
		on that unit (Station 2) and				
		s, is that impacting them, that				
	it's locked, ASM #2					
		e aware of where the				
		asked if a resident asked for get it, ASM #2 stated,				
		codes are shared. A resident				
		given the code. When asked				
		a resident's ability to attain				
		well-being, it would lessen				
		o get off the unit, ASM #2 ecured unit, it's for the				
		e residents can still go off the				
		o ask. When asked if all of				
		tion 2 considered an				
		1 #2 stated, no, Ma'am. When				
		them on a locked unit ASM n asked why the residents				
		tly about the facility, ASM #2				
		ng else to offer other that				
	what I have already	stated."				
	ASM #1 the admini	strator, ASM #2, the director				
		#3, the quality assurance				
	consultant, were ma	de aware of the above				
	concern on 7/6/2022	2 at 4:29 p.m.				
	No further information	on was provided prior to exit.				
{F 684}	Quality of Care		{F 684	} 1.Corrective Action		
SS=D	CFR(s): 483.25			Resident #104 fluid restriction or so that licensed nurses can docu fluid intake each shift.		

Facility ID: VA0241

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		ND HUMAN SERVICES MEDICAID SERVICES				FORM	): 07/15/2022 MAPPROVED ). 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495045	B. WING	VING		R-C 07/07/2022	
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		2	STREET ADDRESS, CITY, STATE, ZIP CODE 2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
{F 684}	applies to all treatment facility residents. Base assessment of a resident that residents received accordance with profi- practice, the compret care plan, and the resident's REQUIREMENT by: Based on staff interver review, and clinical resident's fluid intake ordered for a fluid resident's fluid restriction, but the and monitor the resident The findings include: On the most recent M quarterly assessment reference date) of 5/2 having no cognitive in decisions. R104 was during the survey. A review of R104's cl following order, dated total: 1500 mls (millili A review of R104's M administration record administration record task records failed to	Andamental principle that int and care provided to seed on the comprehensive dent, the facility must ensure extreatment and care in essional standards of nensive person-centered sidents' choices. T is not met as evidenced riew, facility document ecord review, it was acility staff failed to monitor a when the resident was striction for one of 20 ey sample, Resident #104. had a physician's order for a ne staff did not document lent's fluid intake. MDS (minimum data set), a t with an ARD (assessment 23/22, R104 was coded as mpairment for making daily unavailable for interview inical record revealed the d 6/14/22: "Fluid restriction - ters)/24 hours."	{F 6	584}	<ul> <li>2. Like Residents/Areas The Director of Nursing/designee has rev residents with fluid restrictions to validate related to fluid intake monitoring each shi 3.Systemic Change The Director of Nursing/designee has ree licensed nurses on the documentation of validation for fluid restriction patients.</li> <li>4. Monitoring The Director of Nursing/designee will aud with fluid restriction orders weekly times 4 ensure that documentation is present reg intake validation.</li> </ul>	ft. ducated fluid intake it patients weeks to	8-10-22

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 07/15/20 FORM APPROV OMB NO. 0938-03
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C
		495045	B. WING		07/07/2022
NAME OF PF	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROAD	
				RICHMOND, VA 23228	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION (X5) TE ACTION SHOULD BE COMPLETIC D TO THE APPROPRIATE CIENCY)
	Continued From page through 7/5/22.	98	{F 68	34}	
	through 7/5/22.				
	a fluid restriction work worksheet contained "Fluids Ordered 1500 nursingTotal fluid/24 240, Evenings 180, N dietaryTotal fluid/24 were no specifications be provided by dietary A review of R104's ca updated 10/31/19, rev	are plan, dated 5/22/19 and vealed, in part: "Renal es related to ESRD (end			
	nurse) #4 was intervie aware R104 has an of She stated she did no allowed for each shift When asked where si intake, she stated: "It administration record MAR for July 2022, si here." She stated the previously documente MAR. She stated each documented how mut She stated: "I was jus see the amounts any	ed each shift on R104's sh shift nurse had ch fluid the resident took in. st used to doing it, but I don't where." n., ASM (administrative staff			

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES			FOF	ED: 07/15/2022 RM APPROVED IO. 0938-0391
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DAT COM	TE SURVEY MPLETED
		495045	B. WING			R-C 7/07/2022
NAME OF PF	ROVIDER OR SUPPLIER	I	STR	EET ADDRESS, CITY, STATE, ZIP CO		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		5 HILLIARD ROAD		
-				HMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETION DATE
{F 684}	resident's meal tray, a amount through medi she did not know whe fluid a resident took in particular day. On 7/6/22 at 2:00 p.m on facility policy, fluid total per 24 hours. Sh the recommendation this information does She stated: "It can be documentation for it." had been identified du recent plan of correct stated: "The only thin whether or not there i On 7/6/22 at 3:54 p.m member) #1, the adm director of nursing, ar quality assurance coo these concerns. Whe restriction documenta should be a fluid rest by the dietician. This how much fluid can b shift. On 7/7/22 at 9:08 a.m received clarification documentation. She s worksheet tells the st resident may receive.	es their amount on the and nursing provides their ication passes. She stated ere to look to see how much in on a particular shift or a h., ASM #2 stated that based restrictions are entered as a ne stated the dietician makes for amounts each shift, but not go on the MAR or TAR. e viewed, but there is no "When asked if this concern uring facility audits during ion implementation, she g an audit can show is is a fluid restriction." h., ASM (administrative staff hinistrator, ASM #2, the nd ASM #3, the corporate ordinator, were informed of n asked about the fluid ation, ASM #3 stated there riction worksheet completed assessment tells the nurse e given to a resident on a h., ASM #3 stated she had on the fluid restriction stated the fluid restriction aff the amount of fluid a	{F 684}			
		e document by exception." / policy, "Hydration Quick				

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STATEMENT	OF DEFICIENCIES	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN OF	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED	
		495045	B WING		R-	
NAME OF P	ROVIDER OR SUPPLIER	490040		TREET ADDRESS, CITY, STATE, ZIP CODE	07/0	7/2022
				125 HILLIARD ROAD		
PROMED	PROMEDICA SKILLED NURSING AND REHAB (RICHMOND)			RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		
{F 684}	Reference Guide," re related to documentir resident's fluid intake	vealed no information ng and monitoring a	{F 684}			
{F 689} SS=D	CFR(s): 483.25(d)(1) §483.25(d) Accidents The facility must ensu §483.25(d)(1) The res as free of accident has §483.25(d)(2)Each res supervision and assis accidents. This REQUIREMENT by: Based on observatio interview, facility docu record review, it was failed to maintain a sa 20 residents in the su #107. The facility staff failed cigarettes from Resid table on two days of t 7/6/22. The findings include: On the most recent M quarterly assessment reference date) of 5/3	ure that - sident environment remains azards as is possible; and esident receives adequate stance devices to prevent is not met as evidenced n, resident interview, staff ument review, and clinical determined the facility staff afe environment for one of urvey sample, Resident	{F 689}	<ol> <li>Corrective Action The smoking materials were removed in resident #107 room on 7-6-22. The facili the smoking guidelines with resident #10</li> <li>Like Residents/Areas The Director of Nursing/designee inspec rooms to validate that no smoking materi present.</li> <li>Systemic Change The Administrator/designee has reeduca staff on the smoking guidelines to include smoking materials should be present in t rooms.</li> <li>Monitoring The Administrator/designee will audit res weekly times 4 weeks to validate that no materials are present.</li> </ol>	7. ted resident als were ted facility that no he patient ident rooms	8-10-22

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		ID HUMAN SERVICES MEDICAID SERVICES			FOF	ED: 07/15/2022 RM APPROVED IO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · · ·		(X3) DATE SURVEY COMPLETED R-C	
		495045	B. WING			R-C 7/07/2022
NAME OF PI	ROVIDER OR SUPPLIER		s	TREET ADDRESS, CITY, STATE, ZIP COD	•	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETION DATE
{F 689}	tobacco use. On the following date observed sitting up in and 4:16 p.m.; 7/7/22 At each observation, located on R107's be resident's reach. On 7/6/22 at 11:43 a. the cigarettes. She st a while," but felt like s that moment. She sta her room, and opener was full. A review of R107's cl Smoking Evaluation of document revealed, i Smoker: Capable and assistance to smoke materials at nurses' s area for storage." A review of R107's ca updated 8/18/21 reve smoking in communit smokingwill remain	boded as having no current as and times, R107 was bed: 7/5/22 at 3:27 p.m. e at 8:50 a.m. and 11:40 a.m. a pack of cigarettes was dside table, within the m., R107 was asked about rated she had not smoked "in she could use a cigarette at ated she had not smoked in d the pack of cigarettes. It inical record revealed a dated 8/4/21. Review of this n part: "Determination: Safe d safe, requires no - NOSecure smoking tation or other designated are plan dated 8/6/21 and ealed, in part: History of	{F 689}			
	station or other desig On 7/6/22 at 11:45 a. nurse) #3, who was o to check R107's room in R107's room and r holding the pack of ci	moking materials at nurses' nated area for storage." m., LPN (licensed practical caring for R107, was asked n for cigarettes. LPN #3 went eturned to the nurse station garettes. She stated R107 have cigarettes at the				

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES			PRINTED: 07/15/2022 FORM APPROVED OMB NO. 0938-0391	
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495045	B. WING		R-C 07/07/2022	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE COMPLETION	
{F 689}	bedside is unsafe. Sh supposed to be kept and kept there until th outside. She stated s the cigarettes at R10 <sup>o</sup> On 7/6/22 at 1:00 p.m member) #2, the dire- interviewed. She state to have cigarettes in fa a safety precaution in harming themselves of On 7/6/22 at 3:54 p.m member) #1, the adm director of nursing, ar quality assurance coo these concerns. A review of the facility Guidelines," revealed storage, and distribut are to be kept under the when not in use. This lighters, matches, light cigarettes, etc. Staff r accessories to patien smoking times."	cigarettes at the resident's ne stated all cigarettes are in a box at the nurse station, ne resident smoke breaks he had previously noticed 7's bedside. n., ASM (administrative staff ctor of nursing, was ed residents are not allowed their room. She stated this is norder to prevent residents for anyone else. n., ASM (administrative staff ninistrator, ASM #2, the nd ASM #3, the corporate profinator, were informed of / policy, "Smoking I, in part: "Retention, ion of smoking accessories the control of center staff includes cigarettes, pipes,	{F 68	9}		
F 760 SS=E	CFR(s): 483.45(f)(2) The facility must ensu §483.45(f)(2) Residen medication errors.	f Significant Med Errors ure that its- hts are free of any significant is not met as evidenced	F 76	50 1. Corrective Action An incident report was created f 2.Like Resdients/Areas The Director of Nursing/designe patients in the center with cardia parameters to validate orders.	e has reviewed	

Event ID: 767N12

Facility ID: VA0241

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STATEMENT	OF DEFICIENCIES	MEDICAID SERVICES		E CONSTRUCTION		D. 0938-039 SURVEY
	F CORRECTION	IDENTIFICATION NUMBER:	. ,		COMPLETED	
				R-C		
		495045			07	/07/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2125 HILLIARD ROAD		
PROMED	ICA SKILLED NURSING	AND REHAB (RICHMOND)				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETIO DATE
F 760	by: Based on staff interv and clinical record re facility staff failed to e the survey sample we medication error, Res The findings include: On the most recent M assessment, an annu assessment reference resident scored a 15 interview for mental s resident was not cog daily decisions. The physician order of documented, "Carved treat high blood press 3.125 MG (milligrams every 12 hours every (Thursday), Sat (Satt HTN (hypertension - for SBP (systolic blood 120."	view, facility document review view, it was determined the ensure one of 20 residents in ere free of a significant sident #102 (R102). MDS (minimum data set) ual assessment, with an e date of 5/6/2022, the out of 15 on the BIMS (brief status) score, indicating the nitively impaired to make dated, 3/3/2022, dilol Tablet - Coreg (used to sure and heart disease) (1) s) - give 1 tablet by mouth r Tue (Tuesday), Thu urday), Sun (Sunday) for high blood pressure) Hold od pressure) < (less than) (medication administration the above order. On the mes, the medication was a documented blood 117/70 117/71 104/66 107/67	F 760	2. Quetareis Obanes	n bllowing rs. audit 5 ameters	8-10-22

Facility ID: VA0241

If continuation sheet Page 104 of 129

	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,			(X3) DATE	
		495045	B. WING			R-C 07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		2125 HILLIARD ROAD			
					RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 760	<ul> <li>5/15/2022 at 8:00 p.m</li> <li>5/17/2022 at 8:00 p.m</li> <li>5/22/2022 at 8:00 p.m</li> <li>5/28/2022 at 8:00 p.m</li> <li>5/31/2022 at 8:00 p.m</li> <li>5/31/2022 at 8:00 p.m</li> <li>Feview of the May 20</li> <li>evidence documentat</li> <li>above blood pressure</li> <li>given.</li> <li>The June 2022 MAR</li> <li>order. On the followin</li> <li>medication was admin</li> <li>documented blood pressure</li> <li>6/5/2022 at 8:00 a.m</li> <li>6/16/2022 at 8:00 a.m</li> <li>6/23/2022 at 8:00 a.m</li> <li>6/23/2022 at 8:00 a.m</li> <li>6/23/2022 at 8:00 a.m</li> <li>6/23/2022 at 8:00 a.m</li> <li>Greview of the June 20</li> <li>evidence documentat</li> <li>above blood pressure</li> <li>given.</li> <li>The July 2022 MAR do</li> <li>order. On the followin</li> <li>medication was admin</li> <li>documented blood pressure</li> <li>given.</li> <li>The July 2022 MAR do</li> <li>order. On the followin</li> <li>medication was admin</li> <li>documented blood pressure</li> <li>given.</li> <li>The July 2022 MAR do</li> <li>order. On the followin</li> <li>medication was admin</li> <li>documented blood pressure</li> <li>given.</li> <li>The comprehensive of</li> <li>documented in part, "</li> <li>related to HTN, heart</li> </ul>	<ul> <li>n 112/73</li> <li>n 110/68</li> <li>n 108/72</li> <li>n 116/72</li> <li>n 80/55</li> <li>22 nurse's notes failed to ion regarding holding of the es and doses of medication</li> <li>documented the above g days and times, the nistered with the essure:</li> <li>- 102/68</li> <li>n 95/56</li> <li>n 107/62</li> <li>022 nurse's notes failed to ion regarding holding of the es and doses of medication</li> </ul>	F	760			

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		ID HUMAN SERVICES MEDICAID SERVICES				FC	FED: 07/15/2022 RM APPROVED NO. 0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		DNSTRUCTION	(X3) DA	ATE SURVEY DMPLETED
		495045	B. WING				R-C 07/07/2022
NAME OF PI	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP COL	DE	
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			5 HILLIARD ROAD HMOND, VA 23228		
	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID		PROVIDER'S PLAN OF CO		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	×	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETION DATE
F 760	Continued From page	e 105	F	760			
	physician orders."						
	nurse) #1 on 7/6/2022 if a medication has a order, what the nurse a blood pressure medication has a reading, give or not g asked if it isn't given, take, RN #1 stated th medication, then they family and the doctor progress notes. An interview was com- practical nurse) #3 or LPN #3 was asked to MARS. When asked to MARS. When asked to the reading you eithe #3 stated that most or doesn't get it. When a documented, LPN #3	dication, LPN #3 stated you d pressure first. Based on r give it or don't give it. LPN f the time, the resident					
	nursing, on 7/6/2022 the process for the nuparameters, ASM #2 parameter to check the check the blood press outside of the parameter follow the doctor's ord since there are parameters	nember) #2, the director of at 1:00 p.m. When asked urse if a medication has					

If continuation sheet Page 106 of 129

						FORM	M APPROVED D. 0938-0391
STATEMENT (	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	E SURVEY PLETED
		495045	B. WING				R-C / <b>07/2022</b>
NAME OF P	ROVIDER OR SUPPLIER		•	Ş	STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	ND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 760	OF CORRECTION       IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:         495045         FPROVIDER OR SUPPLIER         DICA SKILLED NURSING AND REHAB (RICHMOND)         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         0         Continued From page 106         An interview was conducted with ASM #4, the nurse practitioner, on 7/6/2022 at 4:16 p.m. When asked why there are parameters for a blood pressure medication, ASM #4 stated it was because the biggest side effect is what it's supposed to do, lower the blood pressure, and it can go too low. ASM #4 stated what is supposed to be an advantage can be a disadvantage. When asked what the implications are when the blood pressure goes too low, ASM #4 stated, it's another illness all together. We are creating another problem for them (the resident), they can bottom out. ASM #4 stated we are trying to treat high blood pressure and cause low blood pressure, we can kill the patient. When asked about R102, ASM #4 stated R102 typically runs low, he needs the Coreg for his heart failure, not trying to turn him the other way, we are trying to get his blood pressure even.         The facility policy, "Medication and Treatment Administration Guidelines" documented in part, "Medications and treatments administered are documented immediately following administration or per state specific standards. Vital signs are		F	760			
	nurse practitioner, on asked why there are p pressure medication, because the biggest s supposed to do, lowe can go too low. ASM to be an advantage ca asked what the implice pressure goes too low another illness all tog another problem for th bottom out. ASM #4 high blood pressure a pressure, we can kill f about R102, ASM #4 low, he needs the Cot trying to turn him the get his blood pressure The facility policy, "Me Administration Guidel "Medications and treat documented immedia or per state specific s taken and recorded p vital sign dependent r with medical practition not administered accor practitioner's orders a medical practitioner a clinical record includir medication and reason the medice The licensed nurse is	7/6/2022 at 4:16 p.m. When barameters for a blood ASM #4 stated it was side effect is what it's r the blood pressure, and it #4 stated what is supposed an be a disadvantage. When ations are when the blood v, ASM #4 stated, it's ether. We are creating nem (the resident), they can stated we are trying to treat ind cause low blood the patient. When asked stated R102 typically runs reg for his heart failure, not other way, we are trying to e even. edication and Treatment ines" documented in part, itments administered are tely following administration tandards. Vital signs are rior to the administration of nedications in accordance ner's orders. Medications ording to medical re reported to the attending nd documented in the ng the name and dose of the eation was not administered. responsible for validating upleted for any medication					

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 07/15/2022 AAPPROVED D. 0938-0391
STATEMENT (	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				PLETED
		495045	B. WING				-C 07/2022
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		2125 HI	ADDRESS, CITY, STATE, ZIP CODE LLIARD ROAD IOND, VA 23228	•	0112022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 760 F 802	quality assurance cor of the above concern No further information (1) This information w following website: https://medlineplus.go tml. Sufficient Dietary Sup	trator, ASM #2, ASM #3, the nsultant, were made aware on 7/6/2022 at 4:29 p.m. n was provided prior to exit. vas obtained from the ov/druginfo/meds/a697042.h	F 7	02 1.	Corrective Action		
SS=E	appropriate competer out the functions of the taking into considerat individual plans of car and diagnoses of the in accordance with th required at §483.70(ef §483.60(a)(3) Suppor The facility must prov personnel to safely an functions of the food a §483.60(b) A membe Services staff must pa interdisciplinary team (2)(ii). This REQUIREMENT by: Based on observatio document review, it w staff failed to maintain	loy sufficient staff with the noies and skills sets to carry ne food and nutrition service, tion resident assessments, re and the number, acuity facility's resident population e facility assessment e). rt staff. ride sufficient support nd effectively carry out the and nutrition service. r of the Food and Nutrition		on 2.1 Th tha sc die 3.5 Th ma pre 4.1 Th Sc	e dietary staff working on 7-5- recipe compliance. Like Residents/Areas e Dietary Manger has validate at menu item ingredients are a hedules were also reviewed to etary staff is present. Systemic Changes e Administrator has reeducate anager on F802 to ensure ader esent each day. Monitoring e Dietary manager/designee v hedules weekly times 4 weeks equate staffing levels.	ed menus to ensure vailable. The o ensure adequate ed the dietary quate staff is will review dietary	8-10-22

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	OF DEFICIENCIES	MEDICAID SERVICES		LE CONSTRUCTION		O. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	, <i>,</i>		· · ·	IPLETED
						R-C
		495045	B. WING			7/07/2022
NAME OF P	ROVIDER OR SUPPLIER		- <u>1</u>	STREET ADDRESS, CITY, STATE, ZIP CODE	•	
				2125 HILLIARD ROAD		
PROMED	CA SKILLED NURSING	AND REHAB (RICHMOND)		RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETIO DATE
F 802	Continued From page	o 109		2		
1 002			F 80	12		
		ne facility kitchens. There				
		from the dietary department //5/22, resulting in residents'				
		had not been prepared				
		apeutic menu and recipe.				
	The findings include:					
	On 7/5/22 at 12:01 p	.m., lunch service from the				
		n was observed. At 12:27				
	-	erving the lunch used a				
	-	turkey/rice mixture. The				
		rice, with small pieces of				
		d and yellow pepper, and				
	-	turkey could be seen in the				
	smaller in diameter th	The turkey pieces were				
		s than a full scoop onto each				
		tray. OSM (other staff				
		porary dietary manager, was				
	asked how much volu	ume a white scoop served.				
		hite scoop was a six ounce				
		if the turkey/rice stir fry				
		ounces, he stated: "No, it's				
	not." When asked ho	ed to each resident as a part				
		fry, he stated: "Two ounces				
	-	d if residents were being				
		ces of turkey in each serving				
	of turkey/rice stir fry,	he stated: "No, that's not two				
	-	M #5 and OSM #6 worked				
		nother steam table pan of				
		I pre-cooked white rice in the				
		They poured a bag of bles in a pan and placed it in				
		ner. OSM #6 began cutting a				
		east into larger bite-size				
		e and vegetables had				
		e steamer, they added the				

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		ND HUMAN SERVICES MEDICAID SERVICES				FO	ED: 07/15/202 RM APPROVE NO. 0938-039	
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495045	B. WING				R-C 07/07/2022	
NAME OF PI	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE			
				212	25 HILLIARD ROAD			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		RIC	CHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 802	Continued From page	e 109	E F	802				
		egetables to the rice, and		002				
		. At no time did OSM #5 or						
		other seasonings to the rice						
		/ #5 replaced the turkey/rice						
		steam table, and served a						
	new white scoop full	portion to R116's Styrofoam						
	container.							
	A review of the facility	y menu for lunch on 7/6/22						
		gular: Turkey Stir Fry 2 oz						
	(ounces) [turkey]6	oz [total serving]1/2 cup						
	brown rice, Japanese	e vegetables."						
	A review of the recipe	e for Turkey Stir Fry 2 Oz						
	revealed, in part: "Co							
		er in a bowl. Pulled turkey						
		ined by number of resident						
		and add to soy mixture.						
		for 20 minutes. Hold at 41						
		eit) or lowerCombine						
		auce, corn start, and ginger, Vegetable Blend [ounces						
		er of servings]Coat tilt						
	-	oil spray, heat. Place						
	-	t, stir fry for 3 minutes. Add						
	-	nd soy mixture. Cook stirring						
		inutes. Internal temperature						
		reach at least 165 for 15						
		imum required temperature						
	or higher."							
	On 7/6/22 at 2:11 p.n	n., OSM #5 was interviewed.						
	When asked the proc							
		l recipe for resident meals,						
	he stated the compar							
		d recipe. The cook is						
		ving the recipe. He stated						
	stir fry, there was not	6 prepared the turkey/rice						
	Sur iry, ulere was hou							

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 07/15/202 MAPPROVE D. 0938-039	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED R-C		
		495045	B. WING				07/07/2022	
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)	·	21	TREET ADDRESS, CITY, STATE, ZIP CODE 125 HILLIARD ROAD ICHMOND, VA 23228	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 802	because he did not ha arrived at the facility a was in the kitchen. He not show up." He stat do any of the normal lunch. He stated the s resident Styrofoam tra- staff member. He stat residents were not re- turkey. He said there turkey anywhere in the On 7/6/22 at 3:54 p.m member) #1, the adm director of nursing, ar quality assurance coo these concerns. A review of the facility Sufficient Dietary Sup reveal anything other contained in the feder No further information Menus Meet Residen CFR(s): 483.60(c)(1)- §483.60(c)(1) Meet th residents in accordan guidelines.; §483.60(c)(2) Be prep	did not follow the recipe ave time. He stated when he at 9:00 a.m., no one else e stated the staff "just did ted he did not have time to process for preparing the staff member serving the ays was not even a dietary ted he was aware the ceiving enough of the is no scale to weigh the te kitchen. a., ASM (administrative staff inistrator, ASM #2, the hd ASM #3, the corporate ordinator, were informed of a policy, "F Tag 802 - oport Personnel," failed to than the language ral regulations. a was provided prior to exit. t Nds/Prep in Adv/Followed (7) d nutritional adequacy. he nutritional needs of the with established national pared in advance;		802	<ol> <li>Corrective Action Resident #116 was assessed by the validate dietary interventions.</li> <li>Like Residents/Areas The Dietary Manager reviewed the items were available to provide app to each resident.</li> <li>Systemic Change The Dietary Manager/designee has dietary staff on F803 to ensure ader are served with each meal.</li> <li>Monitoring The Dietary Manager/designee will trays weekly times 4 weeks to valid</li> </ol>	menus to ensure ropirate nutrition reeducated the quate portions audit 5 resident		
	Menus must- §483.60(c)(1) Meet th residents in accordan guidelines.;	ne nutritional needs of lice with established national pared in advance;			<ul> <li>The Dietary Manager reviewed the items were available to provide app to each resident.</li> <li>3.Systemic Change The Dietary Manager/designee has dietary staff on F803 to ensure ader are served with each meal.</li> <li>4. Monitoring The Dietary Manager/designee will</li> </ul>	ropirate nutrition reeducated the quate portions audit 5 resident	8-10-22	

Event ID: 767N12

Facility ID: VA0241

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	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES					FORM	APPROVED 0938-0391
STATEMENT C	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDII	NG _			LETED -C
		495045	B. WING				07/2022
NAME OF PF	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	ND REHAB (RICHMOND)			125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 803	Continued From page	9 111	F	303			
		e religious, cultural and sident population, as well as					
	§483.60(c)(5) Be upd	ated periodically;					
	§483.60(c)(6) Be revie dietitian or other clinic professional for nutriti	ally qualified nutrition					
	construed to limit the personal dietary choid This REQUIREMENT by: Based on observation document review, and was determined that t	is not met as evidenced n, staff interview, facility d clinical record review, it he facility staff failed to ne of 20 residents in the					
		nt of turkey/rice stir fry on repare the turkey/rice stir fry					
	The findings include:						
	admission assessmer reference date) of 6/2 being moderately imp decisions, having sco BIMS (brief interview	red nine out of 15 on the					

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		ID HUMAN SERVICES MEDICAID SERVICES					NTED: 07/15/2022 FORM APPROVED B NO. 0938-0391	
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, í		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495045	B. WING _			R-C 07/07/2022		
NAME OF PF	ROVIDER OR SUPPLIER	•	•	ST	REET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			25 HILLIARD ROAD CHMOND, VA 23228			
		ATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF COR	DECTION		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 803	Continued From page	e 112	F	303				
		ated 6/22/22: "Regular diet,						
	tray line in the kitcher p.m., the employee s white scoop to serve mixture was primarily onion, mushroom, red broccoli. Tiny bits of t rice mixture, as well. smaller in diameter th employee placed less resident's Styrofoam member) #5, the tem asked to open R116's was asked how much served. OSM #5 state ounce service. When fry mixture was a full it's not." When asked supposed to be serve of the turkey/rice stir of meat." When asked two ounces of turkey, two ounces of meat." #6, a dietary aide, to add to the turkey/rice OSM #6 worked toge steam table pan of "s pre-cooked white rice They poured a bag of a pan and placed it in OSM #6 began cuttin	s than a full scoop onto each tray. OSM (other staff porary dietary manager, was s Styrofoam tray. OSM #5 n volume a white scoop ed the white scoop was a six asked if the turkey/rice stir six ounces, he stated: "No, how much turkey was ed to each resident as a part fry, he stated: "Two ounces d if R116's tray contained , he stated: "No, that's not OSM #5 instructed OSM prepare additional turkey to stir fry mixture. OSM #5 and ther to prepare another						
	steamer, they added vegetables to the rice	inished cooking in the the turkey chunks and e, and stirred them together. f5 or #6 add soy sauce or						

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES					FORM	0: 07/15/2022 AAPPROVED 0. 0938-0391	
STATEMENT C	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /				(X3) DATE SURVEY COMPLETED R-C		
		495045	B. WING					-C 07/2022	
NAME OF PF	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP C	CODE	•		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD				
					RICHMOND, VA 23228				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD B		(X5) COMPLETION DATE	
F 803	OSM #5 replaced the on the steam table, an scoop full portion to F A review of R116's ca revealed, in part: "[R1 nutrition/hydration imf multiple medical dx (o (failure to thrive), dem malignancyprovide/ A review of the facility revealed, in part: "Re (ounces) [turkey]6 o brown rice, Japanese A review of the recipe revealed, in part: "Co cornstarch, and pepp meat [ounces determ servings] Dice turkey Cover and refrigerate [degrees] F (Fahrenh chicken stock, soy sa set asideJapanese determined by numbe skillet with vegetable vegetable in tilt skillet cooked vegetables ar over low heat for 3 m of final product must n seconds. Hold at minio or higher."	he rice and vegetables. turkey/rice stir fry mixture nd served a new white R116's Styrofoam container. re plan dated 6/27/22 [16] is at risk for balance r/t (related to diagnoses), adult FTT hentia, lung cancer with serve diet as ordered." remenu for lunch on 7/6/22 gular: Turkey Stir Fry 2 oz bz [total serving]1/2 cup vegetables." e for Turkey Stir Fry 2 Oz mbine soy sauce, er in a bowl. Pulled turkey ined by number of resident and add to soy mixture. for 20 minutes. Hold at 41 eit) or lowerCombine uce, corn start, and ginger, Vegetable Blend [ounces er of servings]Coat tilt oil spray, heat. Place , stir fry for 3 minutes. Add ad soy mixture. Cook stirring inutes. Internal temperature reach at least 165 for 15 imum required temperature	F	80					
	When asked the proc prescribed menu and	n., OSM #5 was interviewed. ess for following the recipe for resident meal, he upplying the food provides							

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		MEDICAID SERVICES			FORM APPRC OMB NO. 0938-0	
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495045	B. WING		R-C 07/07/2022	
VAME OF PR	OVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP COL		
PROMEDIC	CA SKILLED NURSING A	AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228		
(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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLE E APPROPRIATE DATE	
F 803	Continued From page	9 114	F 803			
		The cook is responsible for				
		le stated when he and OSM				
		y/rice stir fry, there was not				
		kitchen. He stated he did not				
	•	ause he did not have time. rived at the facility at 9:00				
		s in the kitchen. He stated				
		show up." He stated he did				
		ny of the normal process for				
		He stated the staff member Styrofoam trays was not				
	•	ember. He stated he was				
	-	vere not receiving enough of				
	-	ere is no scale to weigh the				
	turkey anywhere in th	e kitchen.				
	On 7/6/22 at 3:54 p.m	., ASM (administrative staff				
	member) #1, the adm	inistrator, ASM #2, the				
		nd ASM #3, the corporate				
	these concerns.	ordinator, were informed of				
	A review of the facility	policy, "Portion Control				
	-	, in part: "Identify portion				
	control equipment ne	eded by checking recipes				
	•	eetSet the food slicer to				
	give uniform size servine meats, tomatoes and	vings of foods such as				
		bes and menus with staff				
	before meal preparati					
	No further information	was provided prior to exit.				
	CFR(s): 483.60(d)(1)		{F 804}	1. Corrective Action The dietary staff on 7-5 and 7-6 v F804 to ensure meals are prepar manner and at preferred temps.		
	§483.60(d) Food and			2.Like Residents/Areas		
	Each resident receive	s and the facility provides-		The Dietary Manager has reviewed monthly menu to validate all item	ed the facility	

Facility ID: VA0241

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		MEDICAID SERVICES				0.0938-039
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE COMF	SURVEY
					R	-C
		495045	B. WING		07/	07/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	ICA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETIO DATE
{F 804}	Continued From page	e 115	{F 80	4} 3.Systemic Change		
	§483.60(d)(1) Food p	prepared by methods that lue, flavor, and appearance;		The Food Service Director/designed the facility cooks on F804 to ensur prepared in a palatable manner ar	e that meals are	
	§483.60(d)(2) Food and drink that is palat attractive, and at a safe and appetizing temperature.			4. Monitoring The Food Service Director/designe a test tray audit weekly times 4 we	ee will complete eks.	8-10-22
	This REQUIREMENT	is not met as evidenced				
	document review, it w	n, staff interview, and facility vas determined that the				
		serve food at a palatable e from one of one kitchen.				
		tray at the lunch meal on				
	7/5/22 was unpalatab temperature.					
	The findings include:					
		bservation was made of the				
		he kitchen. At approximately her staff member) #5, the				
		inager, instructed OSM #6, a				
		re additional turkey for a				
		e stir fry mixture. OSM #5				
	and OSM #6 worked steam table pan of "s	together to prepare another				
		e in the commercial steamer.				
		f frozen mixed vegetables in				
		the commercial steamer.				
		g a pre-cooked turkey				
		-size chunks. When the rice inished cooking in the				
		the turkey chunks and				
	-	e, and stirred them together.				
		nitary thermometer in this				
	directly in the steam t	y dish before it was placed table for service. The				
	-	5.5 [degrees Fahrenheit]. At				
	1:30 p.m., a test tray	was requested. The test tray				

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	S FOR MEDICARE &	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION	דארו (צצ)	IO. 0938-039
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		· · ·	IPLETED
			_			R-C
		495045	B. WING		0	7/07/2022
NAME OF P	ROVIDER OR SUPPLIER		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
PROMED	ICA SKILLED NURSING	AND REHAB (RICHMOND)		25 HILLIARD ROAD CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
{F 804}	AG REGULATORY OR LSC IDENTIFYING INFORMATION)		{F 804}			
	He stated when he an turkey/rice stir fry, the the kitchen. He stated because he did not h arrived at the facility was in the kitchen. H not show up." He stat do any of the normal	n., OSM #5 was interviewed. nd OSM #6 prepared the ere was not a trained cook in d he did not follow the recipe ave time. He stated when he at 9:00 a.m., no one else e stated the staff "just did ted he did not have time to process for preparing the he did not have enough staff.				

Facility ID: VA0241

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	-	ID HUMAN SERVICES MEDICAID SERVICES			FOR	D: 07/15/202 MAPPROVE O. 0938-039
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION	СОМ	E SURVEY PLETED
		495045	B. WING			R-C 7/ <b>07/2022</b>
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)	2	TREET ADDRESS, CITY, STATE, ZIP CODE 125 HILLIARD ROAD RICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
{F 804}	director of nursing, an quality assurance coor these concerns. A review of the facility Meal Satisfaction," re Drinks - Each resider provides (1) Food pre conserve nutritive val (2) Food that is palata and appetizing tempe No further information Resident Allergies, Pt CFR(s): 483.60(d)(4) §483.60(d) Food and Each resident receive §483.60(d)(4) Food that allergies, intolerances §483.60(d)(5) Appeal nutritive value to resid food that is initially se different meal choice This REQUIREMENT by: Based on observatio document review, clir the course of a comp determined that the fa the resident's food pr	hinistrator, ASM #2, the hind ASM #3, the corporate ordinator, were informed of y policy, "Customer Service - evealed, in part: "Food and ht receives, and the facility epared by methods that ue, flavor, and appearance; able, attractive, and at a safe erature" In was provided prior to exit. references, Substitutes (5) drink es and the facility provides- hat accommodates resident s, and preferences; ling options of similar dents who choose not to eat erved or who request a	{F 804}	<ol> <li>Corrective Action Resident #102 and #115 food prefe updated.</li> <li>Life Residents/Areas The facility reviewed/updated resid preferences.</li> <li>Systemic Change The Dietary Manager/designee ree dietary staff on the review and impl food preferences listed on the resic cardex.</li> <li>Monitoring The Dietary Manager/designee will trays weekly times 4 to validate pre honored.</li> </ol>	ent food ducated the ementation of dents dietary audit 5 resident	8-10-22

Facility ID: VA0241

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	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES					FORM	APPROVED 0. 0938-0391
STATEMENT O	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE	CONSTRUCTION	(X3) DATE	
AND FLAN OF	CORRECTION	IDENTIFICATION NOMBER.	A. BUILDI	NG _			
		495045	B. WING				-C 07/2022
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
				2	125 HILLIARD ROAD		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)		R	RICHMOND, VA 23228		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	.,		<b>-</b>	(X5) COMPLETION
PREFIX TAG	(	SC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/		DATE
	DEFICIENCY)						
F 000							
F 806	Continued From page	2 118	F	306			
	1. The facility staff fail	led to provide Resident #115					
	(R115) double portion						
	preference at lunch o						
	On the most recent M	IDS (minimum data set), a					
		with an ARD (assessment					
		3/22, R115 was coded as					
		aired for making daily					
	decisions, having sco	red 10 out of 15 on the					
	BIMS (brief interview	for mental status).					
	A review of R115's cli	nical record revealed the					
		9/30/21: "Regular diet.					
	Regular texture for nu	itrition, double entree					
	portions per preference	ce."					
	On 7/5/22 at 12:01 p.	m., lunch service from the					
		was observed. At 12:27					
		erving the lunch used a					
		turkey/rice mixture. The					
		rice, with small pieces of					
		d and yellow pepper, and					
		urkey could be seen in the The turkey pieces were					
	smaller in diameter th	• •					
		s than a full scoop onto each					
		tray. OSM (other staff					
	member) #5, the temp	oorary dietary manager, was					
		Styrofoam tray, which had					
		and placed on the meal cart					
		M #5 was asked how much					
		served. OSM #5 stated the					
		counce service. When e stir fry mixture was a					
	-	ited: "No, it's not." When					
		pposed to receive a double					
	portion, OSM #5 chec						
	•	ed: "Yes." OSM #5 instructed					

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		ID HUMAN SERVICES MEDICAID SERVICES					INTED: 07/15/2022 FORM APPROVED IB NO. 0938-0391	
STATEMENT (	DF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495045	B. WING				R-C 07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER		•	ST	REET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			25 HILLIARD ROAD ICHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 806	additional white scool A review of R115's ca updated 4/13/22 reve potential for nutrition/ imbalanceExcessiv portions per preference orderedhonor food On 7/6/22 at 2:11 p.m When asked the proof food preferences, he manager or dietician the resident's food pro- the resident's food pro- the resident's meal ticket regarding the residen stated R115's meal ticket regarding the residen stated R115's meal ticket information regarding double/large portions serving lunch on 7/5/2 department employee meal tickets at all to of He stated there were to double check the m 7/5/22. On 7/6/22 at 3:54 p.m member) #1, the adm director of nursing, ar quality assurance coo these concerns. A review of the facility revealed, in part: "Par food service director, registered dietitian or	to serve R115's tray an p of turkey/rice stir fry. are plan dated 8/5/21 and aled, in part: "[R115] has the hydration e caloric intakelarge ccprovide/serve diet as preference." a., OSM #5 was interviewed. ess for following a resident's stated that either the dietary assesses and documents eferences around the time imitted. He stated the contains information t's food preferences. He cket contained the her preference for . He stated the staff member	F	806				

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	D: 07/15/2022 MAPPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,	TIPLE CONS	(X3) DATE SURVEY COMPLETED		
		495045	B. WING				-C 07/2022
NAME OF P	ROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZIP CODE		
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			ILLIARD ROAD NOND, VA 23228		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIZ TAG	EFIX (EACH CORRECTIVE ACTION SHOULD E			(X5) COMPLETION DATE
F 806	determine food prefer entered into Dietary e allergies/sensitivities reference during mea for specific foods to b are entered under ext Dietary eKardex meal entered for any comb The specific meal pre- tray card for reference Dietary eKardex Extra referenced to determi extras or items served No further information 2. The facility staff fail preference for foods s On the most recent M assessment, an annu assessment reference #102 (R102) scored a (brief interview for me the resident was not o daily decisions. An interview was com 7/5/2022 at 2:55 p.m. food, the resident staff good. They get serve eggs and if available R102 stated they wou boiled or fried. They w morning, not white un the jelly falls off the to eat. R102 stated they	rencesThis information is aKardex. Dislikes and print on the tray card for I servicePatient requests e served on a regular basis tra items preferences in the I profile. Items can be ination of meals and days. ferences will print on the e during meal service. The a Items Tally report can be ne the number of tray line d in addition to the menu." In was provided prior to exit. IDS (minimum data set) al assessment, with an e date of 5/6/2022, Resident a 15 out of 15 on the BIMS ental status) score, indicating cognitively impaired to make ducted with R102 on When asked about the ted his breakfasts are not d white bread, not toasted. a small bowl of cereal. Id like the eggs, either hard	F		1.Corrective Action The stove and food warmer were cleaned items identified in the walk in freezer	J. The	

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	-	ID HUMAN SERVICES MEDICAID SERVICES				FORM	MAPPROVED 0. 0938-0391			
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
		495045	B. WING			R-C 07/07/2022				
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	1				
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228					
(X4) ID PREFIX TAG				x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE			
F 806	before going to dialys R102 stated he only g for dinner most nights eat beef or pork. A request was made of ASM (administrative s administrator, for a co preferences and their dietary food system. Observation was made of R102 sitting up in t The resident had to be for dialysis. Breakfast breakfast consisted of untoasted, two hard b milk, a container of cr bowl of bran cereal. F the bran cereal if he w dialysis machine for tt (certified nursing assi boiled eggs, they wer runny. When asked w night, R102 stated the sandwiches. They sta salad or chicken salad peanut butter and jelly them on dialysis days something other than and jelly. R102 stated they got anything else sandwiches, R102 stated	is three times a week. gets two turkey sandwiches a. They stated they do not on 7/5/2022 at 5:00 p.m. to staff member) #1, the opy of the resident's food meal ticket from their le on 7/6/2022 at 8:00 a.m. he wheelchair, no breakfast. eave the facility at 8:45 a.m. arrived at 8:08 a.m. The f two pieces of white bread, tooled eggs, a container of anberry juice, and a small 8 102 stated he couldn't eat vas going to be sitting on a hree hours. When the CNA stant) opened the hard e not fully cooked and that they got for dinner last ey got two turkey ated what happened to tuna d. R102 stated they get two y sandwiches to go with b, but wondered if there was turkey and peanut butter they missed getting vegetables. When asked if e with the turkey ated, no.	F	806						

Facility ID: VA0241

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		ID HUMAN SERVICES MEDICAID SERVICES				FC	TED: 07/15/2022 DRM APPROVED NO. 0938-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495045	B. WING				R-C 07/07/2022	
NAME OF P	ROVIDER OR SUPPLIER	•	•	ST	REET ADDRESS, CITY, STATE, ZIP CODE			
PROMED	CA SKILLED NURSING	AND REHAB (RICHMOND)			25 HILLIARD ROAD			
				RI	CHMOND, VA 23228			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 806	The comprehensive of documented in part, " potential for nutrition/ (related to) multiple m "Interventions" docum preferences." The "Patient Summar following: Diet - regular Fluid restriction - non Beverages - Grape o Extra Items - oatmea sandwich, toast, yogu Additional Directions Dislikes: sausage, gra beef ground, grilled c beef, meatballs, mea Special Instructions: alternate to main mea An interview was con member) #5, the tem 7/6/2022 at 2:10 p.m. food preferences are dietician or dietary ma system, it's not (initial system). When asked sandwiches available jelly and turkey, such salad, OSM #5 stated salad in house and w salad in house and w salad in house wher problem with the toas broken before he got order. When asked if observed by another observation was used	care plan dated, 5/28/2021, 'Focus: (R102) Has the hydration imbalance r/t hedical dx (diagnoses)." The hented in part, "Honor food ry" documented the e r Apple Juice I, tuna or chicken salad urt, eggs scram (scrambled) - early breakfast tray avy, red meat, Pork, bacon, heese sandwich, corned tloaf, and sloppy joe. Turkey sandwich or salad as al. ducted with OSM (other staff porary dietary manager, on When asked how resident handled, OSM #5 stated the anager puts them in the ls of electronic charting d if there are other except peanut butter and as tuna salad or chicken d the facility had chicken as unsure if they had tuna n asked if there was a ster, OSM #5 stated it was there and a new on is on	F	806				

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		ID HUMAN SERVICES MEDICAID SERVICES				FORM	M APPROVED D. 0938-0391	
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· ,		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
495045		B. WING			R-C 07/07/2022			
NAME OF PI	ROVIDER OR SUPPLIER		•	S	STREET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSING A	AND REHAB (RICHMOND)			2125 HILLIARD ROAD RICHMOND, VA 23228			
(X4) ID PREFIX TAG			ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	ЗE	(X5) COMPLETION DATE	
F 806	broke, OSM #5 stated one is coming on 7/14 asked if the staff could OSM #5 stated, "That asked what informatic OSM #5 stated, the d allergies. When asked OSM #5 stated the co responsible for the re- when there is a dislike it's normally the first p puts the order up. OS the "Patient Summary asked if the resident v alternate if the dinner dislikes, OSM #5 state the paper tell you to g sandwich every night, alternate to the main knew R102, OSM #5 how often preferences he truly didn't know. On 7/6/2022 at 4:43 p stated he had met wit resident expressed to and fried eggs. He do OSM #5 stated he resi OSM #5 stated the re- one has spoken to hin food. OSM #5 presen Preference List" dated OSM #5. Review of th revealed the resident dislikes of food: Roast beef, hamburg chops, pork roast, had	d he didn't know but the new 4/2022 he believed. When d toast bread in the oven, t is a possibility." When on is on the meal tickets, iet, texture, dislikes and d who is responsible for that, ook is. When asked who is sident to get the alternate e or allergy, OSM #5 stated berson on the tray line who M #5 was asked to review /' document for R102. When would automatically get the was one of the resident's ed, yes. When asked does give this resident a turkey , OSM #5 stated, "That's an meals. When asked if he stated, no. When asked s are done, OSM #5 stated b.m. OSM #5 returned and th R102. OSM #5 stated the o him he likes boiled eggs poesn't like red meat or pork. ked the resident about sident stated he liked them. sident informed him that no m about his preferences for ted a "Food and Beverage d 7/6/2022, completed by his document provided had only the following er, meatloaf, hot dogs, pork	F	806				

Facility ID: VA0241

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CENTER	S FOR MEDICARE &	ID HUMAN SERVICES MEDICAID SERVICES			01	FORM MB NO	: 07/15/2022 APPROVED . 0938-0391
	STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		, í		CONSTRUCTION (X	(X3) DATE SURVEY COMPLETED R-C	
		495045	B. WING				07/2022
	ROVIDER OR SUPPLIER	AND REHAB (RICHMOND)		21	REET ADDRESS, CITY, STATE, ZIP CODE 25 HILLIARD ROAD CHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	Ē	(X5) COMPLETION DATE
F 806 {F 812} SS=E	no bran cereal. Spec documented, "pancal Documented for dialy 2 fried eggs. Lunch: 2 jelly)." The other note salads." ASM (administrative s administrator, ASM # and ASM #3, the qua were made aware of 7/6/2022 at 4:29 p.m. No further information Food Procurement, St CFR(s): 483.60(i)(1)() §483.60(i) Food safet The facility must - §483.60(i)(1) - Procur approved or consider state or local authorit (i) This may include for from local producers, and local laws or regu (ii) This provision doe facilities from using p gardens, subject to co safe growing and foo (iii) This provision doe from consuming food §483.60(i)(2) - Store, serve food in accorda standards for food se	cial food requests kes, French toast, waffles." rsis days, "Breakfast: Toast, 2 PB&J (peanut butter and as documented, "Likes staff member) #1, the 2, the director of nursing, lity assurance consultant, the above concern on a was provided prior to exit. tore/Prepare/Serve-Sanitary 2) ty requirements. re food from sources red satisfactory by federal, ies. ood items obtained directly subject to applicable State ulations. es not prohibit or prevent roduce grown in facility ompliance with applicable d-handling practices. es not preclude residents s not procured by the facility. prepare, distribute and ance with professional	F {F 8	806	<ol> <li>Corrective Action         The Stove and food warmer were cleaned. Th         items identified in the walk in refrigerator and         in freezer were immediatly removed.     </li> <li>Like Residents/Area         The Administrator has completed an audit of         kitchen to validate cleanliness and food storat         guidelines.     </li> <li>Systemic Change         The Dietary Manger has reeducated the dieta         on daily cleaning tasks and appropriate food storat         4.Monitoring         The Dietary Manager will audit the kitchen for         cleanliness and food storage weekly times 4 to      </li> </ol>	l walk the age ary staff storage. r	8-10-22

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(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045 PPLIER	A. BUILDING		(X3) DATE SU COMPLE R-C	TED	
			R-C	, ,	
PPLIER	9	· · · · · · · · · · · · · · · · · · ·	07/07/2022		
	5	TREET ADDRESS, CITY, STATE, ZIP CODE			
IURSING AND REHAB (RICHMOND)		125 HILLIARD ROAD RICHMOND, VA 23228			
	ID PREFIX TAG		D BE	(X5) COMPLETION DATE	
bservation, staff interview, and facility eview, it was determined that the failed to prepare and store food in a nner in one of one kitchen. The stove de of the warmer were dirty, and abeled items were stored in both the gerator and walk in freezer. a include: t 10:36 a.m., observation was made n. OSM (other staff member) #5, the ietary manager, was part of the process. The stove contained heavy debris on the stove top and in the burners. Some of the debris was some of the debris was greasy; some a was composed of particles of old of the debris was the consistency of thom of the food warmer contained ints of cooked on food and debris. ted both the stove and the warmer ole for use. OSM #5 stated the stove an. He stated he has only been at the week, and was not aware the stove eaned since he arrived. He stated he in opened the bottom of the warmer to eanliness. He agreed that the warmer an. He stated the stove should be inimum of once a week, and the uld be wiped out daily, and cleaned at	{F 812}				
	From page 125 DEFICIENCY MUST BE PRECEDED BY FULL. ATORY OR LSC IDENTIFYING INFORMATION) From page 125 observation, staff interview, and facility eview, it was determined that the failed to prepare and store food in a nner in one of one kitchen. The stove de of the warmer were dirty, and abeled items were stored in both the gerator and walk in freezer. Is include: t 10:36 a.m., observation was made en. OSM (other staff member) #5, the lietary manager, was part of the process. The stove contained heavy debris on the stove top and in the burners. Some of the debris was some of the debris was greasy; some is was composed of particles of old of the debris was the consistency of ttom of the food warmer contained unts of cooked on food and debris. ted both the stove and the warmer ble for use. OSM #5 stated the stove an. He stated he has only been at the week, and was not aware the stove eaned since he arrived. He stated he n opened the bottom of the warmer to eanliness. 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	MENT OF HEALTH AN <u>S FOR MEDICARE &amp;</u>	ND HUMAN SERVICES MEDICAID SERVICES			FORM APPROV OMB NO. 0938-03
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE SURVEY COMPLETED
		495045	B. WING		R-C 07/07/2022
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	E
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		2125 HILLIARD ROAD	
	CUMMADY C	TATEMENT OF DEFICIENCIES	<b>I</b>	RICHMOND, VA 23228 PROVIDER'S PLAN OF CO	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETIO
{F 812}	Continued From pag	e 126	{F 812	23	
	and freezer. He state	nen placed in the refrigerator ad the aides for the evening for throwing out expired			
	food before they leav	ve for the evening. He stated dietary aides at the facility for			
	member) #1, the adn director of nursing, a	n., ASM (administrative staff ninistrator, ASM #2, the nd ASM #3, the corporate ordinator, were informed of			
	revealed, in part: "Ste in National Sanitation sanitary storage cont quality plastic bags, a date where appropria	y policy, "Storage of Food," ore food and stock products a Foundation approved tainers with lids, or in food and label as to contents and ateDiscard food that has tion date or when use-by			
	Procedure," revealed any spills or boil-over soils from baking on easierLift grates fro soil from grates with Scrub grates in pot s machine and air dry. stationary parts with	Remove hard soil from dull metal scraper or brush. os and clean behind them.			
F 814 SS=F		n was provided prior to exit. d Refuse Properly	F 81	<ol> <li>Corrective Action The facility dumpster area was cl closed on 7-6-22.</li> </ol>	leaned and tops

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	S FOR MEDICARE &				CONSTRUCTION		0.0938-039
	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN		(X3) DATE SURVEY COMPLETED		
A95045 NAME OF PROVIDER OR SUPPLIER			-	R-C			
		B. WING			07/	07/2022	
			ST	TREET ADDRESS, CITY, STATE, ZIP CODE			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)			125 HILLIARD ROAD ICHMOND, VA 23228		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 814	properly. This REQUIREMENT by: Based on observatio document review, it w failed to maintain dur for two of two dumpsi uncovered, and two b ground outside the du gloves were on the gu The findings include: On 7/5/22 at 11:52 a. of the two facility dur member) #5, the tem present during the ob were open to air. A ba the ground by the left containing wipes, dis gloves was on the gro Multiple single vinyl g and between both du "Uh oh. Those dumps stated the bags of tra gloves should have b dumpsters. He stated bags of trash on the g and could attract anir On 7/6/22 at 3:54 p.m member) #1, the adm director of nursing, at quality assurance coo these concerns.	<ul> <li>e of garbage and refuse</li> <li>is not met as evidenced</li> <li>n, staff interview, and facility vas determined the facility inpsters in a sanitary manner ters. Both dumpsters were bags of trash were on the umpsters. Multiple vinyl round around the dumpsters.</li> <li>m., observation was made hosters. OSM (other staff porary dietary manager, was beervation. Both dumpsters ag of kitchen trash was on a dumpster. A bag of trash posable briefs, and vinyl bund by the right dumpster. gloves were scattered around mpsters. OSM #5 stated: sters should be closed." He sh and the scattered vinyl een placed in the at the open dumpsters and ground were "not sanitary," nals.</li> <li>n., ASM (administrative staff hinistrator, ASM #2, the open data at the corporate briefs, and state staff hinistrator, were informed of</li> </ul>	F 8	14	<ul> <li>2. Like Residents/Areas The Administrator has inspected the dumps to validate cleanliness and items for cleanin readily available.</li> <li>3. Systemic Change The Dietary Manager/designee will reeduce dietary staff on F814 to include disposing o properly and keeping the dumpster area clean 4. Monitoring The Administrator/designee will audit the du area weekly times 4 weeks to validate clean</li> </ul>	ig are ited the f garbage ean. umpster	8-10-22
	A review of the facility Dispose of Garbage a	and Refuse Properly," failed					

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DEPARTI	MENT OF HEALTH AN	ID HUMAN SERVICES					1 APPROVED	
CENTER	S FOR MEDICARE &	MEDICAID SERVICES					0938-0391	
STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MULT		(X3) DATE SURVEY COMPLETED				
	DEPENDENCE IDENTIFICATION IDENTIFICATION NOMBER.		A. BUILDII	NG				
	495045		B. WING			R-C 07/07/2022		
NAME OF PI	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	077	0//2022	
					25 HILLIARD ROAD			
PROMEDI	CA SKILLED NURSING	AND REHAB (RICHMOND)		R	CHMOND, VA 23228			
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIZ TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION DATE	
1/10		· · · · · · ,			DEFICIENCY)			
F 814			F 8	814				
	to reveal anything oth							
	contained in the feder	ral regulations.						
	No further informatior	n was received prior to exit.						

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