PRINTED: 02/28/2022 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	(X3) D	O. 0938-039 ATE SURVEY OMPLETED
	1	495267	B. WING			C 2/17/2022
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 614 HASTINGS LANE WARRENTON, VA 20186		2/11/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
E 000	Initial Comments		E 00	00		
F 000	survey was conduct The facility was in si CFR Part 483.73, R Care Facilities. INITIAL COMMENT	mergency Preparedness ed 2/15/22 through 2/17/22. ubstantial compliance with 42 equirement for Long-Term S andard Medicare/Medicaid	F 00	This Plan of correction respectfully submitted evidence of alleged cor This submission is not a admission that the defi existed or that we are in agreement with them.	as npliance. in iciencies n	
	standard survey was through 2/17/2022 a investigated during t (unsubstantiated), V. (unsubstantiated), V. (unsubstantiated), V. and VA00053428 (un	s conducted 2/15/2022 nd Five complaints were he survey; VA00051024 A00052196 A00052357 A00052836 (unsubstantiated) nsubstantiated). Corrections pliance with the following 42 al Long Term Care Life Safety Code		affirmation that correct the areas cited have be and the facility is in con with participation requ F550/12 VAC 5-371-150 Resident Rights/Exerci	en made npliance irements.	
F 550 SS=D	111 at the time of the consisted of 33 currer closed record review Resident Rights/Exer CFR(s): 483.10(a)(1) §483.10(a) Resident The resident has a right self-determination, are access to persons an outside the facility, including this section.	rcise of Rights (2)(b)(1)(2) Rights. ght to a dignified existence, and communication with and a services inside and cluding those specified in the services i	F 550	2.) Nursing staff performed observations and interventions and interventions are altimed preferences with reside north wing and recorded in medical record. Nursiadjusted seating arrang dining room to comply resident meal serving	efore no be esident. d_ riews ents on ed results ing has gements in with	3/23/2
		and in an environment that	TUGE	preferences. Nursing st	.ari nas	(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495267	B. WING	3		1	C 1 7/2022
NAME OF	PROVIDER OR SUPPLIER				TOTAL AND	<u> UZ/</u>	17/2022
THE OF	THOUBER ON GOFFEIER			1	TREET ADDRESS, CITY, STATE, ZIP CODE		
BROOK	SIDE REHAB & NURS	ING CENTER		1	14 HASTINGS LANE /ARRENTON, VA 20186		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	1 10	1	<u> </u>		1
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 550	promotes maintenant her quality of life, re individuality. The fact promote the rights of \$483.10(a)(2) The faccess to quality can severity of condition must establish and repractices regarding provision of services residents regardless \$483.10(b) Exercise The resident has the	nce or enhancement of his or cognizing each resident's cility must protect and of the resident. acility must provide equal re regardless of diagnosis, or payment source. A facility maintain identical policies and transfer, discharge, and the sunder the State plan for all of payment source. of Rights. e right to exercise his or her of the facility and as a citizen	F	550	ensured that care plan interventions are appropriat and address resident specific needs. 3.) The Director of Nursing/desi, has educated clinical staff, including RNs, LPNs, CNA's at NAs regarding meal serving ti and the order of tray delivery order to adhere to resident ri and dignity regulations. The education includes, but is not limited to, the importance of serving meals in a dignified manner while honoring reside	gnee nd imes y in ights	
	resident can exercise interference, coercio from the facility. §483.10(b)(2) The refree of interference, or reprisal from the facilights and to be supplexercise of his or her subpart. This REQUIREMENT by: Based on observation document review, it wastaff failed to maintail experience in one of Wing dining room.	ecility must ensure that the e his or her rights without n, discrimination, or reprisal esident has the right to be coercion, discrimination, and lity in exercising his or her corted by the facility in the rights as required under this on, staff interview, and facility was determined the facility n a dignified dining two dining rooms, the North of to provide a dignified dining orth Wing, not serving all			care-planned preferences and reporting any concerns or refusals to supervisor. The Director of Nursing/design will perform observation audits on north unit five times weekly for six weeks to ensure that meals are served in a manner which promotes dignity and honors residents' care-planned preferences. Any issues identification will be addressed immediately to Director of Nursing/designee and appropriate actions will be taken	ed py	

			1			MD MC	<u>7. 0530-038 .</u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				TE SURVEY MPLETED
		495267	B. WING			ı	С
NAME OF	PROVIDER OR SUPPLIER			_		02	/17/2022
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BROOK	SIDE REHAB & NURS	ING CENTER			4 HASTINGS LANE		
				W.	ARRENTON, VA 20186		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	\exists	PROVIDER'S PLAN OF CORRECTION	1	(X5)
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TAG	REGOLATOR OR ES	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
	<u> </u>		1	 	DEFICIENCY)		
F 550	Continued From no	0			The Property of November (dealer		1
1 330	o o minada i rom pa		F 55	50	The Director of Nursing/design	ee	1
	residents at the sam	ne table at the same time.			will identify any trends and/or		
					patterns, and provide educatio	n	
	The findings include				as needed on an ongoing basis.	,	
	Observation was	-dEdB4 at 1861			Findings will be discussed with		
	Secured demostic of	ade of the North Wing, the nit, on 2/15/2022 at 12:02			the QAPI committee on at least		
	n m. The cart of trav	s arrived on the unit at 12:02			•	. a	1
	n.m. The staff starte	d delivering trave to the			quarterly basis.		
	dining room and resi	ident rooms at the came time					
	p.m. The staff started delivering trays to the dining room and resident rooms at the same time. Four residents were sitting at a table by the back wall. The first resident got their tray at 12:11 p.m.						!
j	The second resident	got their tray at 12:18 p.m.					
	The third resident ac	t their tray at 12:26 p.m. The					
	fourth resident got th	eir tray at 12:27 p.m., sixteen					
	minutes after the firs	t resident was served.					
						1	1
	A second table, where	e four residents were					
	seated, was observe	d near the front of the dining					
	room. The first reside	ent at that table got their tray					
	at 12:12 p.m. The se	cond resident got their tray		1			
	at 12:15 p.m. Two of	the four residents had their					
	lunch trays. At 12:17	p.m. one of the residents,				i	
	without their tray saw	a staff member walk by with					
1.	a tray in their nand w	hen this resident stated, "I'll		1			ľ
	take that one. At tha	t time, 12:17 p.m. the third				_	
	the same recidentt	got their tray. At 12:21 p.m. no asked for the other tray				-	- 1
	one same resident wr	mbor walk by with a most				- 1	[
	trav the recident state	mber walk by with a meal ed, "Can we get one like					1
- 1,	that?" This recident a	ot her tray at 12:22 p.m., ten					- 1
1.	minutes after the first	resident received their food.				1	1
Ι.		resident received their rood.					ŀ
	An interview was con-	ducted with CNA (certified					
l i	nursing assistant) #3	on 2/16/2022 at 4:09 p.m.					
l i	When asked the proc	ess for delivering trays to					
t	he residents at a me	al, CNA #3 stated the staff					
1	ry to serve the reside	nts table by table, as that		İ			
l v	vould be the proper w	vay. CNA #3 stated that if					
t	hey serve one, then t	he others may try to get					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPLE CONSTRUCTION LDING			(X3) DATE SURVEY COMPLETED	
	495267		B. WING				C 17/2022	
	PROVIDER OR SUPPLIER	ING CENTER		STREET ADDRESS, CITY, STAT 614 HASTINGS LANE WARRENTON, VA 20186	E, ZIP CODE	02.1	T T Y An O' do du	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPF DEFICIENCY)			(X5) COMPLETION DATE	
F 550	above were shared "For one, up here, [i serve them all at on tend to grab food of asked if it was a dig the trays at the sam #3 stated, absolutely serve them at the sa The facility policy, "I "Each resident shalf promotes and enhal well-being, level of s feelings of self-worth the right of a person for their own sake, a Residents will be tre at all timesStaff ar	wait. The observations with CNA #3. CNA #3 stated, dementia unit], if you don't e table at a time, the others f the others plates." When nity issue not to deliver all of e table at the same time, CNA y, and it's just rude not to	F	550				
F 580 SS=E	administrator, ASM a ASM #3, the director assurance and complete above concern of No further information Notify of Changes (In CFR(s): 483.10(g)(14) Notifi (i) A facility must immonsult with the residuance consistent with his or representative(s) wh	ication of Changes. nediately inform the resident; lent's physician; and notify, r her authority, the resident en there is-	F 5	80				
		ving the resident which nas the potential for requiring						

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495267	B. WING		·	1	C
NAME OF	PROVIDER OR SUPPLIER	400207	1		STREET ADDRESS, CITY, STATE, ZIP CODE	021	17/2022
BROOK	SIDE REHAB & NURS	ING CENTER		1	14 HASTINGS LANE WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		BE	(X5) COMPLETION DATE
F 580	F 580 Continued From page 4 physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or			580	Residents #45 and #11 were assessed by nursing staff and medical record reviewed. The	i e	
	deterioration in health, mental, or psychosocial				resident's responsible party: provider have all been notifice and updated on all changes in conditions and new orders update. The residents' plans of were reviewed and updated reflect their resident-specificant needs. 2.) The Director of Nursing/designas audited resident clinical documentation for the past 3 days to ensure providers have been notified of medications administered to residents. As variances were addressed an residents and/or resident representatives were notified and the notification was	ed n p to care to gnee not ny d	
	phone number of the representative(s). §483.10(g)(15) Admission to a compath that is a composite disclosits physical configurations that comprise that is physical configurations that comprise the representations that comprise the representations that comprise representations are comprised to the representation of t	mailing and email) and resident posite distinct part. A facility istinct part (as defined in e in its admission agreement tion, including the various se the composite distinct by the policies that apply to			documented in the medical record.		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
		495267	B. WING			1	C 17/2022
NAME OF	PROVIDER OR SUPPLIER			S1	TREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	1112022
BROOK	SIDE REHAB & NURS	NG CENTER			14 HASTINGS LANE /ARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(XS) COMPLETION DATE
	room changes between the common changes and clinical redetermined that the physician or resident in condition or a possion two of 44 resident Residents #45 and #45. The findings included the common condition or a possion for two of 44 resident faphysician (or nurse physician prescribed Metformin (2) and But administered on multi November 2021, Dec 2022, and failed to repractitioner) when the medication Levaquin 2/15/22. Resident #45 was ad 3/11/21. Residen	een its different locations. IT is not met as evidenced view, facility document record review it was facility staff falled to notify the trepresentative of a change sible need to alter treatment its in the survey sample, fall. It is not met as evidenced to notify the trepresentative of a change sible need to alter treatment its in the survey sample, fall. It is not met as evidence at the survey sample, fall to notify Resident #45's practitioner) when the medications Flomax (1), uspar (3) were not tiple dates in October 2021, cember 2021 and January potify the physician (or nurse a physician prescribed (4) was not administered on fall the physician prostatic most recent MDS (minimum assessment with an ARD ce date) of 1/9/22, the proof of 15 on the BIMS (brief tatus), indicating the y cognitively impaired for	F 5	80	The Director of Nursing/designations in-serviced clinical nursing staff, including RN's and LPN's, regarding notification of provide of any medications that were not administered as ordered. The inservice includes, but is not limited to, the importance of notifications of changes in condition, seeking alternative medication options, reviewing stat-box medications for equivalent medications, as well as the importance of documenting notifications in the medial record. 4.) The Director of Nursing/designation will review all progress notes an new orders five times weekly for six weeks to ensure that notifications are being complete and documented appropriately Any issues identified will be addressed immediately by the Director of Nursing/designe an appropriate actions will be take The Director of Nursing/designe will identify any trends and/or patterns and additional education and training will be provided on an ongoing basis. Findings will be discussed with the QAPI committee on at least	er ot ee ee ad or ed n. ee	3/23/22
RM CMS-2567	(02-99) Previous Versions Ob	solete Event ID:4KXD11	F	acht	quarterly basis. y ID: VA0178 If continuation	n sheet P	age 6 of 147

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	LTIPLE CONSTRUCTION DING			E SURVEY MPLETED
		495267	B. WING	3		ı	C
NAME OF	PROVIDER OR SUPPLIER	700001	1	STREET ADDRESS, CITY, STATE, ZIP	CODE	02	117/2022
BROOKS	SIDE REHAB & NURSI	NG CENTER		614 HASTINGS LANE WARRENTON, VA 20186			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULI TAG CROSS-REFERENCED TO THE APPROP			(X5) COMPLETION DATE
	a day for benign pro Resident #45's Octo administration recor was administered to 10/21/21, 10/22/21 a dated 10/20/21 docu medication card com pharmacy was advis Nurses' notes dated documented Flomax pharmacy delivery. 10/24/21 documente Review of Resident a a physician's order of 2021 and December Metformin was admi 10/20/21, 10/21/21, 12/17/21. Nurses' no 10/21/21 documente was pending pharma dated 10/27/21 documented Resider Metformin and the ph soon to refill the med dated 12/17/21 documented Resider Metformin and the ph soon to refill the med dated 12/17/21 documented Resider Metformin and the ph soon to refill the med dated 12/17/21 documented Resider Metformin and the ph soon to refill the med dated 12/17/21 documented Resider Metformin and the ph soon to refill the med dated 12/17/21 documented dated 12/17/21 documented dated 12/17/21 documented medication was reord Review of Resident #a a physician's order da mg (milligrams) by manxiety. Review of Re	static hyperplasia. Review of ober 2021 MAR (medication d) failed to reveal Flomax Resident #45 on 10/20/21, and 10/24/21. A nurse's note umented there was no staining Flomax and the sed of this on 10/16/21. 10/21/21 and 10/22/21 administration was pending A nurse's note dated of Flomax was not available. #45's clinical record revealed lated 3/11/21 for Metformin by mouth two times a day for Resident #45's October 2021 MARs failed to reveal nistered at 9:00 a.m. on 10/27/21, 10/30/21 and of Metformin administration acy delivery. A nurse's note mented the nurse was Metformin to Resident #45 d not been received from the sentence of the nurse was marked the nurse was mented the nurse's note marmacy stated it was too lication. A nurse's note mented the nurse was	F	580			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		LE CONSTRUCTION		TE SURVEY MPLETED
		495267	B. WING				C
	PROVIDER OR SUPPLIER			6	STREET ADDRESS, CITY, STATE, ZIP CODE 514 HASTINGS LANE WARRENTON, VA 20186	02/17/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 580	to reveal Buspar wa on 10/25/21, 10/27/11/1/21, 11/2/21 and Resident #45's Octo and January 2022 N was administered at 10/27/21, 10/28/21, and 1/9/22. Nurses documented Reside the pharmacy was at 10/28/21, 11/1/21 ar Buspar was not avail/8/22 and 1/9/22 docontacted. Review of Resident a physician's order of mg- one tablet by midays for pneumonia. February 2022 medifailed to reveal the represcribed Levaquin dated 2/15/22 documentated 2/15/22 docu	as administered at 9:00 a.m. 21, 10/28/21, 10/30/21, d 1/8/22. Further review of ober 2021, November 2021 MARs failed to reveal Buspar t 1:00 pm. on 10/25/21, 10/30/21, 11/1/21, 11/2/21 Inter #45 was out of Buspar and divised. Nurses' notes dated and 11/2/21 documented diable. Nurses' notes dated ocumented the pharmacy was #45's clinical record revealed lated 2/9/22 for Levaquin 750 outh in the evening for seven Review of Resident #45's cation administration record esident was administered the on 2/15/22. A nurse's note mented the Levaquin was not totes for all of the above dates medications were not dent #45 failed to reveal the oractitioner) was notified that a not administered. .m., an interview was (licensed practical nurse) #1. hysician or nurse practitioner her a medication is not tration but this does not	F	580	-		
	Un 2/16/22 at 5:15 p.	m., ASM (administrative					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
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l	E OF PROVIDER OR SUPPLIER OOKSIDE REHAB & NURS			6	STREET ADDRESS, CITY, STATE, ZIP CODE 14 HASTINGS LANE VARRENTON, VA 20186		71112065
	SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX i	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F	(the director of nurs of risk management compliance) were reconcern. The facility pharmar Medications" document Notify the attending explain the circums and optional therapy. No further information References: (1) Flomax is used the entarged prostate. From the website: https://medlineplus.gtml (2) Metformin is used information was obtained in the website: https://medlineplus.gtml (3) Buspar is a psycotreat anxiety. This in the website: https://medlineplus.gtml (4) Levaquin is used information was obtained in the website in the website: https://medlineplus.gtml	the administrator), ASM #2 sing) and ASM #3 (the director it, quality assurance and nade aware of the above cy policy titled, "Unavailable nented, "Nursing staff shall: 1. physician of the situation and tances, expected availability y(ies) that are available." on was presented prior to exit. This information was obtained gov/druginfo/meds/a698012.h do treat diabetes. This ained from the website: gov/druginfo/meds/a696005.h hotropic medication used to information was obtained from gov/druginfo/meds/a688005.h to treat pneumonia. This lined from the website: gov/druginfo/meds/a687040.h	F	580			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l`'		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING			С	
		495267	B. WING			02/17/2022	
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROPRIES OF THE PROPRIES OF THE PROVIDER OF T			(X5) COMPLETION DATE
F 580	Continued From pa	ge 9	F	580			
	practitioner and the medication/supplem Resident #11 was n	ailed to notify the nurse responsible party of a nent that was ordered for ot available from the not a stock medication in the					
	12/16/2020 with dia failure and asthma. (minimum data set) an ARD (assessment/30/2021, the resithe BIMS (brief inter	dmitted to the facility on gnoses of chronic respiratory On the most recent MDS, an annual assessment with the reference date) of dent scored a 15 out of 15 on view for mental status), ent is cognitively intact for ons.					
	Supplements) (used urinary tract health)	ax Packet (Nutritional I as a dietary management of (1); Give 1 packet by mouth ysuria for 14 days." Start date					
	4:52 p.m. document staff request for f/u	er note dated 1/26/2022 at ed in part, "Asked to see by on urinary I - episode of dysuria 5 days					
	administration recor physician order. On	nry 2022 MAR (medication d) documented the above 1/22/2022 through 1/28/2022, gh 1/31/2022, a "9" was					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY	
		495267	B. WING				C
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 614 HASTINGS LANE WARRENTON, VA 20186	CODE	/17/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL G IDENTIFYING INFORMATION)	JST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				(X5) COMPLETION DATE
	"Other/see progress Review of the Febru the above physician 2/3/2022 and 2/4/20 The nurses' notes fo p.m., 1/23/2022 at 11 a.m., 1/25/2022 at 1 a.m., 1/31/2022 at 1 a.m., 2/3/2022 at 9.4 p.m. documented, "p. The nurses' note dat documented, "Not ac stock." The comprehensive and revised on 3/21/ documentation relate or dysuria. An interview was cor practical nurse) #6 or above MARs and nur with LPN #6. When a medication is not ava scheduled time, LPN calls the pharmacy to She stated she would up medications. If it's write a nurses' note a When asked how ma happen before the ph notified, LPN #6 state happen with the first or	hart Code for "9" indicated inotes." Pary 2022 MAR documented order. On 2/1/20221, 22, a "9" was documented. Part 1/22/2022 at 1:29 137 a.m., 1/24/2022 at 1:06 2:06 p.m., 1/28/2022 at 11:56 0:33 a.m., 2/1/2022 at 10:02 17 a.m., and 2/4/2022 at 1:45	F 5				

		THE STORES			<u></u>	IAID LAC	<u>7. 0330-0331</u>
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		LE CONSTRUCTION		TE SURVEY MPLETED
		495267	B. WING	s		02	C /17/2022
	PROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE	7	
BROOK	SIDE REHAB & NURS				WARRENTON, VA 20186	186	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	CEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE	
	would find out if it's an insurance issue, (responsible party) a practitioner on call. An interview was conurse) #5 on 2/16/20 the process to be for administer a medical nurse needs to go in system] to order the practitioner should be medication was not the MAR. She stated family as to why it was concerned as the process to delivery of the UtyMax An interview was concerned as the process to is not available for acceptance with ASM #2, the asked the process to is not available for acceptance with a medication is not a doctor or nurse practices and interview was concerned as the process to is not available for acceptance with ASM #2, the asked if the number of the process to is not available for acceptance with a medication is not a doctor or nurse practices ponsible party) in presented an email for 2/16/2022 at 7:33 p.r. "This is an OTC (over profile only, and is not delivered."	a pharmacy issue or maybe and then notify the RP and the doctor and the nurse does not ation, RN #5 stated first the notified, and the reason the given should be charted in dishe would also notify the asn't given. 9 p.m. a request was made to staff member) #1, the pharmacy manifest of the ax for Resident #11. Inducted on 2/17/2022 at 8:36 are director of nursing. When the befollowed if a medication diministration at the axis at the state box checked. The the state box checked will be contacted. ASM #2 stated the ditioner and the RP must be contacted. ASM #2 from the pharmacy dated in the email documented, are the counter), shown as at something that we	F	580			

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
]		495267	B. WING			C
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186	1 02	/17/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	BE	(X5) COMPLETION DATE
F 582 SS=D	documentation of the medication. An interview was concurse practitioner, on When asked why she was asked why she was asked the resident urination. ASM #4 stated the resident urination. ASM #4 stated the her she felt better. When that the UtyMax was ASM #4 stated, "I do ASM #1, the administ of nursing and ASM management, quality were made aware of 2/17/2022 at 12:25 p No further information of following website: http://www.management.com/documents/following com/documents/following.com/documents/fol	nducted with ASM #4, the n 2/17/2022 at 11:47 a.m. re ordered the UtyMax, ASM nt reported discomfort with rated she had seen her that at day, the resident stated n asked if she was notified not available and not given, on't believe so." Attrator, ASM #2, the director #3, the director of risk assurance and compliance, the above concern on .m. In was obtained prior to exit. In was obtained from the ps://www.Medtirtion.com toverage/Liability Notice (1)(18)(i)-(v)	F 58			

	STATEMEN AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	r		LE CONSTRUCTION			TE SURVEY MPLETED
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ı	NAME OF	PROVIDER OR SUPPLIER	495267	B. WING	_			02	/17/2022
		SIDE REHAB & NURSI	NG CENTER		6	STREET ADDRESS, CITY, STATE, 514 HASTINGS LANE WARRENTON, VA 20186	ZIP CODE		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTROL INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD	BE	(X5) COMPLETION DATE
		Continued From pag (ii) Inform each Med changes are made t specified in §483.10 section. §483.10(g)(18) The resident before, or a periodically during th available in the facilit services, including a covered under Medic facility's per diem rat (i) Where changes in and services covered Medicaid State plan, notice to residents of reasonably possible. (ii) Where changes a items and services th facility must inform th 60 days prior to imple (iii) If a resident dies irransferred and does facility must refund to representative, or est deposit or charges all per diem rate, for the resided or reserved o acility, regardless of discharge notice requivity) The facility must r esident representative he resident within 30 late of discharge from v) The terms of an acceptable acility must not conflict	ge 13 icaid-eligible resident when o the items and services (g)(17)(i)(A) and (B) of this facility must inform each it the time of admission, and ie resident's stay, of services by and of charges for those ny charges for services not care/ Medicaid or by the e. In coverage are made to items of by Medicare and/or by the of the facility must provide of the change as soon as is the made to charges for other that the facility offers, the the resident in writing at least the mentation of the change. The or is hospitalized or is not return to the facility, the offers the resident ate, as applicable, any ready paid, less the facility's days the resident actually retained a bed in the any minimum stay or irements. The facility offers the facility's days the resident or the any and all refunds due days from the resident's		582	F582 – Medicaid/Me Coverage/Liability No Resident #357 is no loresident at Brookside Nursing Center there appropriate to provide currently. Resident #1 long-term care reside therefore it is not approvide an ABN at this individual who failed ABNs is no longer em this facility. Brookside Nursing Center has id that all Medicare A re at risk from not received 1. Administrator/design all skilled discharges: 8/14/21 to ensure the was issued appropriate other concerns were 3. The Administrator/de in-serviced Director of Department and Socio Director regarding All policy and procedure service includes, but to, the facility to pro "information to the less so that s/he can deci-	edicare otice onger a Rehab and fore it is not de an ABN 87 is now a cent and propriate to is time. The to issue the aployed by e Rehab and dentified esidents are iving an ABN nee audited since at the ABN ately. No identified. esignee has of Therapy ial Services BNs and e. The in- not limited vide ABN beneficiary ide whether e that may		3/23/22
	ti	nese regulations.	- mar tro roquiomonto Of			not be paid for by M	edicare and		

STATEMEN	T OF DEFICIENCIES	(V4) PROUSES STATEMENT				<u>0. 0336-039 (</u>
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) D/	ATE SURVEY OMPLETED
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 0	2/17/2022
BROOK	SIDE REHAB & NURSI	NG CENTER		614 HASTINGS LANE WARRENTON, VA 20186		
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	This REQUIREMENT by: Based on staff interreview, it was detern failed to provide skill beneficiary notice of two of three beneficiary sident reviews, Resident reviews, Resident reviews, Resident #87's last part A services was 8 failed to provide the a Resident #87 (and/or representative). Resident #87 was ad 6/22/2021 with diagnont limited to COVID-seizures. On the most data set), a quarterly (assessment reference resident scored 9 out interview for mental siresident is moderately decisions. The progress notes for part, "6/23/2021 10: medical doctor) progrecently hospitalized a activity at facilityPt represence, speech theral are)"	view and clinical record nined that the facility staff ed nursing facility advance non-coverage (SNFABN) to ary protection notification sident #87 and Resident at covered day of Medicare 1/14/21. The facility staff advance beneficiary notice to the resident's mitted to the facility on oneses that included but were 19, multiple sclerosis and at recent MDS (minimum assessment with an ARD be date) of 1/25/22, the of 15 on the BIMS (brief tatus), indicating the primaired for making daily or Resident #87 documented of the resident #87 documented or Resident	F 58	4.) The Administrator/designed meet with therapy department manager and social services director weekly for 6 weeks review all previous weeks St discharges from therapy service and documentation of such is completed appropriately. Any issues identified will be addressed immediately by the Administrator/designee and appropriate actions will be take The Administrator/designee widentify any trends and/or patterns and additional education and training will be provided on an ongoing basis. Findings will be discussed with the QAPI committee on at least quarterly basis.	ent to NF vices ior	
-		····, ASIM (autililistrative				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4	TIPLE CONSTRUCTION	(X3) D	ATE SURVEY OMPLETED
	_	495267	B. WING			C 2/17/2022
l	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP 614 HASTINGS LANE WARRENTON, VA 20186	CODE	211112022
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	staff member) #1, the notice of Medicare I for Resident #87 and an advance benefic. Resident #87. ASM social worker did no stated that the curredoing this when they facility. ASM #1 star why they were not sowerker no longer wo. On 2/16/22 at 1:54 p. conducted with OSM social worker. OSM started sending out to notices around Nove stated that the busin social worker know with e end of their skille social worker complete worker with the total also sent them to certified mail. OSM is	ne administrator provided the Non-coverage dated 8/10/21 d stated that they did not have lary notice to provide for #1 stated that the former t complete these. ASM #1 nt social worker had started a started working at the led that they could not say ent out and the former social	F 5	82		
	documented in part, 'follow the Medicare a instructions. a. SNFA Advanced Beneficiary notice is required who beneficiary from Medicareficiary has remained the following the following the following the beneficiary was and the beneficiary w	ABN [Skilled Nursing Facility y Notice] i. The SNFABN en the SNF provider cuts the icare Part A services and the ining days in the benefit				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LE CONSTRUCTION		E SURVEY MPLETED
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	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186		_		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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
	covered day. ii. The the beneficiary/benef	e notice must be provided to eficiary representative no later d day" D.m., ASM #1, the #2, the director of nursing and r of risk management, quality pliance were notified of the Don was presented prior to exit. It is to covered day of Medicare 5/21/21. The facility staff advance beneficiary notice to for the resident's admitted to the facility on uses that included but were seen mellitus with foot ulcer, disease and methicillin coccus aureus infection. On S (minimum data set), a with an ARD (assessment 14/21, the resident scored 15 S (brief interview for mental e resident is cognitively intact	F	582			
	The physician orders documented in part, care. Order Date: 5/6	"Admit to skilled level of					-
	staff member) #1, the notice of Medicare No for Resident #357 and	a.m., ASM (administrative e administrator provided the on-coverage dated 5/19/21 d stated that they did not neficiary notice to provide for					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	453207	STREET ADDRESS, CITY, STATE, ZIP CODE		02/17/2022		
			614 HASTINGS LANE		• • •		
BROOK	SIDE REHAB & NURS	REMAB & NURSING CENTER		W	VARRENTON, VA 20186		
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F 582	Resident #357. AS social worker did no stated that the curre doing this when the facility. ASM #1 sta why they were not s worker no longer worker. OSM social worker. OSM started sending out notices around Nove stated that the busin know when a reside their services. The srequired notices, revand/or family, and al responsible party by stated that an advantance been provided. On 2/16/22 at 5:15 padministrator, ASM is	M #1 stated that the former of complete these. ASM #1 ent social worker had started by started working at the ted that they could not say ent out and the former social orked at the facility. D.m., an interview was of (other staff member) #1, the last #1 stated that they had the advance beneficiary ember of 2021. OSM #1 less office or therapy let them not was nearing the end of locial worker completed the viewed them with the resident iso sent them to the certified mail. OSM #1 lese beneficiary notice should for Resident #357.	F	582			
F 622 SS=E	findings.		F 6	22			
600	§483.15(c) Transfer §483.15(c)(1) Facility (i) The facility must p remain in the facility, discharge the resider	and discharge- y requirements- permit each resident to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	495267	B. WING			02	C /17/2022
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TAG REGULATORY OR LE	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
cannot be met in the (B) The transfer or of because the resident sufficiently so the reservices provided by (C) The safety of indendangered due to the status of the resident (D) The health of indendangered due to the status of the resident (E) The resident has appropriate notice, the under Medicare or Med	and the resident's needs of facility; discharge is appropriate at's health has improved sident no longer needs the atthe facility; dividuals in the facility is the clinical or behavioral at; dividuals in the facility would gered; a failed, after reasonable and a pay for (or to have paid dedicaid) a stay at the facility. If the resident does not a paperwork for third party third party, including and, denies the claim and the ay for his or her stay. For a ges eligible for Medicaid after and the facility may charge a gele charges under Medicaid; as to operate. The facility pursuant to be peal is pending, pursuant to pending, pursuant	F 6		room or hospital and therefore no corrective action can be take with the residents at this time. Resident #700 is no longer a resident of this facility and therefore no corrective action can be taken at this time. It is the policy of Brookside Rehab and Nursing Center to ensure that transfer and discharge requirements are met. All residents have the potential to be affected by the alleged deficient practice.	en e	3/23/22

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION		E SURVEY MPLETED
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	PROVIDER OR SUPPLIER SIDE REHAB & NURS SUMMARY STA	ING CENTER TEMENT OF DEFICIENCIES	ID	6.	TREET ADDRESS, CITY, STATE, ZIP CODE 14 HASTINGS LANE VARRENTON, VA 20186 PROVIDER'S PLAN OF CORRECTION		17/2022
PRÉFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO	BE	(X5) COMPLETION DATE
	in paragraphs (c)(1) section, the facility ror discharge is documedical record and communicated to the institution or provide (i) Documentation in must include: (A) The basis for the (i) of this section. (B) In the case of pasection, the specific be met, facility atterneeds, and the servifacility to meet the ne (ii) The documentation (2)(i) of this section ror (A) The resident's photostation of (B) A physician when necessary under parathis section. (iii) Information providents include a minimust inc	(i)(A) through (F) of this nust ensure that the transfer imented in the resident's appropriate information is a receiving health care. The resident's medical record transfer per paragraph (c)(1) aragraph (c)(1)(i)(A) of this resident need(s) that cannot into the tomeet the resident ce available at the receiving sed(s). On required by paragraph (c) (nust be made by a system when transfer or any under paragraph (c) (1) ion; and transfer or discharge is agraph (c)(1)(i)(C) or (D) of ded to the receiving provider num of the following: on of the practitioner are of the resident. Intative information including a discharge summary, 21(c)(2) as applicable, and tion, as applicable, to ensure	Fe	522	The Director of Nursing/designed has educated clinical nursing staff, including RN's and LPN's, on transfer and discharge requirements. The education included, but was not limited to sending comprehensive care plas summary and goals with the resident upon discharge or transfer and documentation ion the medical record that the information was provided to the resident upon transfer or discharge to the hospital. The Director of Nursing/designed will review all emergency room and hospital transfers for six weeks to ensure the comprehensive care plan summary and goals was sent with the resident and documented in the medical record. The Director of Nursing/designee will identify any trends and/or patterns and additional education and trainin will be provided on an ongoing basis. Findings will be discussed with the QAPI committee on at least a quarterly basis.	, in	

A. BUILDING COMPLE 495267 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE BROOKSIDE REHAB & NURSING CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES DEFINITION OF CORRECTION (EACH DEFICIENCY MUST BE DEFORM OF CORRECTION		STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	I TIP	LE CONSTRUCTION	$\overline{}$	O. 0930-039	_
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES 614 HASTINGS LANE WARRENTON, VA 20186 MARRENTON,	ĺ	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:					ATE SURVEY OMPLETED	
RAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER (24)D SUMMARY STATEMENT OF DETICIENCES GENERAL DESCRICTAY WITH SEPECEMENT OF DETICIENCES (EACH DETICIENCY WILL REPOCEMENT WITH SEPECEMENT OF DETICIENCES (EACH DETICIENCY WILL REPOCEMENT WITH SEPECEMENT OF THE REGULATORY OR LSC IDENTIFYING INFORMATION) F 622 Continued From page 20 This REQUIREMENT is not met as evidenced by: 2. The facility staff failled to provide the required documentation to the hospital for two transfers to the hospital for Resident #104. Resident #104 was admitted to the facility on 1/29/2020, with two recent readmissions on 1/25/2022 and 1/31/2022. On the most recent MDS (minimum data set), a Medicare five day assessment, with an ARD (assessment reference date) of 2/3/2022, the resident scored a 3 out of 15 on the BIMS (brief interview for mental status), indicating the resident was severely cognitively impaired for making daily decisions. The nurses' note dated, 1/15/2022 at 9:37 p.m. documented, "Resident decreased LOC (level of consciousness), no PO (by mouth) intake. 179/91 (blood pressure) heart rate 103, resp (respirations) 16, temp (temperature) 97.6. Spoke with wife/RP (responsible party) regarding change in condition and she requested he be sent to hospital. EMS (emergency medical services) transport resident to hospital. Sent with bed hold policy and current records. Report called to [name of hospital]. ADON (assistant director of nursing) notified." The nurses' note dated, 1/28/2022 at 5:11 p.m. documented, "Resident found in room with decreased LOC. 100/63, heart rate 103, resp 20. 9.9 temp, 99% on 5 liters. Unable to take any PO fluids. Condition discussed with wife, at her request 911 called, transferred to [name of hospital] with current records and bed hold policy."	ı						-		С	
BROOKSIDE REHAB & NURSING CENTER (x4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DIPERTY TAG F 622 Continued From page 20 This REGUIREMENT is not met as evidenced by: 2. The facility staff failed to provide the required documentation to the hospital for two transfers to the hospital for Resident #104. Resident #104 was admitted to the facility on 1/29/2020, with two recent readmissions on 1/25/2022 and 1/31/2022. On the most recent MDS (minimum data set), a Medicare five day assessment, with an ARD (assessment reference date) of 2/3/2022, the resident scored a 3 out of 15 on the BIMS (brief interview for mental status), indicating the resident was severely cognitively impaired for making daily decisions. The nurses' note dated, 1/15/2022 at 9:37 p.m. documented, "Resident decreased LOC (level of consciousness), no PO (by mouth) intake. 179/91 (blood pressure) heart rate 109, resp (respirations) 16, temp (temperature) 97.6. Spoke with wife/PR/ (responsible party) regarding change in condition and she requested he be sent to hospital. EMS (emergency medical services) transport resident to hospital. Sent with bed hold policy and current records. Report called to [name of hospital]. ADON (assistant director of nursing) notified." The nurses' note dated, 1/28/2022 at 5:11 p.m. documented, "Resident found in room with decreased LOC. 100/63, heart rate 103, resp 20. 99.9 temp, 99% on 5 liters. Unable to take any PO fluids. Condition discussed with wife, at her request 911 called, transferred to [name of hospital] with current records and bed hold policy."	ł	NAME OF	PDOVIDED OR SURDI IED	495267	B. WING			0:	2/17/2022	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 622 Continued From page 20 This REQUIREMENT is not met as evidenced by: 2. The facility staff falled to provide the required documentation to the hospital for Nesident #104. Resident #104 was admitted to the facility on 1/29/2020, with two recent readmissions on 1/25/2022 and 1/31/2022. On the most recent MDS (minimum data set), a Medicare five day assessment, with an ARD (assessment reference date) of 2/3/2022, the resident scored a 3 out of 15 on the BIMS (brief interview for mental status), indicating the resident was severely cognitively impaired for making daily decisions. The nurses' note dated, 1/15/2022 at 9:37 p.m. documented, "Resident decreased LOC (level of consciousness), no PO (by mouth) intake. 1/19/91 (blood pressure) heart rate 109, resp (respirations) 16, temp (temperature) 97.6. Spoke with wife/RP (responsible party) regarding change in condition and she requested he be sent to hospital. EMS (emergency medical services) transport resident to hospital, Sent with bed hold policy and current records. Report called to [name of hospital]. ADON (assistant director of nursing) notified," The nurses' note dated, 1/28/2022 at 5:11 p.m. documented, "Resident found in room with decreased LOC. 100/53, heart rate 103, resp 20. 99.9 temp, 99% on 5 liters. Unable to take any PO fluids. Condition discussed with wife, at her request 91 called, transferred to [name of hospital] with current records and bed hold policy."			SIDE REHAB & NURS		Đ.	€	114 HASTINGS LANE			
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I ALL ILLEGATEW WAS CONDUCTED WITH LPN (IICANSON 1			This REQUIREMENT by: 2. The facility staff of documentation to the the hospital for Resident #104 was a 1/29/2020, with two of 1/25/2022 and 1/31/2000 MDS (minimum data assessment, with an date) of 2/3/2022, the folioticating the resider impaired for making the nurses' note data documented, "Reside consciousness), no Foliotication of the properties of	ialled to provide the required e hospital for two transfers to dent #104. admitted to the facility on recent readmissions on 2022. On the most recent a set), a Medicare five day ARD (assessment reference e resident scored a 3 out of a interview for mental status), at was severely cognitively daily decisions. ed, 1/15/2022 at 9:37 p.m. ent decreased LOC (level of PO (by mouth) intake. 179/91 art rate 109, responsible party) regarding and she requested he be so (emergency medical esident to hospital. Sent with current records. Report called ADON (assistant director of ed, 1/28/2022 at 5:11 p.m. ent found in room with 1/53, heart rate 103, resp 20. liters. Unable to take any discussed with wife, at her ansferred to [name of records and bed hold	F	522				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	FIPLE CONSTRUCTION NG		TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS OF A STATE TO SEE	02	/17/2022
	SIDE REHAB & NURSI	NG CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186		
(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)	ILD BE	(X5) COMPLETION DATE
	When asked what the with the resident who the hospital, LPN #1 medication record, a not resuscitate) if ap the care plan and the is a checklist on the the bed agreement a further stated they all checklist off and sen in a nurses' note. An interview was cor (administrative staff nursing, on 2/17/202 about the process for hospital, ASM #2 stachange in condition, practitioner or calls the in an SBAR (situation response) format. The number of summarizing the should put in what is with the bed hold agreement progress notes and (medical doctor laboratory tests). Who done with (Resident fransfers to the hospitated it appears the increase.	on 02/16/2022 2:08 p.m. ne nurse sends to the hospital en a resident is transferred to stated they send the iny pertinent labs, DNR (do inplicable, the E-Interact form, is bed hold agreement. There front of the folder that has and the checklist. LPN #1 re supposed to pull the id to medical records and put inducted with ASM member) #2, the director of 2 at 7:46 a.m. When asked if a resident has a the nurse notifies the nurse ne doctor with the information in, background, assessment, ie nurse does an E-Interact irse should write a progress ie change in condition and being sent with the resident eement. The other things is orders, care plan, copies of and transfer forms, any is they need. We send that or in) notes, any pertinent labs iten asked why this was not follow the irator, ASM #2, the director	F 62	22		
r	of nursing and ASM # nanagement, quality	3, the director of risk assurance and compliance.				

PRINTED: 02/28/2022 FORM APPROVED

		TO TOIT MEDIONICE	A MILDIONID SERVICES				MR NC	J. 0938-039	1
İ		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DA	TE SURVEY	_
l			495267	B. WING	, <u></u>	· · · · · · · · · · · · · · · · · · ·	02	C 2/17/2022	
ı	NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE			_
ı	BROOKS	SIDE REHAB & NURSI	ING CENTER		6	514 HASTINGS LANE			
					٧	WARRENTON, VA 20186			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED DEFICIENCY)	BE .	(X5) COMPLETION DATE	_
	F 622	Continued From	00						_
	1 022			¦ F€	322			-	į
		were made aware o 2/17/2022 at 12:25	f the above concern on p.m.						
	M.	No further information	on was obtained prior to exit.						
		3. The facility staff fa	ailed to provide the required						ļ
		documentation to the	e hospital for a transfer to the						
		hospital for Residen	t #60.						
		Resident #60 was a	dmitted to the facility on						
	1	9/7/2019 with a read	Imission on 1/11/2022. On the						1
		most recent MDS (m	ninimum data set), a quarterly						
		assessment, with an	ARD (assessment reference						ı
		date) of 12/16/2021,	the resident scored a 14 out						l
		of 15 on the BIMS (b	orief interview for mental e resident was not cognitively						ı
	ŀ	impaired for making	daily decisions.						l
	1	_	ed 1/6/2022 at 1:30 a.m.						ĺ
		documented. "Reside	ent sent out 911 via stretcher						l
		in route to [name of t	nospital] symptoms of						
		hypoxia and possible	sepsis. MD (medical		- 1				
		doctor)/DON (directo	or of nursing) notified."						
		An interview was con	ducted with LPN (licensed						
	l i	practical nurse) #1, o	on 02/16/2022 2:08 p.m.						I
] 1	When asked what the	e nurse sends to the hospital						
		with the resident whe	n a resident is transferred to						
		medication record or	stated they send the ny pertinent labs, DNR (do						
];	not resuscitate) if and	blicable, the E-Interact form.						l
	t	the care plan and the	bed hold agreement. There						
	ļ i	s a checklist on the f	ront of the folder that has						
	t	he bed agreement a	nd the checklist. LPN #1						
		urmer stated they are	e supposed to pull the did not be supposed to pull the						
	li	лескііst он анд send п a nurses' note.	to medical records and put						
		An interview was con	ducted with ASM						
	1.5	ALTRICIALEM MARK CIOUR	GULGEU WIIII MƏMİ		1			. ,	4

ĺ		FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		LE CONSTRUCTION		E SURVEY
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ı			495267	B. WING			02/	17/2022
		PROVIDER OR SUPPLIER SIDE REHAB & NURSI	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
		(administrative staff nursing, on 2/17/202 about the process for hospital, ASM #2 start change in condition, practitioner or calls to in an SBAR (situation response) format. The mote, summarizing the should put in what is with the bed hold ago that should go are the change in condition recent progress note a MD (medical doctor) (laboratory tests). When done with (Resident hospital in January 2 appears the nurses of nursing and ASM management, quality were made aware of 2/17/2022 at 12:25 p. No further information was pather receiving facility for 2/13/2022. On the most recent Modern assessment wireference date) of 1/2 about 11/2022.	member) #2, the director of 22 at 7:46 a.m. When asked or sending a resident to the ated if a resident has a the nurse notifies the nurse the doctor with the information on, background, assessment, he nurse does an E-Interact urse should write a progress he change in condition and is being sent with the resident reement. The other things he orders, care plan, copies of and transfer forms, any es they need. We send that or or) notes, any pertinent labs then asked why this was not #60) for his transfer to the 2022, ASM #2 stated it did not follow the process.	F	622			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JILTIPLE CONSTRUCTION DING			TE SURVEY MPLETED
NAME OF PROVIDER OR SURPLUM		495267	B. WING	3		02	C
	PROVIDER OR SUPPLIER	NG CENTER		STREET ADDRESS, CITY, STATE, ZII 614 HASTINGS LANE WARRENTON, VA 20186	P CODE	02	117/2022
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	mental status), indic cognitively intact for The progress notes in part, "2/13/2022 1 was sent to the hosp due to critical lab res 86/46 (blood pressur (oxygen) 92, T (tempaltered mental status couldn't reach her, le practitioner) notified. The clinical record fadocumentation of inf hospital on 2/13/202. On 2/16/2022 at 2:08 conducted with LPN LPN #1 stated that threcord, any pertinent resuscitate), the E Inform, the care plan a with any resident goil stated that they had a folder that had the best they used. LPN #1 s Resident #81 out to the nurse should have sent it to medical record documenting evithe emergency room. On 2/17/2022 at 7:45 conducted with ASM member) #2, the direct stated that the nurses change in condition for the stated that the nurses change in condition for the stated that the nurses change in condition for the stated that the nurses change in condition for the stated that the nurses change in condition for the stated that the nurses change in condition for the stated that the nurses change in condition for the stated that the nurses change in condition for the stated that the nurses change in condition for the stated that the nurses change in condition for the stated that the nurses change in condition for the stated that the nurses change in condition for the stated that the nurses change in condition for the stated that the nurse change in condition for the stated that the nurse change in condition for the stated that the nurse change in condition for the stated that the nurse change in condition for the stated that the nurse change in condition for the stated that the nurse change in condition for the stated that the nurse change in condition for the stated that the nurse change in condition for the stated that the nurse change in condition for the stated that the nurse change in condition for the stated that the nurse change in the stated that the nurse change in the stated that the nurse change in the stated that the nurse change in the stated that the nurse change in the stated that t	rating the resident was making daily decisions. for Resident #81 documented 7:57 (5:57 p.m.) Resident bital as advised by physician sults, last vital signs taken re), HR (heart rate) 89, O2 perature) 96.8, resident had so, sister contacted twice but eft voicemail. NP (nurse ailed to evidence formation provided to the 2. B p.m., an interview was (licensed practical nurse) #1. hey sent the medication labs, the DNR (do not teract change in condition and the bed hold agreement and to the hospital. LPN #1 as checklist on the front of a end hold agreement inside tated that they did not send the hospital on 2/13/2022 but the pulled checklist off and ords and put in a nurses erything that was provided to a.m., an interview was	F	622			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION						С	
		495267	B. WING			02	/17/2022_
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		6	STREET ADDRESS, CITY, STATE, ZIP CODE 514 HASTINGS LANE WARRENTON, VA 20186		
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	the resident was ser completed the E Into with the resident to that the nurses were progress note docur documents being set the bed hold notice, progress notes, physicand copies of the charaster form. ASM have any evidence of hospital for Resident nurses did not follow. On 2/17/2022 at app #1, the administrator nursing and ASM #3 management, quality	nd, assessment, format. ASM #2 stated that if nt out to the hospital the nurse eract transfer form and sent it the hospital. ASM #2 stated a responsible for writing a menting the required ent with the resident including orders, care plan, recent sician notes, pertinent labs ange in condition and #2 stated that they did not of the documents sent to the t #81 and it appeared the or through on the process.	Fe	322			
	facility document revi complaint investigation the facility staff failed documented the requi hospital transfer and/ evidence the receiving all the required docur transfer for 4 of 44 re	iew, clinical record review, iew, and in the course of a con, it was determined that to ensure the physician aired note regarding a for the facility staff failed to g facility was provided with mentation for a hospital sidents in the survey 700, #104, #60, and #81.					

		FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONS			E SURVEY
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ı			495267	B. WING			02/	17/2022
		PROVIDER OR SUPPLIER SIDE REHAB & NURSI	NG CENTER		614 HAS	ADDRESS, CITY, STATE, ZIP CODE ITINGS LANE ENTON, VA 20186		2. 4 30.2
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD ROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
		documented the require circumstances of a land failed to evidence provided with the rechospital transfer on Resident #700 was a 10/23/20 and discharesident had the diagonal control obstructive provided with the diagonal control obstructive provided adjustment disorder, high blood pressure, On the most recent I quarterly assessment reference date) of 11 to ut of 15 on the Emental status, indicated cognitively impaired in the resident was contact was independent activities of daily living the course of a contact of the ER (emergence AM. The complaint for was sent with a copy	d to ensure the physician juired note regarding the hospital transfer on 1/23/21; be that the hospital was quired documentation of a 1/23/21 for Resident #700. admitted to the facility on gred on 1/12/22. The gnoses of, but not limited to: pulmonary disease, ia, pancreatic insufficiency, pendence, depression, anxiety disorder, hepatitis, and prostate malignancy. MDS (minimum data set), a at with an ARD (assessment /12/21, the resident scored bIMS (brief interview for ting the resident is not for making daily decisions. ded as requiring extensive g; supervision for toileting; t for all other areas of	F	522	DEFICIENCY)		
	i i	and E-Interact transferovided to the ER." A review of the clinicated to the dated 1/23/21 at	er of care report was not al record revealed a nurses'					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR				5	STREET ADDRESS, CITY, STATE, ZIP CODE	02/	17/2022
BROOKSIDE REHAE	& NURS	ING CENTER			WARRENTON, VA 20186		
PRÉFIX (EACH I	DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
of building There were transfer. Further revered any form was a documental transfer. In addition, the hospital practitioner and why the facility. On 2/17/20 conducted member) #3 asked about the hospital change in a SBAR (response) for transfer form note, summishould put in with the resi agreement. The orders, a condition and notes they make the sts. On 2/17/22 and the series of the serie	ent to ER at this tine on other evidence completed tion was there was transfer regarding resident eresident the proof, ASM #2 ondition, or calls the proof, and transfer the other evident, along the other evident, along the other evident, along the other evident and transfered and at 8:22 Along the other evident, along the other evident evident, along the other evident evident, along the other evident evident, along the other evident evident and transfered and at 8:22 Along the other evident eviden	for elevated glucose.out (sic)	F	522			

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER SIDE REHAB & NURS	NG CENTER	-	STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186	02	/17/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		D BE	(X5) COMPLETION DATE
	stated that she would write a note at some being sent to the ER documentation of trainclude the E-Interaction include the E-Interaction, acute medical for transfer contact information, orders, and care planurses should document was sent with the result was sent with the result was sent with the result was sent with the result was a review of the facility Transfer and Discha "3. Facility initiated to implemented when a following conditions as a. The transfer or discresident's welfare and cannot be met in the ii. The medical record by the attending physical identification of the recannot be met by the attempt to meet those iii. The medical record that the needed serving facility or load. The medical record will clearly identify transfer or discharge be identify Information provider which at a medical responsible for the care	d expect the physician to expoint regarding the resident ansfer requirements would be form, demographic redicinal condition causing redicinal condition causing redicinal condition causing redicinal condition causing redicinal condition causing redicinal condition causing redicinal condition causing redicinal condition causing redicinal condition causing redicinal condition list, current in goals. She stated that ment in a progress note what sident when documenting seen out. The policy, "Facility Initiated rege" documented: Transfers/discharges will be any one or more of the are met: Transfers/discharges will be any one or more of the are met: Transfers/discharges will be any one or more of the are met: Transfers/discharges will be any one or more of the resident's needs facility; The will contain documentation cician to include the esident's specific needs that facility and of the facility's eneeds. The will contain documentation ces are available at the cation The basis or reason for the provided to the receiving inimum will include: The provided to the receiving inimum will include: The provided to the receiving inimum will include:	F 6	522		

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
		495267	B. WING			C /1 7/2022
	PROVIDER OR SUPPLIER	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186	, ,,	T T T T T T T T T T T T T T T T T T T
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		LD BE	(X5) COMPLETION DATE
F 622	iii. Advance directiviv. Special instruction ongoing care, as apif applicable, but are devices (oxygen, imv. Precautions such vi. Special risks such bleeding, or pressur precautions; vii. The resident's orgoals; and viii. All information or resident's needs, whimited to: (1) Resident status, current mental, behave reason for transfer, (2) Diagnoses and (3) Medications (included) Most recent reletests, and recent immoderation of the compliance, were not further information was urvey.	re information; ons and/or precautions for propriate, which must include, ont limited to treatments and plants, IVs, tubes/catheters); on as isolation or contact; ch as risk for falls, elopement, re injury and/or aspiration comprehensive care plan checessary to meet the nich includes, but may not be chickling baseline and avioral, and functional status, recent vital signs; callergies; cluding when last received); evant labs, other diagnostic munizations" M, ASM #1, #2, and #3 Member), the Administrator, and the Director of Risk y Assurance and orified of the concern. No reas provided by the end of the	F 6	522		
F 623 SS=D	COMPLAINT DEFIC Notice Requirements CFR(s): 483.15(c)(3)	s Before Transfer/Discharge	F 62	23		
	§483.15(c)(3) Notice Before a facility trans resident, the facility r	fers or discharges a				

	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 .	ILTIPLE CONSTRUCTION DING		TE SURVEY
		495267	B WING			С
NAME	OF PROVIDER OR SUPPLIER	493267	B. WING			2/17/2022
BRO	OKSIDE REHAB & NURS			STREET ADDRESS, CITY, STATE, ZIP COD 614 HASTINGS LANE WARRENTON, VA 20186	Ē.	
(X4) PREI TAG	IX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
F 6	(i) Notify the resider representative(s) of the reasons for the language and mann facility must send a representative of the Long-Term Care On (ii) Record the reason discharge in the residence with parand (iii) Include in the notoparagraph (c)(5) of the \$483.15(c)(4) Timing (i) Except as specific (c)(8) of this section, discharge required ut made by the facility a resident is transferre (ii) Notice must be mode before transfer or dis (A) The safety of indice to the endangered under this section; (B) The health of indice endangered, under this section; (C) The resident's healtow a more immediated ander paragraph (c)(1) (D) An Immediate transfer or dis under paragraph (c)(1) (E) A resident has not days.	that and the resident's the transfer or discharge and move in writing and in a er they understand. The copy of the notice to a coffice of the State abudsman. Ins for the transfer or ident's medical record in fagraph (c)(2) of this section; tice the items described in this section. The company of the notice of transfer or ident's medical record in fagraph (c)(2) of this section; tice the items described in this section. The company of the notice of transfer or identification of the notice of the notice of the notice of the notice of the notice of the notice of the notice of the notice of the notice of the notice of the notice of	Fé	623		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION DING			TE SURVEY MPLETED
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		PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 614 HASTINGS LANE WARRENTON, VA 20186	ZIP CODE	<u>U2</u>	/17/2022
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	EX (EACH CORRECTIVE ACT	TION SHOULD E THE APPROPRI	BE	(X5) COMPLETION DATE
		must include the foll (I) The reason for tr (ii) The effective date (iii) The location to we transferred or dischall (iv) A statement of the including the name, and telephone number eceives such request to obtain an appeal of completing the form hearing request; (v) The name, addrestelephone number of Long-Term Care Om (vi) For nursing facility and developmental disabilities, the mailing telephone number of the protection and acceptable of the Developmental disabilities and Bill of Rights Acteptated at 42 U.S.C. (vii) For nursing facility disorder or related dispensional address and telephone under the agency responsible for advocacy of individual established under the for Mentally III Individual established the transfer from the information in the affecting the transfer must update the recipional address and the recipional address and the agency responsible for Mentally III Individual established the transfer from the information in the affecting the transfer must update the recipional address and the recipional address and the information in the affecting the transfer must update the recipional address and the information in the affecting the transfer must update the recipional address and the recipional address and the information in the affecting the transfer must update the recipional address and the information in the affecting the transfer must update the recipional address and the information in the affecting the transfer must update the recipional address and the information in the affecting the transfer must update the recipional address and the information in the affecting the transfer must update the recipional address and the information in the affecting the transfer must update the recipional address and the information in the affecting the transfer must update the recipional address and the information in the affecting the transfer must update the recipional address and the information in the affecting the information in the information in the information in the information in the information in	aragraph (c)(3) of this section owing: ansfer or discharge; e of transfer or discharge; thich the resident is arged; ne resident's appeal rights, address (mailing and email), ther of the entity which sts; and information on how form and assistance in and submitting the appeal and submitting the appeal st (mailing and email) and the Office of the State budsman; the residents with intellectual disabilities or related and email address and the agency responsible for twocacy of individuals with dilities established under Part and Disabilities Assistance of 2000 (Pub. L. 106-402, 15001 et seq.); and the residents with a mental sabilities, the mailing and lephone number of the or the protection and als with a mental disorder or Protection and Advocacy unals Act.	F	623			

		TO THE OFFICE OF THE OFFI			<u>טען פועוי</u>	<u>. บรวด-บวร 1</u>
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION		E SURVEY MPLETED
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1				614 HASTINGS LANE		
BROOK	SIDE REHAB & NURS	ING CENTER	- 1			
			,	WARRENTON, VA 20186		
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			Í			-1-1
F 623	Continued From page	ge 32	F 623	F623- Notice Requirements		3/23/22
	becomes available.		1	Before Transfer/Discharge		1-10-3
					i	i
	§483.15(c)(8) Notice	in advance of facility closure		1. Residents #81 and #104 retu	ırned	
	In the case of facility	closure, the individual who is		from the emergency room of	ır	
	the administrator of	the facility must provide		hospital and therefore no	"	!
	written notification p	rior to the impending closure		1		
1	to the State Survey	Agency, the Office of the		corrective action can be take		
	State Long-Term Ca	re Ombudsman, residents of		with the residents at this tim	ne.it	
	the facility, and the r	esident representatives, as		is the policy of Brookside Re	hab	
1	well as the plan for t	he transfer and adequate		and Nursing Center to ensur	re	
	relocation of the resi	dents, as required at §		that notice requirements be		
Ī	483.70(I).	T is not met as evidenced		transfer/discharge are met.	I	
1	by:	is not met as evidenced		-		
0		cord review, staff interview		residents have the potential	το	- 1
	and facility documen	t review, it was determined		be affected by the alleged		
	that the facility staff f	ailed to evidence written		deficient practice.	i	- 1
	notification was prov	ided to the responsible party			.	
	and/or the ombudsm	an for a facility-initiated		Residents that transferred to t	he [- 1
- 1	transfer for 2 of 44 re	esidents in the survey		emergency room or admitted	to	
	sample, Resident #8	1 and Resident #104.		the hospital in the last 30 days		- 1
	The findings include:			and remain outside of this fact will be reviewed to ensure that	ility	
				evidence of written notification		
	1. The facility staff fa	alled to evidence written				
1.	notification of transfe	r was provided to Resident		of transfer was provided to th	e	
13	#81 and/or their repre	esentative for a		responsible party and/or the		ľ
11	facility-initiated transf	er on 2/13/2022,		ombudsman. Any variances w	ill	- 1
1.	On the most record to	4D8 /minimum detect 1		be corrected.		
	On the most recent N	IDS (minimum data set), a		De Collecten.		i
	o-udy dssessment Wi	th an ARD (assessment				
	orerence date) of 1/2	2/2022, the resident scored BIMS (brief interview for				1
15	mental status) indian	ting the resident was	- 0		ļ	
	nental status), INDICA	naking daily decisions.				1
1,	ognitivety tritact for f	making daily decisions.	1			ŀ
	The progress notes &	or Resident #81 documented				Ī
l li	n part. "2/13/2022 17	:57 (5:57 p.m.) Resident				
v	vas sent to the hospit	al as advised by physician				
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
	i	495267	B. WING	ş		1	C /17/2022
	PROVIDER OR SUPPLIER	ING CENTER	L	6	STREET ADDRESS, CITY, STATE, ZIP CODE 314 HASTINGS LANE NARRENTON, VA 20186	1 021	11772022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE .	(X5) COMPLETION DATE
	due to critical lab rea 86/46 (blood pressu (oxygen) 92, T (tem altered mental statu couldn't reach her, lepractitioner) notified The clinical record for documentation of wiprovided to Residen for the transfer on 2/16/2022 at 2:00 conducted with LPN LPN #1 stated that the record, any pertinent resuscitate), the E Inform, the care plan a with any resident goistated that they did in transfer or discharge worker did this. On 2/16/2022 at 1:54 conducted with OSM OSM #1 stated that the transfer to the reside hours of transfer by that they also review and put in a note reg OSM #1 stated that the written notification of they did not have any written notification of	sults, last vital signs taken (re), HR (heart rate) 89, O2 perature) 96.8, resident had s, sister contacted twice but eft voicemail. NP (nurse "" ailed to evidence ritten notification being t #81 or their representative #13/2022. 8 p.m., an interview was (licensed practical nurse) #1. hey send the medication to the hospital. LPN #1 not send any written notice of and thought the social p.m., an interview was (other staff member) #1. hey send the written notice of and thought the social p.m., an interview was (other staff member) #1. hey sent a written notice of and thought the social p.m., an interview was (other staff member) #1. hey sent a written notice of and thought the social p.m., osm #1 stated the written notice verbally arding the conversation. hey were looking for the transfer for Resident #81.	F	623	The Administrator/designee has educated social workers on notice requirements before transfer/discharge. The education included, but was not limited to, notifying the resident or resident representative of transfer/discharge, and documentation in the medical record that the information was provided to the resident upon transfer or discharge. 4. The Administrator/designed will review all transfers/discharges for six weeks to ensure that notification of transfer/discharge was sent the resident or resident representative and that the notification was documented in the medical record. The Administrator/designee will identify any trends and/or patterns and additional education and training will be provided on an ongoing basis. Findings will be discussed with the QAPI committee on at least quarterly basis.	t nt s ee on to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A SULDING		THE T STYTMLE TOTAL	C INCOTO OCITATOCO				INID IAC	<u>, 0930-</u> 0391
MAKE OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SEPRECEDED BY FULL TAG) DEPROPER SEPARATION NOW A 20188				l ' '		·		
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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE PROMOTOR REGULATORY OR LSC IDENTIFYING INFORMATION) FREETIX TAG Continued From page 34 The facility policy, "Facility Initiated Transfer and Discharge" documented in part, "8. Before a facility will notify will policy of the romogen and the reasons for the move in writing and in a language and manner they understand" The policy further documented," The facility will send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman will sent at the same time notice is provided to the resident and resident representative. Ii. Copies of notices for emergency transfers will be sent to the ombudsman, but they may be sent when practicable, such as in a list of residents practicable, such as in a list of residents or a monthly basis" On 2/17/2022 at approximately 12:15 p.m., ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the director of risk management, quality sastrance and compliance. No further information was provided prior to exit. 2. The facility staff failed to give the resident and/or responsible party notice of a transfer to the hospital on 1/14/2022 for Resident #104. Resident #104 was admitted to the facility on 1/29/2020, with two recent readmissions on 1/25/2022 and 1/31/2022. On the most recent MDS (minimum data set), a Medicare five day assessment, with an ARD (assessment reference date) of 2/3/2022, the resident scored a 3 out of 15 on the BIMS (prior Interview for mental status),	NAME OF	PROVIDER OR SUPPLIER			-	STREET ADDRESS CITY STATE ZIR CODE		11712022
FREETX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) F 623 Continued From page 34 The facility policy, "Facility Initiated Transfer and Discharge" documented in part, "8. Before a facility transfers or discharges a resident, the facility will notify the resident and the reasons for the move in writing and in a language and manner they understand" The policy further documented, " The facility will send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman, it. The copy of the notice to the ombudsman will sent at the same time notice is provided to the resident and resident representative. II. Copies of notices for emergency transfers will be sent to the ombudsman, but they may be sent when practicable, such as in a list of residents on a monthly basis" On 2/17/2022 at approximately 12:15 p.m., ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the director of risk management, quality assurance and compliance. No further information was provided prior to exit. 2. The facility staff failed to give the resident and/or responsible party notice of a transfer to the hospital on 1/14/2022 for Resident #104. Resident #104 was admitted to the facility on 1/29/2020, with two recent readmissions on 1/25/2022 and 1/31/2022. On the most recent MDS (minimum data set), a Medicare five day assessment, with an ARD (assessment reference date) of 2/3/2022, the resident scored a 3 out of 15 on the BIMS (prief interview for mental status),			ING CENTER		6	514 HASTINGS LANE		
The facility policy, "Facility Initiated Transfer and Discharge" documented in part, "8. Before a facility transfers or discharges a resident, the facility will notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand" The policy further documented, " The facility will send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. I. The copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman will sent at the same time notice is provided to the resident and resident representative. Ii. Copies of notices for emergency transfers will be sent to the ombudsman but they may be sent when practicable, such as in a list of residents on a monthly basis" On 2/17/2022 at approximately 12:15 p.m., ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the director of risk management, quality assurance and compliance. No further information was provided prior to exit. 2. The facility staff failed to give the resident and/or responsible party notice of a transfer to the hospital on 1/14/2022 for Resident #104. Resident #104 was admitted to the facility on 1/29/2020, with two recent readmissions on 1/25/2022 and 1/31/2022. On the most recent MDS (minimum data set), a Medicare five day assessment, with an ARD (assessment reference date) of 2/3/2022, the resident scored a 3 out of 15 on the BIMS (biref interview for mental status),	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	8E	COMPLETION
impaired for making daily decisions.		The facility policy, "f Discharge" docume facility transfers or of facility will notify the representative(s) of the reasons for the relative facility will notify the representative for the reasons for the relative for the reasons for the relative for the Office of the State Ombudsman. i. The ombudsman will sen provided to the reside representative. ii. Computed for the state of the state of the provided to the reside representative. ii. Computed for the provided to the reside representative. ii. Computed for the such as monthly basis" On 2/17/2022 at app #1, the administrator nursing and ASM #3, management, quality. No further information 2. The facility staff facilit	racility Initiated Transfer and Inted in part, "8. Before a lischarges a resident, the resident and the resident's the transfer or discharge and move in writing and in a er they understand" The facility will otice to a representative of the Long-Term Care copy of the notice to the state the same time notice is lent and resident opies of notices for swill be sent to the sy may be sent when in a list of residents on a roximately 12:15 p.m., ASM and and a provided prior to exit. It is director of a transfer to the company of the resident arty notice of a transfer to the company of the director of a transfer to the company of the most recent set), a Medicare five day ARD (assessment reference a resident scored a 3 out of a transfer to the company of the resident status), at was severely cognitively	F	523			

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AND PLAN OF CORRECTION		407007				l	C
		495267	B. WING			02/	17/2022
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186		
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F 623	documented, "Resic consciousness), no (blood pressure) he (respirations) 16, te Spoke with wife/RP change in condition sent to hospital. Els services) transport to [name of hospital nursing) notified." An interview was co (administrative staff nursing, on 2/17/202 whose responsibility	ated 1/15/2022 at 9:37 p.m. dent decreased LOC (level of PO (by mouth) intake. 179/91 art rate 109, resp mp (temperature) 97.6. (responsible party) regarding and she requested he be MS (emergency medical resident to hospital. Sent with current records. Report called I). ADON (assistant director of member) #2, the director of 22 at 7:46 a.m. When asked it is to send out the written sible party, ASM #2 stated it	F	623			
F 625	member) # 1, the so When asked why th sent for the transfer stated, "I missed that ASM #1, the admini- of nursing and ASM management, qualit were made aware o 2/17/2022 at 12:25 p	strator, ASM #2, the director #3, the director of risk y assurance and compliance, f the above concern on	F 6	325 325			
SS=D	CFR(s): 483.15(d)(1		, 0				1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION		TE SURVEY MPLETED
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NAME OF	PROVIDER OR SUPPLIER	433207	D. ************************************	=	STREET ADDRESS, CITY, STATE, ZIP CODE	02	/17/2022
	SIDE REHAB & NURS	ING CENTER		6	814 HASTINGS LANE WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 625	S483.15(d)(1) Notice nursing facility trans the resident goes or nursing facility must the resident or resid specifies— (i) The duration of the any, during which the return and resume of facility; (ii) The reserve bed plan, under § 447.40 (iii) The nursing facility bed-hold periods, who paragraph (e)(1) of the resident to return; are (iv) The information of this section. §483.15(d)(2) Bed-hold the time of transfer of the hospitalization or the facility must provide resident representation specifies the duration described in paragra. This REQUIREMENT by:	ge 36 e before transfer. Before a fers a resident to a hospital or a therapeutic leave, the provide written information to ent representative that the state bed-hold policy, if e resident is permitted to esidence in the nursing payment policy in the state of this chapter, if any; ity's policies regarding hich must be consistent with his section, permitting a hid specified in paragraph (e)(1) old notice upon transfer. At of a resident for rapeutic leave, a nursing to the resident and the ve written notice which in of the bed-hold policy ph (d)(1) of this section. T is not met as evidenced		325	DEFICIENCY)		
	and facility document that the facility staff fa notice was provided t responsible party for	cord review, staff interview treview, it was determined ailed to evidence bed hold to the resident and/or the a facility-initiated transfer for ne survey sample, Residents					

A95267 B. WING STREET ADDRESS. CITY, STATE, ZIP CODE		001111		7EI TTIOEO				MD NO	<u>. 0930-0</u> 39	1
A95267 B. WING	STATEMEN AND PLAN	UPPLIER/ ION NUMB		JPPLIER/CLIA ON NUMBER:	1 ' '				E SURVEY MPLETED	
BROOKSIDE REHAB & NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS. CITY, STATE, ZIP CODE 614 HASTINGS LAIR WARRENTON, VA 20186 (A) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG F 625 Continued From page 37 1. The facility staff failed to evidence bed hold notice was provided to Resident #81 and/or their representative for a facility-initiated transfer on 2/13/2022. On the most recent MDS (minimum data set), a 5-day assessment with an ARD (assessment reference date) of 1/22/2022, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions. The progress notes for Resident #81 documented in part, "2/13/2022 17:57 (5:57 p.m.) Resident was sent to the hospital as advised by physician due to critical lab results, last vital signs taken 86/46 (blood pressure), HR (heart rate) 89, O2 (oxygen) 92, T (temperature) 96.8, resident had aftered mental status, sister contacted twice but couldn't reach her, left voicemail. NP (nurse practitioner) notified." The clinical record failed to evidence documentation of bed hold notice being provided to the resident or the responsible party for the transfer on 2/13/2022.		5267		267	8. WING			1	-	
Summary statement of Deficiencies (EACH DEFICIENCIES TAG) Summary statement of Deficiencies (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE OROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY TAG DEFICIENCY TAG DEFICIENCY DEFICIENCY TAG DEFICIENCY T	NAME OF		PROVIDER OR SUPPLIER		l	97	IDEET ADDRESS OUTVIETATE ZID CODE	[021	1712022	
SACONSIDE NEMAR & NURSING CENTER WARRENTON, VA 20186	, ,,,,,,		THE THE THE THE THE THE THE THE THE THE		ľ					
Summary Statement of Deficiencies PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG	BROOK		SIDE REHAB & NURSING CENTER							
FREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) F 625 Continued From page 37 1. The facility staff failed to evidence bed hold notice was provided to Resident #81 and/or their representative for a facility-initiated transfer on 2/13/2022. On the most recent MDS (minimum data set), a 5-day assessment reference date) of 1/22/2022, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident was cognitively intact for making daily decisions. The progress notes for Resident #81 documented in part, "2/13/2022 17.57 (5:57 p.m.) Resident was sent to the hospital as advised by physician due to critical lab results, last vital signs taken 86/46 (blood pressure), HR (heart rate) 89, O2 (oxygen) 92, T (temperature) 96.8, resident had altered mental status, sister contacted twice but couldn't reach her, left voicemail. NP (nurse practitioner) notified." The clinical record failed to evidence documentation of bed hold notice being provided to the resident or the responsible party for the transfer on 2/13/2022.							ARRENTON, VA 20186			
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conducted with LPN (licensed practical nurse) #1. LPN #1 stated that they sent the medication record, any pertinent labs, the DNR (do not resuscitate), the E-Interact change in condition form, the care plan and the bed hold agreement with any resident going to the hospital. LPN #1 stated that they had a checklist on the front of a folder that had the bed hold agreement inside. LPN #1 stated the nurse should have pulled the checklist off and sent it to medical records, and		and/of transfer in data sessessment sesident seterview ent was decisions and document was decisions and document with the front in condition of the front ent inside the pulled se pulled the pulled se pulled the front ent inside the pulled se pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the pulled the front ent inside the front ent inside the front ent inside the front ent inside the front ent ent ent ent ent ent ent ent ent e	1. The facility staff failed to evid notice was provided to Residen representative for a facility-initia 2/13/2022. On the most recent MDS (minin 5-day assessment with an ARD reference date) of 1/22/2022, the a 15 out of 15 on the BIMS (briesmental status), indicating the recognitively intact for making dail. The progress notes for Residen in part, "2/13/2022 17:57 (5:57 p. was sent to the hospital as advised ue to critical lab results, last vite 86/46 (blood pressure), HR (head (oxygen) 92, T (temperature) 96 altered mental status, sister concouldn't reach her, left voicemail practitioner) notified." The clinical record failed to evide documentation of bed hold notice to the resident or the responsible transfer on 2/13/2022. On 2/16/2022 at 2:08 p.m., an inconducted with LPN (licensed pr. LPN #1 stated that they sent the record, any pertinent labs, the DI resuscitate), the E-Interact chang form, the care plan and the bed with any resident going to the hostated that they had a checklist of folder that had the bed hold agre LPN #1 stated the nurse should it.	data set), a sessment sident scored erview for nt was ecisions. documented Resident by physician gns taken ate) 89, O2 esident had ed twice but P (nurse eight of the dication do not a condition agreement al. LPN #1 e front of a ent inside.	F 6	25	F625- Notice of Bed Hold Po Before/Upon Transfer 1.) Residents #81 and #60 returned from the emergency room or hospital and therefore the residents at this time. It is the policy of Brookside Rehabe and Nursing Center to ensure that bed hold policy requirements are met. All residents have the potential to be affected by the alleged deficient practice. 2.) Residents that transferred to the hospital in the last 30 day, and remain outside of this facility will be reviewed to ensure that bed hold notice was provided to the resident and/or the responsible party for each facility-initiated transfer. Any	cy pre n t	3/23/22	

F 625 Continued From page 38 was provided to the emergency room. On 2/17/2022 at 7:45 a.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing. ASM #2 stated that the nurses completed the E-Interact change in condition form for residents and contacted the nurse practitioner using the SBAR (situation, background, assessment, recommendations) format. ASM #2 stated that the nurses were responsible for writing a progress note bed occumenting the required documents being sent with the resident, including the bed hold notice, orders, care plan, recent progress notes, physician notes, pertinent labs and copies of the change in condition and transfer form. ASM #2 stated that they did not have any evidence of the documents sent to the hospital for Resident #81 and it appeared the nurses did not follow through on the process. The facility policy, "Facility initiated Transfer and Discharge" failed to evidence guidance on providing notice of bed hold to residents or responsible parties. On 2/17/2022 at approximately 12:15 p.m., ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the director of risk			THE PROPERTY OF THE PROPERTY O				IND INC	<u>/. บองอ-บงษา</u>
AMME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH CEPTICENCY MUST BE PRECEDED BY PILL REGULATORY OR ISE DENTIFYING INFORMATION) F 625 Continued From page 38 was provided to the emergency room. On 2/17/2022 at 7:45 a.m., an interview was conducted with ASM (administrative staff member) #2; the director of nursing. ASM #2 stated that the nurses completed the E-interact change in condition form for residents and contacted the nurses practitioner using the shall comments being sent with the resident, including a progress note documenting the required documents being sent with the resident, including the bed hold notice, orders, care plan, recent progress notes, physician notes, pertinent labs and capies of the change in condition and transfer form. ASM #2 stated that the nurses were responsible for writing a progress note documenting the required documents being sent with the resident, including the bed hold notice, orders, care plan, recent progress notes, physician notes, pertinent labs and capies of the change in condition and transfer form. ASM #2 stated that they did not have any evidence of the documents sent to the hospital for Resident #81 and it appeared the nurses did not follow through on the process. The facility policy, "Facility Initiated Transfer and Discharge" failed to evidence guidance on providing notice of bed hold to residents or responsible parties. On 2/17/2022 at approximately 12:15 p.m., ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the director of fixed provided to the resident for fixed provided to fixed provided to the resident for the medical record. The Director of Nursing/designee will identify any trends and/or patterns and	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION							
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F 625 Continued From page 38 was provided to the emergency room. On 2/17/2022 at 7:45 a.m., an interview was conducted with ASM (administrative staff member) #2, the director of rursing. ASM #2 stated that the nurse scompleted the E-Interact change in condition form for residents and contacted the nurse practitioner using the bed hold policy to residents and sent it with the resident to the hospital. ASM #2 stated that the nurses were responsible for writing a progress note documenting the required documents being sent with the resident, including the bed hold notice, orders, care plan, recent progress notes, physician notes, pertinent labs and copies of the change in condition and transfer form. ASM #2 stated that they did not have any evidence of the documents being sent with the resident to the hospital for Resident #81 and it appeared the nurses did not follow through on the process. The facility policy, "Facility Initiated Transfer and Discharge" failed to evidence guidance on providing notice of bed hold to residents or responsible parties. On 2/17/2022 at approximately 12:15 p.m., ASM #1, the administrator, ASM #2, the director of nursing and ASM #3, the director of risk	BROOK	SIDE REHAB & NURS	ING CENTER	_	1	· · · · · · · · · · · · · · · · · · ·		
Nursing/designee has educated clinical nursing staff, including RNs and LPNs on providing the bed hold policy to residents and contacted the nurse practitioner using the SBAR (situation, background, assessment, recommendations) format. ASM #2 stated that if the resident was sent out to the hospital, the nurse completed the E-Interact transfer form and sent it with the resident to the hospital. ASM #2 stated that the nurses were responsible for writing a progress note documenting the required documents being sent with the resident, including the bed hold notice, orders, care plan, recent progress notes, physician notes, pertinent labs and copies of the change in condition and transfer form. ASM #2 stated that they did not have any evidence of the documents sent to the hospital for Resident #81 and it appeared the nurses did not follow through on the process. The facility policy, "Facility Initiated Transfer and Discharge" failed to evidence guidance on providing notice of bed hold to residents or responsible parties. On 2/17/2022 at approximately 12:15 p.m., ASM #1, the administrator, ASM #2, the director of risk Nursing/designee has educated clinical nursing staff, including RNs and LPNs on providing the bed hold policy to residents and/or resident trapresentatives upon each facility-initiated transfer. The education included, but was not limited to, providing the bed hold policy to residents and/or resident representatives upon facility-initiated transfer, and documents being sent with the resident of the hold policy to residents and/or resident representatives upon facility-initiated transfer, and documents being sent with the resident of the hold policy to residents and/or resident representatives upon facility-initiated transfer. The education included, but was not limited to, providing the bed hold policy to residents and/or resident representatives upon facility-initiated transfer. The education included, but was not limited to, providing the bed hold policy to resident sand/or resident representatives	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
management, quality assurance and compliance. No further information was provided prior to exit. No further information was provided prior to exit. 2. The facility staff failed to provide a bed hold additional education and training will be provided on an ongoing basis. Findings will be discussed with the QAPI committee on at least a quarterly basis.		was provided to the On 2/17/2022 at 7:4 conducted with ASM member) #2, the dir stated that the nurse change in condition contacted the nurse (situation, backgrour recommendations) f the resident was ser nurse completed the sent it with the reside stated that the nurse a progress note doc documents being se the bed hold notice, progress notes, phys and copies of the chi transfer form. ASM i have any evidence o hospital for Resident nurses did not follow The facility policy, "Fi Discharge" failed to e providing notice of be responsible parties. On 2/17/2022 at appi #1, the administrator, nursing and ASM #3, management, quality No further information	emergency room. 5 a.m., an interview was a land (administrative staff ector of nursing. ASM #2 es completed the E-Interact form for residents and practitioner using the SBAR and, assessment, format. ASM #2 stated that if not out to the hospital, the E-Interact transfer form and ent to the hospital. ASM #2 es were responsible for writing umenting the required and with the resident, including orders, care plan, recent sician notes, pertinent labs ange in condition and #2 stated that they did not afthe documents sent to the enthrough on the process. acility Initiated Transfer and evidence guidance on each hold to residents or roximately 12:15 p.m., ASM , ASM #2, the director of the director of risk assurance and compliance.	F	625	3.) The Director of Nursing/designee has educate clinical nursing staff, including RNs and LPNs on providing the bed hold policy to residents and/or resident representative upon each facility-initiated transfer. The education include but was not limited to, providi the bed hold policy to resident and/or resident representative upon facility-initiated transfer and documentation in the medical record that the information was provided. 4.) The Director of Nursing/designee will review a facility-initiated transfers for a weeks to ensure that the bed hold policy was provided to the resident or resident representative and that the the was documented in the medic record. The Director of Nursing/designee will identify any trends and/or patterns and additional education and trainin will be provided on an ongoing basis. Findings will be discussed with the QAPI committee on at	es ed, ng is es ix e is is	

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	notice to the resider upon a transfer to the Resident #60 was a 9/7/2019, with a reather most recent MD quarterly assessment reference date) of 15 scored a 14 out of 1 for mental status), in cognitively impaired. The nurses' note dather documented, "Residin route to [name of hypoxia and possible doctor)/DON (director) An interview was corpractical nurse) #1 of When asked what the with the resident whether hospital. LPN #1 medication record, a not resuscitate) if applied the care plan and the stated there is a chell folder that has the bechecklist. LPN #1 fursupposed to pull the medical records and An interview was considered the process for hospital, ASM #2 states.	and and/or responsible party the hospital for Resident #60. Idmitted to the facility on dimission on 1/11/2022. On S (minimum data set), a not, with an ARD (assessment 2/16/2021, the resident 5 on the BIMS (brief interview indicating the resident was not for making daily decisions. Ited 1/6/2022 at 1:30 a.m. lent sent out 911 via stretcher thospital] symptoms of the sepsis. MD (medical for of nursing) notified." Inducted with LPN (licensed in 02/16/2022 at 2:08 p.m. lent are sends to the hospital en a resident is transferred to stated they send the my pertinent labs, DNR (do policable, the E-Interact form, as bed hold agreement. She collist on the front of the end agreement and the other stated they are checklist off and send it to put in a nurses' note.	F	325				
1	practitioner or calls th	e doctor with the information						

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F 656 SS=E	in a SBAR (situation response) format. The response) format. The response of transfer form. The response of th	n, background, assessment, the nurse does an E-Interact nurse should write a progress the change in condition and sheing sent with the resident greement. The other things he orders, care plan, copies of and transfer forms, any es they need. We send that or or) notes, any pertinent labs when asked why this was not at #60) for his transfer to the 2022, ASM #2 stated it did not follow the process. strator, ASM #2, the director #3, the director of risk by assurance and compliance, of the above concern on p.m. on was obtained prior to exit. Comprehensive Care Plan		625			
	implement a compre care plan for each re- resident rights set for §483.10(c)(3), that is objectives and timef medical, nursing, an needs that are ident assessment. The co- describe the followin (i) The services that	acility must develop and ehensive person-centered esident, consistent with the orth at §483.10(c)(2) and includes measurable frames to meet a resident's and mental and psychosocial ified in the comprehensive emprehensive care plan must					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION DING		OATE SURVEY
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F 656	physical, mental, an required under §483. (ii) Any services that under §483.24, §48 provided due to the under §483.10, inclutreatment under §48 (iii) Any specialized rehabilitative service provide as a result of recommendations. If findings of the PASA rationale in the resident's represent (A) The resident's represent (A) The resident's provide as a result of the resident's represent (B) The resident's provide as a result of the resident's provide as a result of the resident's represent (C) The resident's provide as a result of the resident's provide as a result of the resident's provide as a result of the resident's provident's provident of the resident's provident of the resident of the resi	ad psychosocial well-being as 3.24, §483.25 or §483.40; and t would otherwise be required 3.25 or §483.40 but are not resident's exercise of rights uding the right to refuse 33.10(c)(6). services or specialized as the nursing facility will of PASARR f a facility disagrees with the ARR, it must indicate its lent's medical record. ith the resident and the ative(s)-bals for admission and reference and potential for cilities must document the desire to return to the essed and any referrals to es and/or other appropriate lose. In the comprehensive care, in accordance with the thin paragraph (c) of this T is not met as evidenced on, resident interview, staff cord review and facility was determined that the develop and/or implement care plan for eight of 44 ey sample, Residents #43, #61, #45 and #307.	F	656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DAT	E SURVEY APLETED
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PRÉFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
for Resident #43's and drainage bag. Resident # 43 was diagnosis that includent ulcerative colitis. On the most recent quarterly assessment reference date) of 0 scored 12 out of 15 for mental status), in moderately impaired decisions. On 02/15/22 at 12:0 Resident # 43 was G-tube connected to hung on side of their bed. The POS (physician February 2022 documents of their bed. The POS (physician February 2022 documents of their bed.) The POS (physician February 2022 documents of their bed.) The POS (physician February 2022 documents of their bed.) The POS (physician February 2022 documents of their bed.) The POS (physician February 2022 documents of their bed.) The POS (physician February 2022 documents of their bed.) The POS (physician February 2022 documents of their bed.) The POS (physician February 2022 documents of their bed.) The POS (physician February 2022 documents of their bed.) The POS (physician February 2022 documents of their bed.) The POS (physician February 2022 documents of their bed.) The POS (physician February 2022 documents of their bed.)	failed to develop a care plan G-tube (gastrostomy tube) (1) admitted to the facility with a ded but not limited to MDS (minimum data set), a ent with an ARD (assessment 01/08/2022, the resident on the BIMS (brief interview ndicating the resident is d of cognition for making daily 01 p.m., an observation of observed lying in bed with o a drainage bag that was ir bed. p.m., an observation of ved lying in bed with G-tube nage bag that was hung on	F6	556	F656/12 VAC 5-371-250/ 12 VAC 5-371-250 (G)- Develop/Implement Comprehensive Care Plan 4) Residents #43, #407, #18, #70, #73, #61, #45 and #307 were assessed by nursing staff and their medical records were reviewed. The residents' care plans have been updated to reflect current individualized plans of care. 2.) The Director of Nursing/design has performed an audit of all current residents' care plans. Care plans have been updated ensure individualized needs and addressed appropriately and the results are being tracked and addressed appropriately. A process has been developed a implemented to identify resid care needs in the daily interdisciplinary team meeting and to update the care plans to reflect the needs identified.	nee Ito re that	3/23/24

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		interview was condu- nurse) # 1, MDS con- Resident # 43's corri- 11/12/2021 address Resident # 43's G-tu- reviewed Resident # "It's not on the care- asked to describe the care plan, RN # 1 structured to take care- describe the process care plan, RN # 1 structured to take care- describe the process care plan, RN # 1 structured to the take care- describe the process care plan, RN # 1 structured to the take the from the discharge summary- orders and nursing in The facility's policy "Comprehensive Care- "A person-centered co- includes measurable meet the resident's in psychosocial needs stresident." On 02/17/2022 at app (administrative staff in and ASM # 2, director- aware of the findings	proximately 8:10 a.m., an alected with RN (registered bridinator. When asked if aprehensive care plan dated ed the care and services for abe and drainage bag, RN # 1 # 43's care plan and stated, plan, it should be." When be purpose of a resident's ated, "It tells the kind of care vide, a picture of the resident of them." When asked to be for developing a resident's ated, "We look at what is and the baseline care plan, history and physical, the from the hospital, physician lotes." Care Planning - Plan" documented in part, comprehensive care plan that objectives and timetables to nedical, nursing, mental and shall be developed for each proximately 12:15 p.m., ASM member) # 1, administrator, or of nursing, were made	F	556	 3.) The Director of Nursing/designas in-serviced nursing leadership and interdisciplinateam members regarding carplan updates. The in-service includes, but no limited to, the importance of care plan reviewand updates with any change each resident and care plans being reflective of individualized care needs. The Director of Nursing/designwill conduct an audit of 25% of resident care plans weekly for four weeks to ensure that interventions are appropriate and reflect the individual needs of each resident. The Director Nursing/designee will also aud the care plans of any new admissions daily for six weeks ensure that interventions are appropriate and reflect the individual needs of each reside Any issues identified will be addressed immediately by the Director of Nursing/designee and reflections. 	ne eews ees for eed ees for eet to ent.	
	F (References: 1) The G-tube is inset stomach. The tube is The doctor uses stitc	erted through this cut into the small, flexible, and hollow. hes to close the stomach s information was obtained			appropriate actions will be tak to update the resident care pla	en	

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1 030	Continued From page	ge 44	Fe	556	me bliector of real and/	or	ļ l
	from the				will identify any trends and/		
		lineplus.gov/ency/article/0029			patters and provide education	J11	
	37.htm.				and training to staff on an		
	2 The facility staff for	ailed to implement the			ongoing basis. Findings will l	oe e	
	comprehensive care				discussed with the QAPI		
	communication for F				committee on at least a qua	rterly	
					basis.		
	Resident #407 was	admitted to the facility on			basis.		
	12/24/21. Resident	#407's diagnoses included		ı			
	but were not limited	to: end stage renal disease					
1		ailure-inability of the kidneys					
	to excrete wastes ar maintenance of elec			İ			
		ure (abnormal congestion					
		y congestion and retention					Ī
		kidneys) (2) and chronic		- 1			
	respiratory failure (in	ability of the heart and lungs					
	to maintain and adec	quate level of gas exchange)					- 1
	(3).					- 1]
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		st recent MDS (minimum		ı			- 1
l	data set) assessmer	nt, a five day assessment,				- 1	ſ
	with an assessment	reference date of 12/31/21,					i
		s scoring 11 out of 15 on the					i
	blivis (brief interview	for mental status) score, at is moderately cognitively				i	
		daily decisions. The resident				- 1	
		ing total dependence for					
		and bathing; extensive					i
		obility, dressing; limited					
	assistance for mobili						
		g. The resident was coded as					
[4	always incontinent fo	r bowel and for bladder. The					
1	resident was coded a	as receiving dialysis during					
t	he look back period.						
	A marrian and Alice access						
		rehensive care plan dated part, "Resident needs					

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NAMEOF	DECLEDED OF OURDING	493207	B. WING_		02/	/17/2022
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186		
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	Hemodialysis relateresident to go for the appointments. Resident to go for the appointments. Resident to care between dialys. A review of the physic revealed in part, "He up 10 every day shift and Friday." Order of the A review of Resident containing the "Dialy with top section to be and the bottom portidialysis center, reveal and 2/15/22, and evical point of the date 12/29/21, 12/31/21, 1/10/22, 1/12/22, 1/2/22, 1/2/22, 2/4/22, 2/7/22 On 2/16/22 at 8:45 A conducted with RN (lasked if there was a #407, RN #2 stated, asked the purpose of RN #2 stated, "They providing information center regarding the changes, any issues on 2/17/22 at 11:45 A conducted with RN #2 care plan intervention book for resident to describe a provident to describe the conducted with RN #2 care plan intervention book for resident to describe the appearance of the conducted with RN #2 care plan intervention book for resident to describe the conducted with the care plan intervention book for resident to describe the care the c	d to renal failureEncourage e scheduled dialysis dent receives dialysis 3X a Sat). Provide communication dialysis for continuation of is and facility per protocol." ician orders dated 12/27/21, emodialysis, time to be picked to every Monday, Wednesday renewed through 2/18/22. If #407's dialysis binder resis Communication Record," e completed by the facility on to be completed by the aled records dated 2/12/22 denced a missing a total of es of: 12/26/21, 12/27/21, 1/3/22, 1/5/22, 1/19/22, 4/22, 1/17/22, 1/19/22, 6/22, 1/28/22, 1/31/22, 2/29/22, 2/11/22, 2/14/22.	F 65			

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Į	NAME OF	PROVIDER OR SUPPLIER	433201	D. 111110	STREET ADDRESS, CITY, STATE, ZIP CO)DE	02/17/	2022
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		communication for ethe resident." When communication form the care plan had be stated, "No, we did r plan." On 2/17/22 at 12:17 conducted with ASM When asked if there communication form provided, for Resided there are no addition care plan was implered it was not." On 2/16/22 at 5:16 P member) #1, the addirector of nursing arrisk management, quanties made aware of the all the comprehensive of the facility Centered" policy, docwill develop and implementation of the policy, docwill develop and implementation meet a resident's reand psychosocial need to meet a resident's reand psychosocial need to meet a resident's reand psychosocial need the comprehensive Restrument (RAI) processes and psychosocial need the comprehensive Restrument (RAI) processes and object butcomes."	d, "It means that we provide each dialysis appointment for asked if the missing dialysis as for Resident #407 indicated een implemented, RN #2 not fully implement the care. PM, an interview was #2, the director of nursing. were any additional dialysis s, other than the two not #407, ASM #2 stated, "No, al forms." When asked if the mented, ASM #2 stated, "No, al forms." When asked if the mented, ASM #2 stated, "No, when a stated in the mented in part, "The facility ement a comprehensive explant for each resident, that objectives and timeframes medical, nursing, and mental eds as identified throughout resident Assessment explants. The comprehensive orate identified problem k factors associated with reflect treatment goals,	F6	556			

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	References: (1) Barron's Dictional Non-Medical Reader Chapman, page 498 (2) Barron's Dictional Non-Medical Reader Chapman, page 133 (3) Barron's Dictional Non-Medical Reader Chapman, page 502 (3) The facility staff far for the use of assistion Resident #18 was accompanied to the use of assistion Resident #18 was accompanied to the use of assistion Resident #18 was accompanied to the use of assistion Resident #18 was accompanied to the use of assistion Resident #18 was accompanied to the use of assistion Resident #18 was accompanied to the use of assistion Resident #18 was accompanied to the use of assistion Resident #18 was accompanied to the use of assistion Resident scored a 15 interview for mental stressed from the physician order (documented, "Patient allows for confusion order (documented, "Pt (patigloves on B (bilateral chair during daytime)	ary of Medical Terms for the r., 7th edition, Rothenberg and 3. ary of Medical Terms for the r., 7th edition, Rothenberg and 3. ary of Medical Terms for the r., 7th edition, Rothenberg and 3. ary of Medical Terms for the r., 7th edition, Rothenberg and 3. arise devices for Resident #18	F€	556		

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ŀ					V	VARRENTON, VA 20186			
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		Review of the comp 9/13/2019, and last to reveal any inform compression gloves An interview was conurse) #1, the MDS p.m. When asked the RN #1 stated it's the When asked who decare plans, RN #1 stapproach. When ask splint and compress care plan, RN #1 stashould be on the care be on the care plans the resident needs the something they have administrator, ASM #ASM #3, the director assurance and compthe above concern of the above concern of the Resident #70, follow the compreher use of psychoactive in Resident #70 was ad 11/29/21 with the diagalzheimer's disease, pressure, breast cancon the most recent No-day assessment will Reference Date) of 1, septiments of the post recent No-day assessment will Reference Date) of 1, septiments of the post recent No-day assessment will Reference Date) of 1, septiments of the post recent No-day assessment will Reference Date) of 1, septiments of the post recent No-day assessment will Reference Date) of 1, septiments of the post recent No-day assessment will Reference Date) of 1, septiments of the post recent No-day assessment will Reference Date) of 1, septiments of the post recent No-day assessment will Reference Date) of 1, septiments of the post recent No-day assessment will Reference Date) of 1, septiments of the post recent No-day assessment will Reference Date) of 1, septiments of the post recent No-day assessment will Reference Date) of 1, septiments of the post recent No-day assessment will reference Date) of 1, septiments of the post recent No-day assessment will reference Date) of 1, septiments of the post recent No-day assessment will reference Date) of 1, septiments of the post recent No-day assessment will reference Date) of 1, septiments of the post recent No-day assessment will reference Date) of 1, septiments of 1, septiments of 1, septiments of 1, septiments of 1, septiments of 1, septiments of 1, septiments of 1, septiments of 1, septiments of 1, septiments of 1, septiments of 1, septiments of 1, septiments of 1, septiments of 1, septiments of 1, septiments of	rehensive care plan dated revised on 3/29/2021, failed ation related to the splint or Inducted with RN (registered nurse, on 2/16/2022 at 3:30 e purpose of the care plan, plan of care for the resident. Evelops and/or updates the tated it's a whole team ked if a resident's order for a ion gloves should be on the ted yes. When asked why it e plan, RN #1 stated it has to so the whole team knows that hem. She stated it's to do for the resident. Staff member) #1, the fact, the director of nursing and of risk management, quality bliance, were made aware of the 2/16/2022 at 5:48 p.m. In was obtained prior to exit. The facility staff failed to exit as the facility staff failed to exit as the facility on gnoses of but not limited to diabetes, high blood cer, and anxiety disorder. IDS (Minimum Data Set), a the an ARD (Assessment fall/22, the resident scored a	F6	656				
		FUULOI IS ON INA KIN	AS (brief interview for mental		- 1				ŧ.

		FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	LTIPLE CONSTRUCTION DING			E SURVEY
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ŀ	NAME OF I	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP COI	DE DE	UZI	17/2022
	BROOKS	SIDE REHAB & NURSI	NG CENTER		614 HASTINGS LANE WARRENTON, VA 20186			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD I	BE	(X5) COMPLETION DATE
		status, indicating the cognitively impaired A review of the clinic physician's orders as An order dated 11/2! (milligrams), give 3 to related to Alzheimer' An order dated 11/2! mg, give 2 tablets (5 Alzheimer's disease. An order dated 12/1/2 PRN (as needed). A physician's note da "Alzheimer's deme psych follow-up required anxietypsych follow" A physician's note da "Alzheimer's deme anxietypsych follow" There were no notes obysician that the resease of the period of the use was no evidence of a occurred as ordered the content of the use was no evidence of a occurred as ordered the content of the use was no evidence of a occurred as ordered the content of the use was no evidence of a occurred as ordered the content of the use was no evidence of a occurred as ordered the content of the use was no evidence of a occurred as ordered the content of the use was no evidence of a occurred as ordered the content of the use was no evidence of a occurred as ordered the content of the use was no evidence of a occurred as ordered the content of the use was no evidence of a occurred as ordered the content of the use was no evidence of a occurred as ordered the content of the use was no evidence of a occurred as ordered the content of the co	resident was severely for making daily decisions. Cal record revealed so follows: 9/21 for Seroquel (1) 25 mg tablets (75 mg) at bedtime so disease. 9/21 for Depakote (2) 250 mg to make the solution of the series of the seri	F 6	556			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		495267	B. WING	_		02/	17/2022
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		6	TREET ADDRESS, CITY, STATE, ZIP CODE 14 HASTINGS LANE VARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	Continued From partial A review of the compart of the compart of the compart of the compart of the compart of the compart of the compart of the compart of the compart of the compart of the care plan where the resident's psychosocial needs resident 9. The resident of the compart of the c	ge 50 sprehensive care plan dated in part: "[Resident #70] uses ation r/t (related to) Dementia ninister PSYCHOTROPIC ered by physician. Monitor for ectiveness Q-SHIFT (every aviors/interventions and attempted and their r facility policy."		656		RATE	DATE
=	(Administrative Staff Director of Nursing, Management, Quali Compliance, were n	M, ASM #1, #2, and #3 f Member), the Administrator, and the Director of Risk ty Assurance and otified of the concern. on was provided by the end of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION NUMBER: A. BUILDING				E SURVEY PLETED	
	A. BUILDING 495267 B. WING		C				
NAME OF	PROVIDER OR SUPPLIER	430207	B. Wilde	S	TREET ADDRESS, CITY, STATE, ZIP CODE	02/	17/2022
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F 656	Continued From pathe survey.	ge 51	F	556			
	References:						
	used for the treatment of mania or depression (not reserved has a doctine of depression (not reserved has a doctine of dementia. Seroque approved by the For (FDA) for the treatment of the depression of the best of the seroque of the best of the seroque for Information obtained	eath in older adults with I has a warning that it is not od and Drug Administration hent of behavioral problems in mentia. There was no low web page regarding the the treatment of anxiety.			3		
	seizures; is used to Bipolar disorder. The below web page reg for Alzheimer's disea Information obtained						
		s, the facility staff failed to insive care plan regarding eights.					
	3/19/18 and had the to dementia and dial	dmitted to the facility on diagnoses of, but not limited betes. On the most recent a Set), a 5-day assessment					:

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		JLTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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ı	NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI	P CODE	UZI	17/2022
	BROOKS	SIDE REHAB & NURS	NG CENTER	П	614 HASTINGS LANE WARRENTON, VA 20186			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	FIX (EACH CORRECTIVE ACT	ION SHOULD HE APPROPI	BE	(X5) COMPLETION DATE
		1/17/22, the residen BIMS (brief interview the resident was seemaking daily decision A review of the clinic physician's order da "Monthly weight evestarting on the 1st fowas documented as A review of the monfollowing: 1/1/21 149.2 pounds 2/2/21 (above order until 9/1/21) 9/1/21 150.2 pounds 9/21/21 157.5 pound 10/12/21 156.2 pound 12/1/21 156.2 pound 1/1/22 (no weight ob 2/4/22 141.2 pounds 1/1/22 (no weight ob 2/4/22 141.2 pounds 1/1/22 (no weight ob 2/4/22 141.2 pounds 1/1/21, 7/1/21, 8/1/2 weights were not ob A review of the comprevealed one dated [Resident #73] has redementia, HLD (hyph HTN (high blood pre	ssment Reference Date) of at scored a 3 out of 15 on the average for mental status, indicating verely cognitively impaired for ons. cal record revealed a sted 2/2/21 that documented, and as stated 2/2/21 that documented, and as stated 2/2/21 that documented, and as stated 2/2/21 that documented, and as stated 2/2/21 that documented, and as stated 2/2/21 that documented, and as stated 2/2/21 that documented as stated 2/2/21 that documented and as stated 2/2/21 that documented and as stated 2/2/21 that documented 2/2/21 tha	F	656			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	433201	0. *****		STREET ADDRESS, CITY, STATE, ZIP CODE	02/	17/2022
BROOK	SIDE REHAB & NURS	ING CENTER		e	614 HASTINGS LANE WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	therapeutic diet for included an interver on 5/20/21 for "Asso On 2/17/22 at 8:22 conducted with RN stated that the expe be obtained as orde was not being follow On 2/17/22 12:20 P (Administrative Staf Director of Nursing, Management, Quali Compliance, were not server of the state of the st	supplements." This care plan ntion dated 9/4/19 and revised ess weight monthly." AM, an interview was #5 (Registered Nurse). She cotation was the weights would ered and that the care plan wed. M, ASM #1, #2, and #3 f Member), the Administrator, and the Director of Risk	F	656			
	follow the comprehe use of psychoactive Resident #61 was a 12/8/21 with the diag Alzheimer's disease pressure and history MDS (Minimum Datassessment with an Reference Date) of 3 out of 15 on the BI status, indicating the cognitively impaired A review of the clinic following physician's An order dated 12/8	dmitted to the facility on gnoses of but not limited to depression, high blood of falls. On the most recent a Set), a significant change ARD (Assessment 1/10/22, the resident scored a lMS (brief interview for mental e resident was severely for making daily decisions.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		6	TREET ADDRESS, CITY, STATE, ZIP CODE 14 HASTINGS LANE VARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	daily for anxiety. An order dated 1/3// 2/7/22, for Seroquel for anxiety. An order dated 2/8// night related to Alzh The resident also had norder dated 1/3// at bedtime for depress An order dated 1/3// bedtime for depress An order dated 2/8// bedtime for depress A review of the physorder dated 12/8/21 (as needed). There were no target the use of Seroquel behavior monitoring There was no monite either medication. Review of the clinical note, dated 12/13/2/ behaviors. This not continues to walk up faces, continues where sidents. Unable to with open hand." Further review reveal 2/15/21, that docur Dementia with behapatient behaviors physical continues of the clinical note.	21, and discontinued on 1 25 mg every night at bedtime 21 for Seroquel 25 mg every reimer's disease. 23 dthe following orders: 3/21 for Trazadone (2) 50 mg ession. 22 for Trazadone 50 mg at sion. 21 for Trazadone 100 mg at sion. 25 for Trazadone 100 mg at sion. 26 for Trazadone 100 mg at sion. 27 for Trazadone 100 mg at sion. 28 for Trazadone 100 mg at sion. 29 for Trazadone 100 mg at sion. 29 for Trazadone 100 mg at sion. 20 for Trazadone 100 mg at sion. 20 for Trazadone 100 mg at sion. 21 for Trazadone 100 mg at sion. 21 for Trazadone 100 mg at sion. 22 for Trazadone 100 mg at sion. 25 for Later and sion. 26 for the use of Seroquel. 27 for the use of Seroquel. 28 for the use of Seroquel. 29 for the use of Seroquel. 29 for the use of Seroquel. 20	F	356			

	- 10 1 011 MEDIO/111E	T TO THE DIOTAID OF TAIOLO		-		AND MO	. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	CON	E SURVEY MPLETED
		495267	B. WING	<u> </u>		1	C /17/2022
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 0=-	
BROOK	SIDE REHAB & NURS	ING CENTER		1	614 HASTINGS LANE WARRENTON, VA 20186		
(X4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	10				
PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	Continued From pa	ge 55	F	656	3		
	There was no evide ever occurred.	ence that the psych consult					
	There was no other evidence of behavion admission.	behaviors documented, or monitoring, from the date of					
	12/17/21 revealed, i antidepressant med DepressionMoniti effectiveness Q-SH	prehensive care plan dated in part: "[Resident #61] uses licationr/t (related to) or/document side effects and IFT. (every shift)." There was onitoring was occurring.					
	dated 12/17/21 reverses psychotropic in Behavior symptoms PSYCHOTROPIC in physician. Monitor for effectiveness Q-SHI behaviors/interventic attempted and their policy Psych consistence of target aggression towards	nedications as ordered by or side effects and IFTReview ons and alternate therapies effectiveness as per facility ult as orderedRecord behavior symptoms; staff/others, document per ere was no evidence any of					
	conducted with RN # stated the resident w behaviors and there monitoring behaviors should have been of documented as muc	AM, an interview was #5 (Registered Nurse). She was not really having any was no documentation of s, and that the psych consult otained when the physician th on 12/15/21. She stated as not being followed.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
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NAME OF I	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 02/	17/2022
BROOKS	SIDE REHAB & NURSI	NG CENTER		6	MARTINGS LANE VARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	On 2/17/22 12:20 Pl (Administrative Staff Director of Nursing, Management, Qualit Compliance, were n further information v survey. References: (1) Seroquel is an arrused for the treatme of mania or depress disorder; as conjunct of depression (not respectively) Seroquel has a documental depression (FDA) for the treatme older adults with demerterence on the belowse of Seroquel for the Information obtained https://medlineplus.gtml (2) Trazadone is an Information obtained	M, ASM #1, #2, and #3 f Member), the Administrator, and the Director of Risk ty Assurance and otified of the concern. No was provided by the end of the entipsychotic medication. It is not of schizophrenia; episodes ion in patients with Bipolar tive therapy for the treatment elated to bipolar disorder). Immented warning of ath in older adults with has a warning that it is not and Drug Administration ent of behavioral problems in mentia. There was no ow web page regarding the he treatment of anxiety. from iov/druginfo/meds/a698019.h	F	656			
1	#45's comprehensive administration of the medications Flomax	iled to implement Resident					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATI	E SURVEY PLETED
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	NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER			•	STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE NARRENTON, VA 20186	<u> </u>	1112022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	November 2021, De 2022. Resident #45 was a 3/11/21. Resident # were not limited to chyperplasia. On the data set), a quarterl (assessment refere resident scored 11 cinterview for mental resident is moderate making daily decision. Resident #45's com 3/13/21 documented needs r/t (related to (benign prostatic hymedications as order psychotropic medications as order managementAdm medications as order (milligrams) - two aday for benign processident #45's Octoadministration recorvas administered to 10/21/21, 10/22/21 adated 10/20/21 documedication card compharmacy was advis Nurses' notes dated documented Flomas pharmacy delivery.	dmitted to the facility on 45's diagnoses included but diabetes and benign prostatic emost recent MDS (minimum y assessment with an ARD note date) of 1/9/22, the but of 15 on the BIMS (brief status), indicating the ely cognitively impaired for ons. prehensive care plan dated d, "[Resident #45] has care by DM2 (diabetes), BPH perplasia)Administer ered[Resident #45] uses ations for Behavior inister PSYCHOTROPIC	F	356			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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		495267	B. WING		02/1	7/2022
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER	:	STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		BE	(X5) COMPLETION DATE
F 656	Review of Resident a physician's order 500 mg- one tablet diabetes. Review of 2021 and December Metformin was adm 10/20/21, 10/21/21, 12/17/21. Nurses' r 10/21/21 document was pending pharm dated 10/27/21 documented to administe because the refill hapharmacy. A nurse' documented Reside Metformin and the psoon to refill the medated 12/17/21 documented to administe medication was reor Review of Resident a physician's order of mg (milligrams) by r anxiety. Review of I November 2021 and (medication administreveal Buspar was a 10/25/21, 10/27/21, 11/2/21 and 1/8/22. #45's October 2021, January 2022 MARs administered at 1:00 10/28/21, 10/30/21, Nurses' notes dated Resident #45 was of pharmacy was advis 10/28/21, 11/1/21 and 1/2/21, 11/1/21 and pharmacy was advis 10/28/21, 11/1/21 and 1/8/22.	#45's clinical record revealed dated 3/11/21 for Metformin by mouth two times a day for f Resident #45's October re 2021 MARs failed to reveal inistered at 9:00 a.m. on 10/27/21, 10/30/21 and notes dated 10/20/21 and ed Metformin administration acy delivery. A nurse's note umented the nurse was referred to the first material of the first material form the solution. A nurse's note umented the nurse was referred from the solution. A nurse's note dated 10/30/21 ent #45 did not have sharmacy stated it was too dication. A nurse's note umented the nurse was referred from the pharmacy. #45's clinical record revealed dated 5/14/21 for Buspar 5 mouth three times a day for Resident #45's October 2021, 1 January 2022 MARs stration records) failed to administered at 9:00 a.m. on 10/28/21, 10/30/21, 11/1/21, Further review of Resident November 2021 and a failed to reveal Buspar was 1 pm. on 10/25/21, 10/27/21, 11/1/21, 11/2/21 and 1/9/22. 10/27/21 documented	F	656		

F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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PROVINER OR SURBLICE	495267	B. WING	_	TREET APPRECS SITY STATE TIP CORE	02/	<u>17/2022</u>
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(EACH DEFICIENCY	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
1/8/22 and 1/9/22 dicontacted. On 2/16/22 at 1:57 conducted with LPN LPN #1 stated the pinclude any plan of anything staff needs LPN #1 stated staff plan in the compute plan is being implen medication administ reorders medication one week. LPN #1 medication is not avithe nurse should obe emergency supply be pharmacy to have the (immediately) from the back-up pharmacy. On 2/16/22 at 5:15 pstaff member) #1 (the director of nurse of risk management compliance) were medicated. No further information references: (1) Flomax is used the enlarged prostate. The form the website: https://medlineplus.cg.	p.m., an interview was I (licensed practical nurse) #1. purpose of the care plan is to care for that resident or is to know for that resident. It can review a resident's care or system to ensure the care mented. In regards to tration, LPN #1 stated she as when the supply is down to stated that if a prescribed vailable for administration then that the medication from the pox (if available) or call the medication sent STAT the pharmacy or from a local point. ASM (administrative me administrator), ASM #2 ing) and ASM #3 (the director of the quality assurance and made aware of the above to treat symptoms of an This information was obtained	F	656			
	d to treat diabetes. This		;			
	PROVIDER OR SUPPLIER SIDE REHAB & NURS SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETT) Continued From pa 1/8/22 and 1/9/22 d contacted. On 2/16/22 at 1:57 conducted with LPN LPN #1 stated the pinclude any plan of anything staff needs LPN #1 stated staff plan in the compute plan is being implemedication administreorders medication one week. LPN #1 medication is not avithe nurse should obe emergency supply be pharmacy to have the (immediately) from back-up pharmacy. On 2/16/22 at 5:15 pstaff member) #1 (the director of nurse of risk management compliance) were moncern. No further information References: (1) Flomax is used the enlarged prostate. From the website: https://medlineplus.gtml	PROVIDER OR SUPPLIER SIDE REHAB & NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 59 1/8/22 and 1/9/22 documented the pharmacy was contacted. On 2/16/22 at 1:57 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated the purpose of the care plan is to include any plan of care for that resident or anything staff needs to know for that resident. LPN #1 stated staff can review a resident's care plan in the computer system to ensure the care plan is being implemented. In regards to medication administration, LPN #1 stated she reorders medications when the supply is down to one week. LPN #1 stated that if a prescribed medication is not available for administration then the nurse should obtain the medication from the emergency supply box (if available) or call the pharmacy to have the medication sent STAT (immediately) from the pharmacy or from a local back-up pharmacy. On 2/16/22 at 5:15 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the director of risk management, quality assurance and compliance) were made aware of the above concern. No further information was presented prior to exit. References: (1) Flomax is used to treat symptoms of an enlarged prostate. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a698012.h	PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 59 1/8/22 and 1/9/22 documented the pharmacy was contacted. On 2/16/22 at 1:57 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated the purpose of the care plan is to include any plan of care for that resident. LPN #1 stated staff can review a resident's care plan is being implemented. In regards to medication administration, LPN #1 stated she reorders medications when the supply is down to one week. LPN #1 stated that if a prescribed medication is not available for administration then the nurse should obtain the medication from the emergency supply box (if available) or call the pharmacy to have the medication sent STAT (immediately) from the pharmacy or from a local back-up pharmacy. On 2/16/22 at 5:15 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the director of risk management, quality assurance and compliance) were made aware of the above concern. No further information was presented prior to exit. References: (1) Flomax is used to treat symptoms of an enlarged prostate. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a698012.html	PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 59 1/8/22 and 1/9/22 documented the pharmacy was conducted with LPN (licensed practical nurse) #1. LPN #1 stated the purpose of the care plan is to include any plan of care for that resident. LPN #1 stated staff can review a resident's care plan in the computer system to ensure the care plan is being implemented. In regards to medication administration, LPN #1 stated she reorders medications when the supply is down to one week. LPN #1 stated that if a prescribed medication is not available for administration then the nurse should obtain the medication from the emergency supply box (if available) or call the pharmacy to have the medication sent STAT (immediately) from the pharmacy or from a local back-up pharmacy. On 2/16/22 at 5:15 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of nursing) and ASM #3 (the director of risk management, quality assurance and compliance) were made aware of the above concern. No further information was presented prior to exit. References: (1) Flomax is used to treat symptoms of an enlarged prostate. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a698012.h tml	PROVIDER OR SUPPLIER ### SIDE REHAB & NURSING CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186	DENTIFICATION NUMBER: 495267 8. WING STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) CONTINUED From page 59 1/8/22 and 1/9/22 documented the pharmacy was conducted with LPN (licensed practical nurse) #1. LPN #1 stated the purpose of the care plan is to include any plan of care for that resident. LPN #3 stated staff can review a resident's care plan in the computer system to ensure the care plan is being implemented. In regards to medication administration, LPN #1 stated that if a prescribed medication is not available for administration then the nurse should obtain the medication from the emergency supply box (if available) or call the pharmacy to have the medication from the pharmacy to have the medication sent STAT (immediately) from the pharmacy or from a local back-up pharmacy. On 2/16/22 at 5:15 p.m., ASM (administrative staff member) #1 (the administratior), ASM #2 (the director of nursing) and ASM #3 (the director of risk management, quality assurance and compliance) were made aware of the above concern. No further information was presented prior to exit. References: (1) Flomax is used to treat symptoms of an enlarged prostate. This information was obtained from the website: ntherefore the care symptoms of an enlarged prostate. This information was obtained from the website: ntherefore the care symptoms of an enlarged prostate. This information was obtained from the website: ntherefore the care symptoms of an enlarged prostate. This information was obtained from the website: ntherefore the care symptoms of an enlarged prostate. This information was obtained from the website: ntherefore the care symptoms of an enlarged prostate. This information was obtained from the website: ntherefore the care symptoms of an enlarged prostate. This information was obtained from the website: ntherefore the care symptoms of an enlarged prostate.

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	ING CENTER		6	TREET ADDRESS, CITY, STATE, ZIP CODE 14 HASTINGS LANE VARRENTON, VA 20186	021	1112022
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F 656	information was obt	ge 60 ained from the website: gov/druginfo/meds/a696005.h	F	356			
j	treat anxiety. This i the website:	chotropic medication used to nformation was obtained from gov/druginfo/meds/a688005.h					
		ailed to implement Resident ive care plan for oxygen					
	8/12/2020. Resider but were not limited pulmonary disease. On the most recent five day Medicare a: (assessment referencesident scored 15 cinterview for mental	admitted to the facility on at #307's diagnoses included to chronic obstructive and acute respiratory failure. MDS (minimum data set), a ssessment with an ARD nce date) of 1/26/22, the out of 15 on the BIMS (brief status), indicating the litively impaired for making					
	revealed a physiciar documented, "Apply via nasal cannula at to maintain SpO2 (of 92%" and another p that documented, "Of via NC (nasal cannucomprehensive care documented, "[Residuented, Telated Respiratory illness (#307's clinical record n's order dated 11/11/21 that r supplemental O2 (oxygen) 2L (liters) PRN (as needed) oxygen level) > (greater than) hysician's order dated 1/13/22 Oxygen at 4 liters per minute ula)" Resident #307's o plan dated 1/21/22 dent #307] has oxygen to) ineffective gas exchange, Pneumonia, COVID). S: O2 via nasal cannula as					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/28/2022 FORM APPROVED

CENIE	RS FUR MEDICARE	: & MEDICAID SERVICES			0	MB NO.	. 0938-0391
STATEMENT AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495267	B. WING	;			C 17/2022
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
BROOK	SIDE REHAB & NURS	ING CENTER		Ι.	614 HASTINGS LANE WARRENTON, VA 20186		
0(4) 10	CUMMARY STA	TEMENT OF OCCIOISMOIS	1				
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F 050							
F 656	Commuda i fom pa	ge 61	F€	356			
	ordered"						
	On 2/15/22 at 11:57	a.m., Resident #307 was					
		ed and receiving oxygen via a					
3	nasal cannula (tubir	ng in the nose). The oxygen					
		et at a rate between three					
		a half liters as evidenced by entrator flowmeter positioned				1	
	between the three li	ter line and the three and a					
	half liter line.						
	On 2/16/22 at 1.57						
		o.m., an interview was (licensed practical nurse) #1.			3		
- 1	LPN #1 stated the p	urpose of the care plan is to					
	include any plan of o	care for that resident or					
	anything staff needs	to know for that resident.					
	olan in the compute	can review a resident's care r system to ensure the care					
	plan is being implen	nented. In regards to oxygen					
	administration, LPN	#1 stated the middle of the					
	ball in the oxygen co	oncentrator flowmeter should					
1	order of two liters be	liter line for a physician's ecause oxygen would not be					
		liters if the ball was above or					
1	below the two liter lin	ne. LPN #1 stated this also					
	applies to a physicia	n's order for four liters.					
	On 2/16/22 at 5:15 n	o.m., ASM (administrative					
8	staff member) #1 (th	e administrator), ASM #2					
	(the director of nursi	ng) and ASM #3 (the director					
		, quality assurance and ade aware of the above					
	concern.	aue aware or the above		ļ			
		on was presented prior to exit.					
	Care Plan Timing an CFR(s): 483.21(b)(2)		F6	57			
33=D	OF 11(0), 700.2 1(D)(2	/(') ⁻ (''' ⁾					
				Ì		-	

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NAME OF	PROVIDER OR SUPPLIER	730401	0		REET ADDRESS, CITY, STATE, ZIP CODE	02/	17/2022
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F 657	§483.21(b) Compre §483.21(b)(2) A corbe- (i) Developed within the comprehensive (ii) Prepared by an includes but is not li (A) The attending pl (B) A registered nur resident. (C) A nurse aide wit resident. (D) A member of for (E) To the extent prathe resident and the An explanation mus medical record if the and their resident renot practicable for the resident's care plan. (F) Other appropriate disciplines as determor as requested by the (iii) Reviewed and reteam after each assomprehensive and assessments. This REQUIREMEN by: Based on staff interreview, it was determined to review and/care plan for 2 of 44 sample, Residents for the findings include	chensive Care Plans imprehensive care plan must in 7 days after completion of assessment. interdisciplinary team, that imited to hysician. rse with responsibility for the th responsibility for the od and nutrition services staff. acticable, the participation of e resident's representative(s). It is included in a resident's representative is determined the development of the the staff or professionals in mined by the resident's needs the resident. Evised by the interdisciplinary the sessment, including both the duarterly review It is not met as evidenced rview, facility document mined that the facility staff for revise the comprehensive the residents in the survey the 1 and the 45.	F	657	F657/12 VAC 5-371-210/12V 5-371-250- Care Plan Timing Revision 1.) Residents #43, #407, #18, #7 #73, #61, #45 and #307 wer assessed by nursing staff and their medical records were reviewed. The residents' care plans have been updated to reflect a current individualize plan of care. 2.) The Director of Nursing/dest has performed an audit of a current residents' care plan. Care plans have been updated ensure individualized needs are addressed appropriately and the results are being tracked and addressed appropriately. A process has been developed an implemented to identify resided care needs in the daily interdisciplinary team meeting and to update the care plans to reflect the needs identified. 1.) The Director of Nursing/design has in-serviced nursing leadership and interdisciplinary team members regarding care plan updates. The in-service includes, but no limited to, the importance of care plan review	gand 70, re d re signee all s. ted to	3/23/22

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION	(X3) DAT	E SURVEY PLETED
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F 657	after a fall with injur Resident #61 was a 12/8/21 and had the to Alzheimer's disea pressure and history MDS (Minimum Dat assessment with an Reference Date) of 3 out of 15 on the B status, indicating the cognitively impaired A review of the clinic note dated 1/2/22 th morning at approxim this nurse was called certified nursing ass noted resident laying assessed resident for was noted with skin resident complained bear weight, physicia called, [name of resi DON (Director of Nu notified." A review of the comp 12/8/21 revealed: "R dementia Be sure within reach and end for assistance as nee the resident's needs. There were no new i 1/2/22 and no eviden	dmitted to the facility on diagnoses of but not limited use, depression, high blood of falls. On the most recent a Set), a significant change ARD (Assessment 1/10/22, the resident scored a IMS (brief interview for mental eresident was severely for making daily decisions. This is a documented, "This mately 07:20 am (7:20 AM) do to room [number] by istant, once at location, nurse or pain and injury, resident tear to bilateral hands, and of right hip pain, unable to an was notified and 911 was dent representative] and resing) of facility were	F	657	and updates with any changes each resident and care plans being reflective of individualize care needs. 4.) The Director of Nursing/design will conduct an audit of 25% or resident care plans weekly for four weeks to ensure that interventions are appropriate and reflect the individual need of each resident. The Director Nursing/designee will also audithe care plans of any new admissions daily for six weeks ensure that interventions are appropriate and reflect the individual needs of each resident. Any issues identified will be addressed immediately by the Director of Nursing/designee appropriate actions will be tall to update the resident care plant to update the resident care plant of the Director of Nursing/designee appropriate actions will be tall to update the resident care plant of the Director of Sursing/designee appropriate actions will be tall to update the resident care plant of the Director of Sursing/designee appropriate actions will be tall to update the resident care plant of the Director of Sursing/designee appropriate actions will be tall to update the resident care plant of Sursing Sur	ed nee f ds of lit sto ent. e and ken lans. gnee r n	

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	On 2/17/22 at 8:22 conducted with RN stated that the facili last night (2/16/22) sure if it was looked review and revise a been done at the tin A review of the facili Comprehensive Per "The Care Planning responsible for the relative plans: a. When requiresident representate a significant change c. When the desired goals, needs, and poor 2/17/22 12:20 Pl (Administrative Staff Director of Nursing, Management, Qualit Compliance, were not further information with survey. 2. The facility staff far Resident #45's compliance, were not further information with survey. Resident #45 was as 3/11/21.	AM, an interview was #5 (Registered Nurse). She ty "Looked at the care plan and made changes. I'm not at before. Any nurse can care plan. It should have ne of the incident." Ity policy, "Care Planning - son-Centered" documented, /Interdisciplinary Team is eview and updating of care lested by the resident / live; b. When there has been in the resident's condition; outcome is not met; d. When references change." M, ASM #1, #2, and #3 Member), the Administrator, and the Director of Risk	F	557			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 657	making daily decision. Review of Resident a note signed by the that documented, "I chest xray, [name of (pneumonia). Medic Levaquin (1) 750mg days" A physician documented an ordetablet by mouth in the pneumonia. Resident #45's commoditable to documented to documented to documented to documented to documented to documented to documented to documented to documented with RN (stated the purpose of plan of care for the rediang for the resider care plan should be include a new diagrip pneumonia is an inferpatient so it has to both the director of nursification of risk management compliance) were miconcern.	#45's clinical record revealed e nurse practitioner on 2/9/22 Writer reviewed abnormal f physician] consulted, +PNA cations orderedstart (milligrams) daily x (times) 7 's order dated 2/9/22 er for Levaquin 750 mg- one se evening for seven days for prehensive care plan dated cument information regarding	Fé	657			

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F 657	Continued From page	ge 66	F (657	371-250- Quality of Care		3/
	information was obt	d to treat pneumonia. This ained from the website: gov/druginfo/meds/a697040.h			Residents #43, #91, #11, #45 and	5	3/23/22
F 684				684	1 37		
SS=E	===:::, -: -: -: -: -: -: -: -: -: -: -: -: -:			004	nursing staff and providers have		
					been notified of findings. No		
	§ 483.25 Quality of				adverse effects were noted to		
	Quality of care is a f	undamental principle that ent and care provided to			the residents from the failure to		1
	facility residents. Ba	sed on the comprehensive			provide care per medical		
	assessment of a res	sident, the facility must ensure			provider's orders. It is the policy		
	that residents receiv	e treatment and care in			of Brookside Rehab and Nursing		
i	accordance with pro	fessional standards of			Center to ensure that treatment		
	care plan, and the re	ehensive person-centered				•	
	This REQUIREMEN	IT is not met as evidenced			and care are provided per		
	by:			İ	medical provider orders. All		
	Based on observati	on, resident interview, staff			residents have the potential to		
	interview, clinical red	cord review and facility			be affected by this alleged		
	facility staff failed to	was determined that the maintain the resident's			deficient practice.		
		being for five of 44 residents			2. The physician orders were		
	in the survey sample	e, Residents # 43, # 91, #11,			reviewed for residents to ensure	į	
	# 45 and # 73.				that medical care provided is		
1	The findings include				being provided as ordered.		
	The findings include.	•			Observation audits of resident		
	1. Facility staff failed	f to obtain a physician's order		1	rooms have been performed to		
	for the care and trea	tment of Resident # 43's		1	ensure that care is being		
	G-tube (gastrostomy	tube) (1) and drainage bag.			provided per provider orders.		
	Resident # 42 was a	dmitted to the facility with a			MARs have been reviewed to		
	diagnosis that includ	ed but not limited to			ensure that medications are		
	ulcerative colitis.				being administered per provider		
					orders. Resident weights have		
		MDS (minimum data set), a			been reviewed to ensure that		
	quarterly assessmen	t with an ARD (assessment			they are obtained per provider		
		i			- y		

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION		E SURVEY
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NAME OF	PROVIDER OR SUPPLIER			l	TREET ADDRESS, CITY, STATE, ZIP CODE		
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2415	CUMMADY CTA	TEMENT OF DESIGIENCIES	T		· · · · · · · · · · · · · · · · · · ·		T
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F 684	Continued From pareference date) of 0 scored 12 out of 15 for mental status), i moderately impaired decisions. On 02/15/22 at 12:0 Resident # 43 was 6 G-tube connected to thung on side of their bed. The POS (physician February 2022 documented to a drain side of their bed. The POS (physician February 2022 documented to a drain side of their bed. The POS (physician February 2022 documented to a drain side of their bed. The POS (physician February 2022 documenter long to gossible every day sassessment, draina COLITIS Order 12/07/2021." Review of Resident plan dated 11/12/20 interventions for the drainage bag. On 02/16/2022 at againterview was condupractical nurse) # 1.	ge 67 01/08/2022, the resident on the BIMS (brief interview ndicating the resident is d of cognition for making daily 01 p.m., an observation of observed lying in bed with o a drainage bag that was ir bed. p.m., an observation of ved lying in bed with G-tube hage bag that was hung on		684		ted er but shts" , as n of nts cal , d re d re 3	
	When asked about to care and treatment of bag, LPN # 1 review Resident # 43 and s	Irainage of stomach content. Ithe physician's orders for the of the G-tube and drainage red the physician's orders for tated, "There are no orders ig specific to the G-tube and			00,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DAT COM	E SURVEY PLETED
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	drainage bag, there on." When asked a Resident # 43's G-tu 1 stated, "I empty the site care for the G-tu four-by-four gauze processes of the G-tu four-by-four gauze processes of the G-tu four-by-four gauze processes of the G-tu four-by-four gauze processes of the G-tu four-by-four gauze processes of the G-tu four-by-four gauze processes of the G-tu four-by-four gauze processes of the G-tu four-by-four-b	's nothing for me to sign off about providing care for ube and drainage bag LPN # he bag on my shift and provide ube by cleaning it with a bad." pproximately 7:20 a.m. an acted with ASM (administrative director of nursing. When ician's order for the care and ube and drainage bag for # 2 stated, "We have one ed that they obtained a b2/16/2022 for the care and nt # 43's G-tube and drainage of describe the procedure for n's order for the care and nt # 43's G-tube and drainage action." When asked why it tain clarification for the care sident # 43's G-tube and tain clarification for the care sident # 43's G-tube and tain clarification for the care sident # 43's G-tube and tain clarification for the care sident # 43's G-tube and tain clarification for the care sident # 43's G-tube and tain clarification for the care sident # 43's G-tube and tain clarification for the care sident # 43's G-tube and tain clarification for the care sident # 43's G-tube and tain clarification for the care sident # 43's G-tube and tain clarification for the care sident # 43's G-tube and tain clarification for the care sident # 43's G-tube and tain clarification for the care sident # 43's G-tube and tain clarification for the care sident # 43's G-tube and tain clarification for the care sident # 43's G-tube and trainage." Medication Orders" "7. Treatment Orders - the care sident was a si	F	584			

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	ROVIDER OR SUPPLIER DE REHAB & NURSI	NG CENTER		6	STREET ADDRESS, CITY, STATE, ZIP CODE 14 HASTINGS LANE VARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
# v N F () sT affi was 22 s for F1 was called the results of the r	No further information References: 1) The G-tube is instance. The tube is fine doctor uses stitutoround the tube. The room the vebsite: https://medl. 2. The facility staff factorices for a physician Resident #91 was an 1/10/21. Resident were not limited to: concentration of social social social services for a physician plasma) (2) and a fibrous tissues and ssue in the liver) (3) desident #91's most et) assessment referencesident as scoring forief interview for more resident was not haking daily decision esident as independent ansfers, walking, lowersonal hygiene ansfers, walking, lowersonal hygiene ansfers, walking, lowersonal hygiene ansfersonal hygiene ansfersonal firms.	ASM # 2, director of nursing, f the findings. on was provided prior to exit. serted through this cut into the is small, flexible, and hollow. ches to close the stomach his information was obtained lineplus.gov/ency/article/0029 ailed to provide the care and cian-ordered fluid restriction m 1/16/22 through 2/16/22. dmitted to the facility on #91's diagnoses included but hyponatremia (low lium in the blood often e water intake) (1), concentration of substances lcohol cirrhosis of the liver nodules replace normal	F	584			

	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		E SURVEY IPLETED
				_] ,	С
		495267	B. WING			02/	17/2022
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		614	REET ADDRESS, CITY, STATE, ZIP CODE 4 HASTINGS LANE ARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES '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 684	Continued From particles of the physics of the phys	ge 70 It #91's comprehensive care revealed in part, nas potential for fluid overload cit r/t (related to) Cirrhosis of ling as evidence by tarry that the resident's snacks and at activities comply with diets. Monitor vital signs as of significant abnormalities. eport as needed any signs or verload." Itician orders dated 11/26/21, uid restriction 1.5 liter. Every night record for 24 hour lician progress note dated revealed in part, "Seen and sician recommendations from restriction at 1.5 liters, adjust as needed." Ition/dietary notes dated 11/4/22 and 1/11/22 did not nentation of a fluid restriction.	TAG		CROSS-REFERENCED TO THE APPROP		
	An interview was cor 2/16/22 at 12:30 PM were restricted, Res are not. Not that I kn An interview was cor	fluid restriction. nducted with the resident on . When asked if her fluids ident #91 stated, "No, they					

		T WILDIOMB OLIVIOLS		_		AID MO	. 0330-0381
	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	COM	E SURVEY PLETED
1		495267	B. WING	.		1	C 47/2022
NAME OF	PROVIDER OR SUPPLIER		1	. —	TOTAL ADDRESS OF THE PARTY OF T	<u> </u>	17/2022
INAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		i
BROOKS	SIDE REHAB & NURS	ING CENTER		6	614 HASTINGS LANE		
		ING CENTER		V	WARRENTON, VA 20186		
(X4) ID		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	<u></u>	(XS)
PRÉFIX		MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	i	CROSS-REFERENCED TO THE APPROPI	RIATE	DATE
					DEFICIENCY)		
E 604	C	74	_				
F 684	- on mind of the part	_	F (684			
	asked the purpose	of a fluid restriction, LPN #1					
	stated, "The purpos	se is to monitor their intake of					! !
	fluid, so they do not	excessively drink water, or					
		physical problems with fluid					
	overload."	programme with middle					
	On 2/16/22 at 5:16	PM, ASM (administrative staff					
	member) #1, the ad	Iministrator, ASM #2, the					
	director of nursing a	and ASM #3, the director of					
		quality and compliance, were					
	made aware of the			i			
	made arraic of the	above concern.					
	On 2/17/22 at 12:17	PM, an interview was					
		#2, the director of nursing.					
		e were any TARs (treatment					
		rd) for Resident #91's fluid					
		stated, "No, there are no fluid					
	restriction monitorin	g for that resident,"					
1	The facility's "Fluid :	and Nutrition Management"					
		in part, "Orders for fluid and					
		ent will be obtained from the					
		ration with the registered					
		ered dietitian of the nursing					
		te with the registered dietitian					
		ım. If the resident is on fluid					
		cal record will clearly					
		int of fluid restriction per day.		- 1			
		will document the amount of					
	fluid consumed by the	he resident each shift."					
	Na fruibar Inform (**)						
	ino further information	on was provided prior to exit.					
	References:						
		ary of Medical Terms for the				i	
		r, 7th edition, Rothenberg and					
	Chapman, page 284						ļ
		ary of Medical Terms for the					
	Mou-inedical Reade	r, 7th edition, Rothenberg and		ŀ			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	İ	495267	8. WING	·		1	C 1 7/2022
	PROVIDER OR SUPPLIER	ING CENTER	<u> </u>	6	STREET ADDRESS, CITY, STATE, ZIP CODE 514 HASTINGS LANE NARRENTON, VA 20186	021	1112422
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	Chapman, page 419 (3) Barron's Dictions Non-Medical Reade Chapman, page 12 3. The facility staff fordered medications Resident #11 was a 12/16/2020 with a d failure and asthma. (minimum data set) an ARD (assessmentally and ARD) (brief interindicating the reside for making daily decomplaintsDysurial ago per nursing." The physician order documented, "UtyM. Supplements) (used urinary tract health) one time a day for d date was documented. Review of the Janual administration recomphysician order. On and 1/30/2022 through the staff or the supplemental tracts and tracts and the supplemental tracts and the supplemental tracts are supplemental tracts and the supplemental tracts and tr	ary of Medical Terms for the er, 7th edition, Rothenberg and 1. failed to administer a physician /supplement for Resident #11. Idmitted to the facility on liagnosis of chronic respiratory. On the most recent MDS, an annual assessment with not reference date) of ident scored a 15 out of 15 on review for mental status), and is not cognitively impaired cisions. The rote dated 1/26/2022 at ted in part, "Asked to see by on urinary a - episode of dysuria 5 days I dated 1/21/2021 ax Packet (Nutritional I as a dietary management of (1); Give 1 packet by mouth ysuria for 14 days." The start ed as 1/22/2022. Tary 2022 MAR (medication d) documented the above 1/22/2022 through 1/28/2022, 19h 1/31/2022, a "9" was hart Code for "9" indicated	F	684			
	Review of the Febru	ary 2022 MAR documented				1	

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	İ	495267	B. WING	;			C 1 7/2022
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		9	STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186	<u> </u>	11/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	the above physician 2/3/2022 and 2/4/20 The nurses' notes if p.m., 1/23/2022 at 1 a.m., 1/25/2022 at 1 a.m., 1/27/2022 at 1 a.m., 1/31/2022 at 1 a.m., 2/3/2022 at 9: p.m. documented, "The nurses' note da documented, "Not a stock." The comprehensive and revised on 3/21 information related to dysuria. An interview was co practical nurse) #6 cabove MARs and nuwith LPN #6. When medication is not avischeduled time, LPN calls the pharmacy to She stated she would medications. If it's now ite a nurses' note when asked how make the physician pharmacy is notified the first dose missed call the pharmacy. Si it's a pharmacy is sissue, and then notification in the state of the physician pharmacy is notified the first dose missed call the pharmacy. Si it's a pharmacy is sissue, and then notification.	order. On 2/1/20221, 122, a "9" was documented. for 1/22/2022 at 1:29 1:37 a.m., 1/24/2022 at 9:59 0:54 a.m., 1/26/2022 at 1:06 2:06 p.m., 1/28/2022 at 11:56 0:33 a.m., 2/1/2022 at 10:02 47 a.m., and 2/4/2022 at 1:45	F	684			

ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	495267	B. WING			02/	17/2022
AME OF PROVIDER OR SUPPLIER ROOKSIDE REHAB & NURSIN	NG CENTER	Ŧſ	STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186			
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
nurse) #5 on 2/16/20 the process if a nurse medication, RN #5 si go into [name of commedication. Then the nurse practitioner as that medication was stated she would also is wasn't given. On 2/16/2022 at 5:49 the ASM #1, the adminifest of the deliver Resident #11. An interview was con a.m. with ASM (administration at the stated first the pharm box is checked. When notify someone if a manifest of the stated the stated the stated the stated the stated the stated the stated the stated the stated the stated and email from 2/16/2022 at 7:33 p.m. "This is an OTC (over profile only, and is not delivered." Review of the facility supplements failed to the UtyMax as a stocknown on the state of	nducted with RN (registered D22 at 4:02 p.m. When asked e does not administer a tated first the nurse needs to reputer system] to order the enurse should notify the well, and chart in the MAR not given, and why. She o notify the family as to why on the part of the UtyMax for a request was made to repute on the UtyMax for a request was made to repute on the UtyMax for a request was made to repute on the UtyMax for a request was made to repute on the UtyMax for a request was made to repute on the UtyMax for a request was made to repute on the UtyMax for a request was made to repute on the UtyMax for a request was made to repute on the UtyMax for a request was made to reducted on 2/17/2022 at 8:36 repute on the UtyMax for a request was made to reduct the request was made to reduct the request was made of the request was made of the request was made of the request of the request was made of the request of the request was made of the request was made of the request of the request was made of the request was made to reduce the request was made to request was made to request the request was made to request was made	F	584			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILO		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495267	B. WING	;		I .	C 1 7/2022
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	#4 stated the reside urination. ASM #4 s day and then the neshe felt better. Whe that the UtyMax was ASM #4 stated, "I do The facility policy, "I documented in part, resident in the nursi for dispensing from occasionProcedur 1. Call or notify nurs product(s) is/are unwhen it is anticipate available. 3. Sugge drug(s) and dosage available, which is consurance. Nursing attending physician the circumstances, coptional therapy(ies facility nurse is unable the attending physician the attending physician the attending physician the attending physician the attending physician the attending physician the attending physician anew order for the non-avaluation of the nursing supervisions Medical Director for Obtain a new order order for the non-avaluation of nursing and ASM management, qualitic were made aware of 2/17/2022 at 12:25 p	ent reported discomfort with tated she had seen her that ext day, the resident stated in asked if she was notified in asked if she was notified in asked if she was notified in asked if she was notified in asked if she was notified in asked if she was notified in asked if she was notified in asked if she was notified in asked if she was notified in a state and in a state asked i	F	684			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	ILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		405267	D. WING				С
		495267	B. WING			02/	17/2022
	PROVIDER OR SUPPLIER SIDE REHAB & NURS			STREET ADDRESS, CITY, STATE, ZIP CO 614 HASTINGS LANE WARRENTON, VA 20186	DE 		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE ACTION S	HOULD	BE	(X5) COMPLETION DATE
	(1) This information following website: h 4. a. The facility star physician prescribed Resident #45 on 2/1 available in the facili supply. Resident #45 was a 3/11/21. Resident # were not limited to dhyperplasia. On the data set), a quarterly (assessment referer resident scored 11 dinterview for mental resident is moderate making daily decision. Review of Resident a note signed by the that documented, "V chest xray, [name of (pneumonia). Medic Levaquin 750mg (midays" A physician'documented an ordetablet by mouth in the pneumonia. Review 2022 medication addreveal the resident we prescribed Levaquin dated 2/15/22 documentable. Review of	was obtained from the ttps://www.Medtirtion.com If failed to administer the dimedication Levaquin (1) to 15/22. This medication was ity emergency medication Idmitted to the facility on 45's diagnoses included but liabetes and benign prostatic emost recent MDS (minimum y assessment with an ARD nace date) of 1/9/22, the but of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cognitively impaired for each of 15 on the BIMS (brief status), indicating the ely cogniti	F	684			
		ablets of Levaquin were					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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NAME OF	200//052 02 0/00/ 50	495267	B. WING			02/	17/2022	
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
	comprehensive care document information on 2/16/22 at 1:57 conducted with LPN LPN #1 stated that in not available for adrighted should obtain the misupply box or call the on 2/16/22 at 5:15 staff member) #1 (the director of nursing of risk management compliance) were misconducted with LPN administering Levang 2/15/22). LPN #2 stain the medication can administration General Medications are administration G	e plan dated 3/13/21 failed to on regarding pneumonia. p.m., an interview was I (licensed practical nurse) #1. If a prescribed medication is ministration then the nurse edication from the emergency e pharmacy. p.m., ASM (administrative ne administrator), ASM #2 ing) and ASM #3 (the director, quality assurance and lade aware of the above was #2 (the nurse responsible for uin to Resident #45 on ated the medication was not rt so she did not administer it. ly policy titled, "Medication and Guidelines" documented, ministered in accordance with	F	684				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495267	B. WING	;		1	C
NAME OF	PROVIDER OR SUPPLIER	-700207		_	STREET ADDRESS, CITY, STATE, ZIP CODE	02/	17/2022
BROOK	SIDE REHAB & NURS	ING CENTER		•	614 HASTINGS LANE WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	Metformin (2) to Re in October 2021 and medications were as emergency supply be Review of Resident a physician's order of mg (milligrams) - two a day for benign processed of the recommand of the recommend of th	sident #45 on multiple dates of December 2021. These vailable in the facility pox. #45's clinical record revealed dated 3/11/21 for Flomax 0.4 to capsules by mouth one time static hyperplasia. Review of ober 2021 MAR (medication of ber 2021 MAR (medication of ber 2021 MAR (medication of ber 2021 MAR (medication of ber 2021 MAR (medication of ber 2021 MAR (medication of ber 2021 MAR (medication of ber 2021 MAR (medication of ber 2021 MAR of 10/20/21, and 10/24/21. A nurse's note umented there was no staining Flomax and the sed of this on 10/16/21. In 10/21/21 and 10/22/21 of administration was pending A nurse's note dated of 4 mg capsules of the box. #45's clinical record revealed dated 3/11/21 for Metformin on the box. #45's clinical record revealed dated 3/11/21 for Metformin of the box. #45's clinical record revealed dated 3/11/21 for Metformin of the box. #45's clinical record revealed dated 3/11/21 for Metformin on the second of the box. #45's clinical record revealed dated 3/11/21 for Metformin of the box. #45's clinical record revealed dated 3/11/21 for Metformin of the box. #45's clinical record revealed dated 3/11/21 for Metformin of the box. #45's clinical record revealed dated 3/11/21 for Metformin of the box. #45's clinical record revealed dated 3/11/21 for Metformin of the box. #45's clinical record revealed dated 3/11/21 for Metformin of the box.	F	384			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		405057					С
NAME OF	PROVIDER OR SUPPLIER	495267	B. WING	_		02/	17/2022
	SIDE REHAB & NURSI	NG CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	Metformin and the psoon to refill the medated 12/17/21 documble to administer medication was reor Review of the facility supply box list reveal Metformin were ava Resident #45's com 3/13/21 documented needs r/t (related to) (benign prostatic hypmedications as order on 2/16/22 at 1:57 pconducted with LPN LPN #1 stated she rethe supply is down to that if a prescribed madministration then the medication from the the pharmacy. On 2/16/22 at 5:15 pstaff member) #1 (the director of nursion of risk management, compliance) were meconcern. No further information References:	bharmacy stated it was too dication. A nurse's note umented the nurse was r Metformin and the rdered from the pharmacy. I was a management of the pharmacy. I was a management of the pharmacy of the pharmacy of the pharmacy of the pharmacy of the pharmacy. I was a management of the pharmacy of the phar	F	584			
	from the website:	ov/druginfo/meds/a698012.h			**		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495267	B. WING				C
NAME OF	PROVIDER OR SUPPLIER	433207	B. W1110	_	STREET ADDRESS, CITY, STATE, ZIP CODE	02/	17/2022
BROOK:	SIDE REHAB & NURS	NG CENTER		Ι.	614 HASTINGS LANE WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETION DATE
F 684	Continued From partml	ge 80	F 6	684		'	
	information was obt	ed to treat diabetes. This ained from the website: gov/druginfo/meds/a696005.h					=
		ailed to obtain monthly by the physician for Resident					;
	3/19/18 and had the to dementia and dial MDS (Minimum Data	dmitted to the facility on diagnoses of, but not limited betes. On the most recent a Set), a 5-day assessment sment Reference Date) of					
	1/17/22, the resident BIMS (brief interview	t scored a 3 out of 15 on the of for mental status, indicating verely cognitively impaired for					
	"Monthly weight ever	ted 2/2/21 that documented, ry day shift every 1 month(s) r 1 day(s)." The "start date"					
	A review of the mont following:	hly weights revealed the					

<u> </u>	TO TOIS WILDIONISE	A MEDICAID SERVICES				MID INC.	<u>. บรร</u> ช-บรรา
	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495267	B. WING	·		1	C 17/2022
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		8	STREET ADDRESS, CITY, STATE, ZIP CODE		
				6	614 HASTINGS LANE		
BROOKS	SIDE REHAB & NURS	ING CENTER					
					WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	BE	(X5) COMPLETION DATE
	1/1/21 149.2 pound 2/2/21 (above order until 9/1/21) 9/1/21 160.2 pound 9/21/21 157.5 pound 1/2/21 157.5 pound 1/2/21 157.8 pound 1/2/21 157.8 pound 1/2/21 154.4 pound 1/1/22 (no weight of 2/4/22 141.2 pound 1/1/22 (no weight of 2/4/22 141.2 pound 1/1/22 (no weight of 2/4/22 141.2 pound 1/1/22 (no weight of a total of 7 montion of a total of 7 montion of a total of 7 montion of 2/1/21, 7/1/21, 8/1/2 weights were not obtained one dated [Resident #73] has redementia, HLD (hyph HTN (high blood president an intervention on 5/20/21 for "Asset on 2/17/22 at 8:22 Aconducted with RN 4 stated that the expense obtained as order gap between weight without the weights, monitored for potent	written, no weight obtained written, no weight obtained of design of the second of 6 consecutive months fould have been obtained and eight was obtained on 1/1/22, his (3/1/21, 4/1/21, 5/1/21, 1/1 and 1/1/22) that ordered trained. prehensive care plan 1/10/22 for "Nutrition/weight: nutritional risk related to erlipidemia), DM2 (diabetes), essure). Rsd (resident) has trift (related to) dysphagia and supplements." This care plan tion dated 9/4/19 and revised less weight monthly." AM, an interview was 45 (Registered Nurse). She ctation was the weights would red, and that there was a big is obtained. She stated that the resident cannot be	F	384			
	Director of Nursing,	and the Director of Risk		- 1			

NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186	STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER SITREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186 [X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 684 Continued From page 82 Management, Quality Assurance and Compliance, were notified of the concern. No further information was provided by the end of the survey. Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) Respiratory/Tracheostomy Care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186 PREFIX TAG PREFIX TAG F 684 F 684 F 685 F 685 PRESPIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG PREFIX TAG PREFIX TAG F 684 F 685 F 685 Respiratory/Tracheostomy Care and Suctioning The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.			495267			1	-
### BROOKSIDE REHAB & NURSING CENTER CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG	NAME OF	OBOVIDED OB SUBBLICO	493207	D. WING		02/	17/2022
F 684 Continued From page 82 Management, Quality Assurance and Compliance, were notified of the concern. No further information was provided by the end of the survey. F 695 SS=D CFR(s): 483.25(i) Respiratory/Tracheostomy Care and Suctioning The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. F 684 Continued From page 82 Management, Quality Assurance and Compliance, were notified of the concern. No further information was provided by the end of the survey. F 685 F 684 F 684 F 684 F 685 F 685 F 695 Constitue Action Should BE CROSS-REFERENCED to THE APPROPRIATE F 685 F 685 F 685 F 695 Respiratory/Tracheostomy Care and Suctioning The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart.	BROOK	SIDE REHAB & NURS			614 HASTINGS LANE		
Management, Quality Assurance and Compliance, were notified of the concern. No further information was provided by the end of the survey. Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. F695/12 VAC 5-371-220 (B)- Respiratory/Tracheostomy Care and Suctioning 1.) Oxygen orders for residents #11 and #307 have been reviewed and clarified and the residents are receiving the correct amount of oxygen per the provider orders and the oxygen tubing is correctly dated and stored in a sanitary manner. The residents' plans of care were reviewed and updated	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
to include resident-specific needs. Based on observation, resident interview, staff interview, facility document review and clinical record review, it was determined the facility staff failed to provide respiratory care and services in accordance with professional standards of practice for two of 44 residents in the survey sample, Residents # 11 and # 307. The findings include: 1. The facility staff failed to obtain a physician order for the use of oxygen, and failed to store the oxygen cannula and tubing in a sanitary manner for Resident #11. Resident #11 was admitted to the facility on 12/16/2020 with a diagnosis of chronic respiratory failure and asthma. On the most recent MDS (minimum data set), an annual assessment with an ARD (assessment reference date) of	F 695	Management, Qualic Compliance, were refurther information of survey. Respiratory/Trached CFR(s): 483.25(i) § 483.25(i) Respirate tracheostomy care at tracheostomy care at The facility must ensure and tracheal such care, consistent with practice, the compressore plan, the reside and 483.65 of this standard to provide respiratory care plan, the reside and 483.65 of this standard to provide respiratory interview, facility door record review, it was failed to provide respiratory accordance with propractice for two of 44 sample, Residents # The findings include 1. The facility staff faorder for the use of the oxygen cannula amaner for Resident #11 was accordance with a diafailure and asthma. (minimum data set),	and totified of the concern. No was provided by the end of the costomy Care and Suctioning and tracheal suctioning. The costomy Care and Suctioning and tracheal suctioning. Sure that a resident who are, including tracheostomy actioning, is provided such a professional standards of enersive person-centered ents' goals and preferences, abpart. This not met as evidenced con, resident interview, staff cument review and clinical adtermined the facility staff ciratory care and services in fessional standards of the residents in the survey and talled to obtain a physician coxygen, and failed to store and tubing in a sanitary with a sanitary on the most recent MDS an annual assessment with		Respiratory/Tracheostomy (and Suctioning) 1.) Oxygen orders for residents and #307 have been reviewed and clarified and the resident are receiving the correct amost of oxygen per the provider of and the oxygen tubing is corrected and stored in a sanital manner. The residents' plan care were reviewed and upon to include resident-specific needs. 2.) An observation audit of residence in a sanital oxygen administration amost was performed on all residence receiving oxygen and the amounts were compared to provider's orders. The observation included ensure that oxygen tubing was produced and stored in a sanitar manner. Any discrepancies wimmediately corrected, and orders were verified or clarification.	#11 ed its ount orders rectly ry s of dated dent unts ents the ing perly y	3/23/22

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DAY A. BUILDING (X3) DAY CONTRUCTION (X3)	TE SURVEY MPLETED
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
BROOKSIDE REHAB & NURSING CENTER 614 HASTINGS LANE WARRENTON, VA 20186	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
1/30/2021, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is not cognitively impaired for making daily decisions. Section O did not code the resident as having used oxygen. Observation was made of Resident #11 on 2/15/2022 at 111-45 a.m. The resident was sitting on the side of her bed; the oxygen concentrator was next to her bed. The oxygen concentrator was next to her bed. The oxygen concentrator was next to her bed. The oxygen concentrator was sheed if she used her oxygen, Resident #11 stated she used it at night. A second observation was made of Resident #11 on 2/16/2022 at 225 a.m. The resident way lying in her bed, she stated she had just finished her breakfast and was taking a rest. The oxygen tubing with the cannula was oxided up and sitting on top of the concentrator. The tubing was dated 2/15/2022. Review of the clinical record failed to evidence a physician order for the use of oxygen for Resident #11]. The comprehensive care plan dated, 12/25/2020 and revised on 9/13/2021, documented in part, "Focus: [Resident #11] is at risk for shortness of breath rit (related to) Hypoxia, Chronic Asthma, history of smokingAdminister oxygen via ansal cannula as ordered; the resident applies own oxygen." An interview was conducted with LPN (flicensed practical nurse) #4, on 2/16/2022 at 2:00 p.m. LPN #4 was asked to come to Resident #11's room. When shown the oxygen tubing coiled on top of the oxygen concentrator. LPN #4 was	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	DDGUUDEG AD QUIENUE	495267	B. WING	_		02/	17/2022
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER	j. 40		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186	-	i te
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPOLICIENCY)	BE	(X5) COMPLETION DATE
F 695	asked where the ox stored when not in the stored in a plastic plastic bag and couls he would have to go to review Resident asked if there was a #4 stated she did not When asked if there stated, "Yes." The facility policy, "Odocumented in part, physician's order for physician's orders of administration" The storage of oxygen e According to Fundant Edition, Lippincott W 851, "Because oxygen permit the nurse to a generally storage of the nurse to a generally storage is generally storage is generally storage, the potential of misuse." ASM (administrative administrator, ASM a ASM #3, the director assurance and compathe above concern of the stored in the stored in the above concern of the stored in the stor	ygen equipment should be use. LPN #4 stated it should c bag. LPN #4 looked for a ld not find one. She stated get a bag. LPN #4 was asked #11's physician orders. When an order for the oxygen, LPN of see an order for oxygen. e should be an order, LPN #4 Oxygen Administration", "Verify that there is a refacility protocol for oxygen ie policy did not address the quipment when not in use. mentals of Nursing, Fifth //illiams & Wilkins, 2007, page en is a drug, its use requires sies and standing orders often	F	695	Director of Nursing/designed appropriate actions will be to The Director of Nursing/designed will identify any trends and/opatterns and additional education and training will be provided to staff on an ongo basis. Findings will be discuss with the QAPI committee on least a quarterly basis.	aken. ignee or e ing sed	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE	LTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	ING CENTER		STREET ADDRESS, CITY, STATE, ZIF 614 HASTINGS LANE WARRENTON, VA 20186	CODE	1 021	11/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		ON SHOULD HE APPROPE	BE	(X5) COMPLETION DATE
F 695	2. The facility staff f physician's orders fradministration, and the resident per eith Resident #307 was 8/12/2020. Resider but were not limited pulmonary disease On the most recent five day Medicare a (assessment refere resident scored 15 interview for mental resident is not cogn daily decisions. Review of Resident revealed a physiciar documented, "Apply via nasal cannula at to maintain SpO2 (o 92%" and another p that documented, "C via NC (nasal cannula Resident #307's con 1/21/22 documented oxygen therapy R/T exchange, Respirate COVID). OXYGEN cannula as ordered. On 2/15/22 at 11:57 observed lying in be nasal cannula (tubin concentrator was se liters and three and	ailed to clarify two different or Resident #307's oxygen failed to administer oxygen to her order. admitted to the facility on the #307's diagnoses included to chronic obstructive and acute respiratory failure. MDS (minimum data set), a ssessment with an ARD need to 1/26/22, the out of 15 on the BIMS (brief status), indicating the itively impaired for making #307's clinical record to supplemental O2 (oxygen) to supplemental O2 (oxygen) to supplemental O2 (oxygen) to supplemental O2 (oxygen) to supplemental O2 (oxygen) to supplemental O2 (oxygen) to supplemental O2 (oxygen) to supplemental O2 (oxygen) to supplemental O3 (oxygen) to supplemental O4 (oxygen level) (oxygen dated 1/13/22 oxygen at 4 liters per minute to la)"	F	695			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	between the three lihalf liter line. On 2/16/22 at 1:57 conducted with LPN LPN #1 stated if a rephysician's orders for should be clarified with the person who enter computer system. It had been transferre thought the resident liters before the hos after her return. In readministration, LPN ball in the oxygen corrunthrough the two order of two liters be administered at two below the two liters be administered at two below the two liters in applies to a physicial On 2/16/22 at 5:15 pstaff member) #1 (the director of nursi of risk management compliance) were memonical constant of the facility policy title documented, "1. Verorder for this proced orders or facility protadministration Turn number of liters / min physician/practitione	p.m., an interview was I (licensed practical nurse) #1. esident has two different or oxygen, then the orders with the nurse practitioner or ered the orders into the LPN #1 stated Resident #307 d to the hospital and she twas supposed to receive two pitalization and four liters egards to oxygen #1 stated the middle of the oncentrator flowmeter should liter line for a physician's exause oxygen would not be liters if the ball was above or ne. LPN #1 stated this also in's order for four liters. D.m., ASM (administrative ne administrator), ASM #2 ng) and ASM #3 (the director, quality assurance and ade aware of the above ed, Oxygen Administration" if that there is a physician's ure. Review the physician's cool for oxygen at the nute as ordered by the	F	695				
		nted "5 Adjust the flow to						

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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	l ID	_	PROVIDER'S PLAN OF CORRECTION		
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F 695	Continued From me	07					
1 033		- ,	F 6	395			
	the prescribed setting	ng by turning the knob on the					
	top of the flow mete	r until the ball is centered on	l				
	the line marking the					1	
		,				1	
	No further informati	on was presented prior to exit.					
F 697		on the presented prior to exit.	г.	397			
SS=E	_		Гί	97	F697/12 VAC 5-371-220 (B)-	Doin	3/23/22
22=E	OI 17(5). 403.20(K)					raili] / PS////
	C400 00(II) Dele NA-				Management		
	§483.25(k) Pain Ma				4		
	The facility must en	sure that pain management is			1.) Residents #35 and #77 have	been	
	provided to resident	s who require such services,		ĺ	assessed by nursing staff and	1	•
	consistent with profe	essional standards of practice,			provider to ensure pain		
	the comprehensive	person-centered care plan,			•		
	and the residents' g	oals and preferences.			management regimen is		
		IT is not met as evidenced			effective. The residents' PRN	Inain	
	by:			ŀ	medication orders have been	• 1	
	-	view, clinical record review					1
		nt review, it was determined			updated to include pain locat	tion	
		failed to implement a			and non-pharmacological		
]		gement program by			interventions. Plan of care w]	
1						as	
		ation of the resident's pain			reviewed and updated for	1	
	and implementing n				individualized care needs.	- 1	!
1		the administration of a prn		- 1			İ
		edications for two of 44			2.) The Director of Nursing/designation	- ı	
1		ey sample, Residents # 35		İ	has performed an audit of all		- 1
	and # 77.				current PRN pain medication		- 1
					•		- 1
ı	The findings include	:			orders to ensure that pain	i	1
1	3				location and non-		I
	1. The facility staff f	ailed to document the			pharmacological intervention	,	I
	location of the Resid	lent #35's pain, and to				1	ı
	implement non-phor	macological interventions		- 1	are included in the orders. Pla		
	prior to the administration	ration of owned-me (4)			of care have been reviewed a	ind	
	huot to the saministi	ration of oxycodone (1).			updated for individualized car		
	Desident di oc					.e	
		dmitted to the facility with a			needs.		1
77.	diagnosis that includ	ed contractures.]
		12					i
	On the most recent I	MDS (minimum data set), a					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER			,—	STREET ADDRESS, CITY, STATE, ZIP CODE	02/	17/2022
BROOK	SIDE REHAB & NURS	ING CENTER		6	614 HASTINGS LANE WARRENTON, VA 20186		
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	quarterly assessme reference date) of 0 scored 5 (five) out of interview for mental resident is severely making daily decision as frequently experiout of 10 during the The physician's orded 35 dated February 2 "Oxycodone HCI (hy (five) MG (milligram mouth every 6 (six) Order Date: 12/03/2 The comprehensive with a revision date part, "[Resident # 35 sacral wound, right hextremities. Revision The eMAR (electron record) for Resident documented the phy above. Further revision following dates and in non-pharmacological attempted: 01/02/20 at 6:00 a.m.; 01/11/2 at 11:43 a.m.; and on The eMAR for Resident # 35 received the sove. Further revision for the ematal for	nt with an ARD (assessment of 1/04/2022, the resident of 15 on the BIMS (brief status), indicating the impaired of cognition for ons. The resident was coded encing pain at a level of three look back period. Per sheet (POS) for Resident #2022 documented in part: (drogen chloride) Tablet 5 s). Give 1 (one) tablet by thours as needed for pain. 12/03/2021." I care plan for Resident #35 of 10/29/2021 documented in 15 is at risk for pain related to the el wound, contracture to on on: 10/29/2021." I care plan for Resident #35 of 10/29/2021 documented in 15 is at risk for pain related to the el wound, contracture to on on: 10/29/2021." I care plan for Resident #35 of 10/29/2021 documented in 15 is at risk for pain related to the el wound, contracture to on on: 10/29/2021." I care plan for Resident #35 of 10/29/2021 documented in 15 is at risk for pain related to the el wound, contracture to on on: 10/29/2021 documented in 16 is at risk for pain related to the el wound, contracture to on on: 10/29/2021 documented in 16 is at risk for pain related to on on: 10/29/2021 documented in 16 is at risk for pain related to on on: 10/29/2021 documented in 16 is at risk for pain related to on on: 10/29/2021 documented in 16 is at risk for pain related to on on: 10/29/2021 documented in 16 is at risk for pain related to on on: 10/29/2021 documented in 16 is at risk for pain related to on on: 10/29/2021 documented in 16 is at risk for pain related to on on: 10/29/2021 documented in 16 is at risk for pain related to on on: 10/29/2021 documented in 16 is at risk for pain related to on on: 10/29/2021 documented in 16 is at risk for pain related to on on: 10/29/2022 documented in 16 is at risk for pain related to on on: 10/29/2022 documented in 16 is at risk for pain related to on on: 10/29/2022 documented in 16 is at risk for pain related to on on: 10/29/2022 documented in 16 is at risk for pain related to on on: 10/29/2022 documented in 16 is at risk for pain related to on on: 10/29/2022 documented in 16 is at risk for pain relat	F	697	 3.) The Director of Nursing/designas in-serviced licensed nurse (RNs and LPNs) regarding assessing resident pain location and attempting non-pharmacological intervention prior to administering PRN pamedications. The education included, but was not limited correct transcription and ent PRN pain medication orders the EHR. 4.) The Director of Nursing/desimil audit the MAR five times weekly for 6 weeks to review accuracy of PRN pain medication orders include requirements document pain location and attempt non-pharmacologic interventions prior to administration of PRN pain medication. Any issues identiwill be addressed immediate Director of Nursing/designed appropriate actions will be ta The Director of Nursing/designed appropriate actions will be ta The Director of Nursing/designed appropriate actions will be ta ducation and training will be provided to employees on an accordance of the provided to employees on an accordance of the provided to employees on an accordance of the provided to employees on an accordance of the provided to employees on an accordance of the provided to employees on an accordance of the provided to employees on an accordance of the provided to employees on an accordance of the provided to employees on an accordance of the provided to employees on an accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accordance of the provided to employees on accor	es on on ons ain to, cry of into gnee s v ation sto to al	

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NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
BROOKS	SIDE REHAB & NURS	ING CENTER		1	WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 697	Continued From pa attempted: 02/04/20 at 11:40 p.m.; 01/11 01/16/2022 at 12:00 Review of the facilit Resident # 35 dated 02/16/2022 failed to the location of Resident oxycodone reference of the dates Resident oxycodone reference on 02/16/2022 at a province of the dates resident oxycodone reference on 02/16/2022 at a province of the dates resident and documentation interventions. LPN resident's pain, whe scale one to ten, with Attempt intervention their pain, if it does not be resident within a effectiveness." When non-pharmacological attempted LPN # 1 saked about documer resident's pain and a non-pharmacological stated, "It's documer After reviewing the padated January 2022 nurse's progress not	ge 89 D22 at 6:55 p.m.; 02/12/2022 /2022 at 9:06 a.m.; D a.m.; and at 9:17 p.m. y's nursing progress notes for 101/01/2022 through evidence documentation of dent # 35's pain and al interventions attempted for # 35 received 5 mgs of ed above. Disproximately 1:30 p.m., an acted with LPN (licensed regarding the procedure for s needed) pain medication of non-pharmacological # 1 stated, "Assess the re the pain is and using a h ten being the worse pain. s, repositioning, to alleviate the pain is and using a h ten being the worse pain. s, repositioning, to alleviate the pain is and using a h ten being the worse pain. s, repositioning, to alleviate the pain is and using a h ten being the worse pain. s, repositioning, to alleviate the pain is and using a h ten being the worse pain. Stated, "Every time." When enting location of the attempts of all interventions LPN # 1 interventions LPN # 1 interventions LPN # 1 interventions orders, eMARs and February 2022, the tes dated 01/01/2022 through		697			
	if there was docume Resident # 35's pain non-pharmacologica	finterventions were					
	attempted prior to Re	esident # 35 receiving the		- 1			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495267	B. WING	1	.	С	
NAME OF	PROVIDER OR SUPPLIER	453207	0. 11110	_	STREET ADDRESS, CITY, STATE, ZIP CODE	02/	17/2022
	SIDE REHAB & NURS	ING CENTER		•	614 HASTINGS LANE WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	physician ordered p LPN # 1 stated no. The facility's policy documented in part, modalities may be used achieving optimal commodalities may included Non-pharmacologic appropriate alone of medications." On 02/16/2022 at ap (administrative staff ASM # 2, director of director of risk mana and compliance, we findings. No further information Reference: (1) Oxycodone is us severe pain. This in the website: https://medlineplus.cs. 2. The facility staff for location of the Residinglement non-phar prior to the administration of the Residinglement # 77 was a diagnosis that included On the most recent I	"Pain Management" , "Various strategies and utilized to assist the resident in omfort. Such strategies and ude, but are not limited to: a. al interventions may be r in conjunction with pproximately 5:00 p.m., ASM member) # 1, administrator, foursing and ASM # 3, agement, quality assurance are made aware of the on was provided prior to exit. ded to relieve moderate to a solution of acetaminophen (1). dialed to document the lent #77's pain and macological interventions ration of acetaminophen (1). admitted to the facility with a ling low back pain. MDS (minimum data set), a	F	697			
	The facility's policy'documented in part, modalities may be a achieving optimal or modalities may include Non-pharmacologic appropriate alone of medications." On 02/16/2022 at appropriate alone of medications." On 02/16/2022 at appropriate staff ASM # 2, director of director of risk mana and compliance, we findings. No further information Reference: (1) Oxycodone is us severe pain. This in the website: https://medlineplus.gtml. 2. The facility staff for location of the Reside implement non-phar prior to the administration Resident # 77 was a diagnosis that include On the most recent I 5-Day assessment were received.	"Various strategies and atilized to assist the resident in comfort. Such strategies and ade, but are not limited to: a. al interventions may be in conjunction with a proximately 5:00 p.m., ASM member) # 1, administrator, for nursing and ASM # 3, agement, quality assurance are made aware of the approximately 5:00 p.m., ASM member) # 1, administrator, for nursing and ASM # 3, agement, quality assurance are made aware of the approximately 5:00 p.m., ASM member) # 1, administrator, for nursing and ASM # 3, agement, quality assurance are made aware of the approximation was obtained from a gov/druginfo/meds/a682132.h a failed to document the lent #77's pain and macological interventions aration of acetaminophen (1). Admitted to the facility with a ling low back pain.					

	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CON	NSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495267	B. WING			C 02/17/2022	
	OF PROVIDER OR SUPPLIER OKSIDE REHAB & NURS	ING CENTER		614 HA	TADDRESS, CITY, STATE, ZIP CODE STINGS LANE SENTON, VA 20186	02.7	1112022
(X4) PREI TA	IX (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 APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
Fé	scored 13 out of 15 for mental status), i cognitively intact fo Resident #77 was of experiencing pain at the look back period the look back period The physician's ord dated February 202 "Acetaminophen Ta Give 2 (two) tablet I needed for Pain. On Date: 11/18/2021." The comprehensive with a revision date part, "[Resident # 7 Revision on: 11/18/2021." The eMAR (electron record) for Resident documented the physician acetaminophen the with no evidence of interventions being 12:52 p.m.; 01/05/2 at 12:21 p.m.; 01/10 01/19/2022 at 11:45 12:42 p.m. The eMAR for Resident # 77 receivacetaminophen the with no evidence of cetaminophen the with no evidence of cetaminophen the with no evidence of cetaminophen the with no evidence of	is on the BIMS (brief interview indicating the resident is a making daily decisions. Coded as frequently at a level of 5 out of 10 during discovered as frequently at a level of 5 out of 10 during discovered as frequently at a level of 5 out of 10 during discovered as frequently at a level of 5 out of 10 during discovered as frequently at a level of 5 out of 10 during discovered as frequently	F	97			

	TO TOTT MEDICATIVE	A MEDIONID OLIVAIOLO				MID INC	<u>. บ</u> ฐงด-บงษา
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495267	B. WING	;	<u> </u>	[C 17/2022
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	, <u></u>	-
BROOKS	SIDE REHAB & NURS	ING CENTER		6	14 HASTINGS LANE		
				V	WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETION DATE
F 697	Continued From pa a.m.	ge 92	F	697			2
	Resident # 77 dated 02/07/2022 failed evilocation of Resident non-pharmacological the dates Resident acetaminophen reference on 02/16/2022 at a interview was condupractical nurse) # 1 administering prn (a and documentation interventions. LPN resident's pain, whe scale one to ten, with Attempt intervention their pain, if it does not propose to ten, with a resident within a effectiveness." When non-pharmacological attempted LPN # 1 saked about documersident's pain and a non-pharmacological stated, "It's documer After reviewing the pated January 2022 nurse's progress not 02/07/2022 for Resident # 77's pain non-pharmacological resident # 77's pain	al interventions attempted for # 77 received 500 mgs of renced above. proximately 1:30 p.m., an acted with LPN (licensed regarding the procedure for is needed) pain medication of non-pharmacological # 1 stated, "Assess the re the pain is and using a h ten being the worse pain. is, repositioning, to alleviate twork check the order for and administer it. Recheck in hour to check for an asked how often the all interventions should be stated, "Every time." When enting location of the attempts of all interventions LPN # 1 inted in the nurse's notes." Ohysician's orders, eMARs and February 2022, the test dated 01/01/2022 through dent # 77, LPN # 1 was asked nation of the location and that all interventions were esident # 77 receiving the ain medication of	31				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		495267	B. WING	W.		C /17/2022	
	PROVIDER OR SUPPLIER	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186	1 02	111/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 697		ge 93 pproximately 5:00 p.m., ASM f member) # 1, administrator,	F6	97			
:	ASM # 2, director of director of risk man	f nursing and ASM # 3, agement, quality assurance are made aware of the				ła	
	No further information	on was provided prior to exit.					
	(1) Used to relieve repeated to relieve the pain of caused by the break joints). This information website: https:	mild to moderate pain from aches, menstrual periods, ats, toothaches, backaches, ecinations (shots), and to minophen may also be used f osteoarthritis (arthritis adown of the lining of the ation was obtained from the gov/druginfo/meds/a681004.h					
F 698 SS=D	Dialysis CFR(s): 483.25(I)		F 69	98			
	require dialysis rece with professional state comprehensive personal the residents' goals This REQUIREMEN by: Based on staff interfacility document review, it was determined	T is not met as evidenced view, resident interview, riew and clinical record nined the facility staff failed to ion to the dialysis facility for		S			

	NO I OIT MEDIONITE	W WEDICAID OF TAICE				IVID IVO.	<u>. บชงด-บงษา</u>
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1 1		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 02:	***************************************
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BROOKS	SIDE REHAB & NURS	ING CENTER		6	14 HASTINGS LANE		
				V	VARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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	BE	(X5) COMPLETION DATE
					DEFICIENCY)		
F 698	For Resident #407,	the facility failed to provide	F	598	F698/12 VAC 5-371-220- Dia 1.) Dialysis assessments and	-	3/23/22
		ne dialysis facility for 23 to 25			communication with the dial	ysis	
	visits. The findings include	a:			center has been established resident #407. The resident	s	į
					plan of care was reviewed ar	rd I	l i
	Resident #407 was	admitted to the facility on #407's diagnoses included			updated to reflect their resid		
	but were not limited	to: end stage renal disease			specific needs.		
	(and stone of renal	failure-inability of the kidneys		- 1	2.) The Director of Nursing/desi	enee	
i					has identified all current	,	1
ŀ	to excrete wastes a				· · · · · · · · · · · · · · · · · · ·		
	congestive heart fai	ctrolyte balance) (1), lure (abnormal congestion			residents receiving hemodial and has established resident		
	caused by circulator	y congestion and retention e kidneys) (2) and chronic			assessments and communica		
	respiratory failure (in	nability of the heart and lungs			with the dialysis center. Nurs	ing	
	to maintain and ade (3).	quate level of gas exchange)			staff has ensured that care pl		
		at recent MDC (minimum			interventions are appropriate and address resident specific	care	
	data set) assessme	st recent MDS (minimum nt, a five day assessment,			needs.		
		reference date of 12/31/21, as scoring 11 out of 15 on the			The Director of Nursing/desig	nee	
ļ	BIMS (brief interview	v for mental status) score,			has educated licensed clinical staff regarding dialysis		
	indicating the reside impaired for making	nt is moderately cognitively daily decisions. The resident			assessment and communication	on	
	was coded as requir	ing total dependence for			with dialysis centers. The		
		n and bathing; extensive nobility, dressing; limited			education includes, but is not		
	assistance for mobil				limited to, the importance of		
	supervision for eatin	g. The resident was coded as			assessing residents pre-dialysi	s	ļ
		or bowel and for bladder. The			and post-dialysis, and the		
		as receiving dialysis during			importance of sending and	ĺ	
	the look back period				and a range of settining and		
1	•	prehensive care plan dated					
	12/26/21 revealed. in	n part, "Resident needs				i	- 1
		to renal failure Encourage					- 1

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER SIDE REHAB & NURS		5. ******	STREET ADDRESS, CITY, STATE, 614 HASTINGS LANE WARRENTON, VA 20186	ZIP CODE	02/17/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF	TION SHOULD	BE COMPLETION	
	resident to go for thappointments. Resident to go for thappointments. Resident to care between dialys. A review of the physic revealed in part, "He up 10 every day shift and Friday." Order A review of Resident containing the "Dialy with top section to be and the bottom portidialysis center, reveand 2/15/22, and ev 23 forms for the date 12/29/21, 12/31/21, 1/10/22, 1/12/22, 1/24/22, 1/2	de scheduled dialysis dent receives dialysis 3X a Sat). Provide communication dialysis for continuation of sis and facility per protocol." Sician orders dated 12/27/21, emodialysis, time to be picked fit every Monday, Wednesday renewed through 2/18/22. At #407's dialysis binder yesis Communication Record," he completed by the facility ion to be completed by the saled records dated 2/12/22 ridenced a missing a total of es of: 12/26/21, 12/27/21, 1/3/22, 1/5/22, 1/7/22, 1/19/22, 26/22, 1/28/22, 1/31/22, 2, 2/9/22, 2/11/22, 2/14/22. AM, an interview was ident #407. When asked if he r, Resident #407 stated, "I The nurses may have it."	F	receiving resident and from the dialy 4.) The Director of Nu will review resided hemodialysis wee weeks to ensure the assessments were and that communibeen sent to and redialysis centers. A identified will be a immediately by Di Nursing/designee appropriate action. The Director of Nu will identify any trepatterns, and prove as needed on an offindings will be disting the QAPI committed quarterly basis.	rsis center. arsing/designts receiving kly for six hat proper e performed ication has received fro ny issues addressed rector of and as will be tal arsing/designends and/o vide education orgoing basis	gnee gnee d, bm ken. gnee or ion is.	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '		PLE CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
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10000	TO THE COLUMN THE COLU						
BROOKS	SIDE REHAB & NURS	ING CENTER			614 HASTINGS LANE		
					WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 698	Continued From pa	ge 96	F	398	3		
	provide the dialysis Resident #407.	communication forms for					
	member) #1, the addirector of nursing a	PM, ASM (administrative staff Iministrator, ASM #2, the and ASM #3, the director of quality and compliance, were above concern.				ı	
	On 2/17/22 at 7:45 acommunication form were provided for R	ns, dated 2/12/22 and 2/15/22					
	conducted with ASM When asked if there communication form	PM, an interview was #2, the director of nursing. were any additional dialysis as, other than the two ent #407, ASM #2 stated, "No, nal forms."					
	Disease, Care of a I part, "Agreements b contracted ESRD fa how the resident's c but not limited totl between the nursing	ty's "End-Stage Renal Resident", documented in etween this facility and the cility will include all aspects of are will be managed including he communication process I facility and the dialysis ct ongoing communication, illaboration."					
	No further information	on was provided prior to exit.					
	Non-Medical Reader Chapman, page 498 (2) Barron's Dictiona	ry of Medical Terms for the r, 7th edition, Rothenberg and					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DAT	E SURVEY MPLETED
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	PROVIDER OR SUPPLIER	ING CENTER		61	REET ADDRESS, CITY, STATE, ZIP CODE 4 HASTINGS LANE ARRENTON, VA 20186	1 02	/17/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 698 F 730 SS=D	(3) Barron's Dictional Non-Medical Reade Chapman, page 50 Nurse Alde Peform CFR(s): 483.35(d)(7	ary of Medical Terms for the er, 7th edition, Rothenberg and 2. Review-12 hr/yr In-Service		730	F730/12VAC 5-371-210 A.5/12VAC3-371-260 E- Nurs Aide Performance Review	e	3/23/22
27	The facility must coro fevery nurse aide months, and must peducation based on reviews. In-service requirements of §48 This REQUIREMEN by: Based on staff interreview, it was deterrfailed to conduct and 2 of 3 CNAs (certified records were review). The findings include The facility staff failed review for CNA #4, Previewed for perform between 3/1/2020-3/2011/8/1993 and reversived to the review of the facility staff failed review for CNA #4, Previewed for perform between 3/1/2020-3/2011/8/1993 and reversived to complete 11/1/2020-11/30/2020 CNAs who were empthan one year was predaministrative staff administrator.	view and facility document mined that the facility staff nual performance reviews for id nursing assistants) whose red, CNAs #4 and #6. It do conduct a performance nired on 3/7/2017 and nance evaluation completed viewed for performance do between 11. It is not met as evidenced reviews for acceptance in the facility for more rovided by ASM member) #1, the			The facility has completed and performance reviews for CNA and CNA#6. In-service educated was given to CNA#4 and CNA based on the outcome of the reviews. An audit of 12-month performance reviews have been completed for all CNAs current employed by the facility. Any variances found have been corrected and all currently employed CNAs have had a 12-month performance review completed. Nursing management and Hum Resources staff were re-education the importance of conductions.	#4 tion #6 en tly	
	administrator.	kimately 12:15 p.m., ASM #2,					

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CLIAIF	VO LOK MIEDIOWE	& MEDICAID SERVICES				MR NO	. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		LE CONSTRUCTION	COM	E SURVEY IPLETED
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NAME OF I	PROVIDER OR SUPPLIER	-	-	- 5	STREET ADDRESS, CITY, STATE, ZIP CODE	<u>-</u>	
BROOKS	SIDE REHAB & NURS	ING CENTER		ı	614 HASTINGS LANE WARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE.	(X5) COMPLETION DATE
	the director of nursi annual performance selected from the far Review of the annual to reveal a complete CNA #4 (hired 3/7/2 11/8/1993). On 2/16/22 at 5:10 conducted with OSM human resource mathey had been there been working to get caught up. OSM #7 self- evaluations to revaluation for CNA 11/11/2020. OSM # completed annually, have had one comp On 2/17/22 at 7:30 a conducted with ASM #2 stated that evaluations that wer resources department heads to stated that the unit revaluations for the Conursing staff, and the annually. ASM #2 w CNA #6's last evaluation complete The facility policy "E'	and performance reviews failed and review after 11/11/2020 for 017) and CNA #6 (hired on 0.m., an interview was an an an an an an an an an an an an an	F	730	annual CNA performance rand providing in-service education based on the out of the reviews. The educat included, but was not limited procedure for conducting the annual performance review performance benchmarks, identifying areas of CNA performance requiring in-seducation. 4. The Director of Nursing/Dewill perform an audit of annual performance reviews of for 6 weeks and then month a months to ensure that the reviews are completed and service education is provided based on the outcome of the reviews. The Director of Nursing/designee will identify any trends and/or patterns additional education and trawill be provided on an ongo basis. Findings will be discus with the QAPI committee or least a quarterly basis.	tcome ion ed to, he w, and ervice signee nual weekly hly for in- in- in in in sed inining ing sed	
	facility to review the	work performance of			<u> </u>		

PRINTED: 02/28/2022 FORM APPROVED

CLITT	V2 LOW MEDICAKE	& MEDICAID SERVICES				MR NO	. 0938-0391
STATEMENT AND PLAN (FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	COM	E SURVEY PLETED
	=	495267	B. WING		·	1	C 17/2022
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
BROOKS	SIDE REHAB & NURS	INC CENTED		6	14 HASTINGS LANE		
DROOK.	SIDE KERAB & NUKS	ING CENTER		V	VARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 730	Program" documen completes a performat least annually. 3.	lurse Aide In-Service Training ted in part, "2. The facility nance review of nurse aides In-service training is based	F	'30			
	on the outcome of ti reviews, addressing reviews and as man regulation"	he annual performance weaknesses identified in the adated by federal or state					
	ASM #3, the directo	p.m., ASM #1, the #2, director of nursing and r of risk management, quality pliance were made aware of					
F 755 SS=E		on was provided prior to exit. ocedures/Pharmacist/Records o)(1)-(3)	F 7	55			
	drugs and biological them under an agree §483.70(g). The fac personnel to adminis	vide routine and emergency s to its residents, or obtain					
	pharmaceutical serv that assure the accu dispensing, and adm	res. A facility must provide ices (including procedures rate acquiring, receiving, ninistering of all drugs and the needs of each resident.					
		Consultation. The facility in the services of a licensed					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY IPLETED
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		495267	B. WING			02/	17/2022
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		614	REET ADDRESS, CITY, STATE, ZIP CODE 4 HASTINGS LANE ARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' 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 755	pharmacist who- §483.45(b)(1) Provi aspects of the provi the facility. §483.45(b)(2) Estable receipt and dispositi sufficient detail to ender and that an act is maintained and post order and that an act is maintained and post order and that an act is maintained and post order and clinical record in the facility staff faile services for one of 4 sample, Resident #4 The facility staff faile medication Buspar (multiple dates in Oct and January 2022. The findings include Resident #45 was act 3/11/21. Resident #4 were not limited to deliance the data set), a quarterly (assessment referencesident scored 11 conterview for mental	des consultation on all sion of pharmacy services in olishes a system of records of ion of all controlled drugs in nable an accurate of all controlled drugs eriodically reconciled. It is not met as evidenced or it was determined that do provide pharmacy at residents in the survey at residents in the survey at to acquire Resident #45's (1) for administration on tober 2021, November 2021 of the indicating prostatic most recent MDS (minimum of assessment with an ARD ince date) of 1/9/22, the out of 15 on the BIMS (brief status), indicating the ely cognitively impaired for	F7		F755/12VAC 5-371-220- Pharmacy Services/Procedures/Pharma- /Records Resident #45 has been assessed by nursing staff and provider with no negative outcomes noted. Tresident, resident representate and provider were notified of missing doses. Plan of care was reviewed and updated for individualized care needs. The Director of Nursing/design has performed an audit of all medications administered by nursing staff since 3/1/2022. At resident who has missed an administration of a medication has been assessed by nursing staff and the provider and resident representative have been notified. Plans of care has been reviewed and updated for individualized care needs. The Director of Nursing/design has in-serviced licensed nurses (RNs and LPNs) regarding processor when a medication is not available. The in-service include but is not limited to, notification to provider for new orders, accessing the STAT box, using a	ed rith The tive, ee ee ee esss	3/23/2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		E SURVEY PLETED
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TWEET OF TROVIDER OR GOTTELER				, , ,		
BROOKSIDE REHAB & NURS	ING CENTER			114 HASTINGS LANE VARRENTON, VA 20186		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES '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
a physician's order mg (milligrams) by anxiety. Review of November 2021 and (medication adminis reveal Buspar was a 10/25/21, 10/27/21, 11/2/21 and 1/8/22. #45's October 2021 January 2022 MARs administered at 1:00 10/28/21, 10/30/21, Nurses' notes dated Resident #45 was opharmacy was advis 10/28/21, 11/1/21 ar Buspar was not ava 1/8/22 and 1/9/22 decontacted. Review medication supply b not in the supply. Resident #45's com 3/13/21 documented psychotropic medications as order the supply is down to that if a prescribed madministration, then medication from the available) or call the	#45's clinical record revealed dated 5/14/21 for Buspar 5 mouth three times a day for Resident #45's October 2021, d January 2022 MARs stration records) failed to administered at 9:00 a.m. on 10/28/21, 10/30/21, 11/1/21, Further review of Resident, November 2021 and sfailed to reveal Buspar was 0 pm. on 10/25/21, 10/27/21, 11/1/21, 11/2/21 and 1/9/22. I 10/27/21 documented ut of Buspar and the sed. Nurses' notes dated and 11/2/21 documented ilable. Nurses' notes dated ocumented the pharmacy was of the facility emergency ox list revealed Buspar was prehensive care plan dated dt, "[Resident #45] uses ations for Behavior inister PSYCHOTROPIC	F	755	back-up pharmacy if medication are unavailable from the prime pharmacy, and reporting any concerns to the nursing supervisor. 4.) The Director of Nursing/design will audit the MAR five times weekly for 6 weeks to review medication availability, accurated documentation, and provider notification. Any issues identification. Any issues identification will be addressed immediately Director of Nursing/designer appropriate actions will be taken the Director of Nursing/design will identify any trends and/or patterns, and additional education and training will be provided to employees on arongoing basis. Findings will be discussed with the QAPI committee on at least a quarte basis.	ary nee te by and en.	

A95267 NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 914 HASTINGS LANE WARRENTON, VA 20186 CALL DEFICIENCY SUMMARY STATEMENT OF DEFICIENCIES (CALL) DEFICIENCY FREPRIX (EACH DEFICIENCY MUST SE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) FRETX FROM CONTINUED FROM DATE 102 pharmacy or from a local back-up pharmacy, LPN #1 stated there had been times when she had difficulty obtaining medications from the contracted pharmacy, and the facility had obtained services from a different pharmacy. On 2/16/22 at 5:15 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of risk management, quality assurance and compliance) were made aware of the above concern. The facility pharmacy policy titled, "Medication Administration General Guidelines" documented, "Medications are administered in accordance with written orders of the prescriber." No further information was presented prior to exit. Reference: (1) Buspar is a psychotropic medication used to treat anxiety. This information was obtained from the website: https://ministration.psychological.psychologic			495267				-
BROOKSIDE REHAB & NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE CACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE CACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE CACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE CACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE CACH DEFICIENCY MUST BE PRECEDED BY FULL TAGE CACH DEFICIENCY TAGE CACH DEFICIENCY TAGE CACH DEFICIENCY TAGE CACH DEFICIENCY TAGE CACH DEFICIENCY TAGE CACH DEFICIENCY TAGE CACH DEFICIENCY F 755 Continued From page 102 pharmacy and the facility had obtained services from a different pharmacy. On 2/16/22 at 5:15 p.m., ASM (administrative staff member) #1 (the administrator), ASM #2 (the director of insk management, quality assurance and compliance) were made aware of the above concern. The facility pharmacy policy titled, "Medication Administration General Guidelines" documented, "Medications are administered in accordance with written orders of the prescriber." No further information was presented prior to exit. Reference: (1) Buspar is a psychotropic medication used to treat anxiety. This information was obtained from the website: https://medimeptus.gov/druginfo/meds/a688005.h tml by the must be free from unnecessary Drugs - Ceneral. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used. §483.45(d)(1) in excessive dose (including	NAMEOE	DOOVIDED OF SUPPLIED	433201	10. 11.110			/17/2022
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 755 Continued From page 102 pharmacy or from a local back-up pharmacy. LPN #1 stated there had been times when she had difficulty obtaining medications from the contracted pharmacy, and the facility had obtained services from a different pharmacy. On 2/16/22 at 5:15 p.m., ASM (administrative staff member) #1 (the administrative staff member) #1 (the administrator), ASM #2 (the director of risk management, quality assurance and compliance) were made aware of the above concern. The facility pharmacy policy titled, "Medication Administration General Guidelines" documented, "Medications are administered in accordance with written orders of the prescriber." No further information was presented prior to exit. Reference: (1) Buspar is a psychotropic medication used to treat anxiety. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a688005.h tml F 757 Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d) (1)-(6) \$483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including			ING CENTER		614 HASTINGS LANE		
pharmacy or from a local back-up pharmacy. LPN #1 stated there had been times when she had difficulty obtaining medications from the contracted pharmacy, and the facility had obtained services from a different pharmacy. On 2/16/22 at 5:15 p.m., ASM (administrative staff member) #1 (the administrative staff member) #1 (the administratior), ASM #2 (the director of risk management, quality assurance and compliance) were made aware of the above concern. The facility pharmacy policy titled, "Medication Administration General Guidelines" documented, "Medications are administered in accordance with written orders of the prescriber." No further information was presented prior to exit. Reference: (1) Buspar is a psychotropic medication used to treat anxiety. This information was obtained from the website: https://medlineplus.gov/druginfo/meds/a688005.h tml F 757 SS=D F 757 SS=D Q Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	OULD BE	COMPLETION
	F 757	pharmacy or from a LPN #1 stated there had difficulty obtains contracted pharmacy obtained services from 2/16/22 at 5:15 staff member) #1 (till (the director of nurs of risk management compliance) were moncern. The facility pharmacy Administration Gene "Medications are adwritten orders of the No further information Reference: (1) Buspar is a psycotreat anxiety. This is the website: https://medlineplus.gtml Drug Regimen is From CFR(s): 483.45(d) Unnecessary drugs.	a local back-up pharmacy. It had been times when she ing medications from the cy, and the facility had from a different pharmacy. p.m., ASM (administrative the administrator), ASM #2 ing) and ASM #3 (the director t, quality assurance and hade aware of the above cy policy titled, "Medication teral Guidelines" documented, iministered in accordance with the prescriber." on was presented prior to exit. thotropic medication used to information was obtained from gov/druginfo/meds/a688005.h the from Unnecessary Drugs 1-(6) sary Drugs-General. The gregimen must be free from				
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		6	TREET ADDRESS, CITY, STATE, ZIP CODE 14 HASTINGS LANE VARRENTON, VA 20186		
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F 757	§483.45(d)(2) For e §483.45(d)(3) Withouse; or §483.45(d)(4) Withouse; or §483.45(d)(5) In the consequences which reduced or disconting §483.45(d)(6) Any constated in paragraphs section. This REQUIREMENT by: Based on clinical related the facility document that the facility staff residents in the survunnecessary medica 7/27/2021, the facility nasal spray to Residents approached as spray. The findings include Resident #359 was adiagnoses that include chronic pain and low recent MDS (minimulassessment with an date) of 10/12/2021, 15 on the BIMS (brief indicating the resident making daily decisions)	excessive duration; or but adequate monitoring; or but adequate indications for its presence of adverse the indicate the dose should be nued; or combinations of the reasons is (d)(1) through (5) of this in the interview of the interview, it was determined failed to ensure that 1 of 44 rey sample was free of ations, Resident #359. On the staff administered Narcan ident #359, rather than the indicated to the facility with ded but were not limited to back pain. On the most im data set), a quarterly ARD (assessment reference the resident scored 15 out of ear interview for mental status), int was cognitively intact for	F	757	Regimen is Free from Unnecessary Drugs 1.) Resident #359 is no longer a resident at the facility. It is the policy of Brookside Nursing at Rehab to ensure that resident drug regimens are free from unnecessary drugs. All resident have the potential to be affect by this alleged deficient practice. 2.) The Director of Nursing/design has performed an audit of all medications administered by nursing staff since 3/1/2022. A resident who has missed an administration of a medication has been assessed by nursing staff and the provider and resident representative have been notified. Plans of care has been reviewed and updated findividualized care needs.	e nd ts' ted ice. nee	3/2.2/22

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conducted the ombud received ai #359 had received ai #359 had received ai happened. The physic documente - "Naloxone (milliliter) 1 as needed Repeat as depression (minutes) us (emergence care order* - "Saline Naspray in bosongestion. The progres documente - "7/27/202 Resident redepartment and chills peresident was - "7/27/202 Resident redepartment and chills peresident redepartment and chills peresident was - "7/27/202 Resident redepartment and chills peresident was - "7/27/202 Resident redepartment and chills peresident redepartment	with OSI sman. Con anonymeceived iff, and slat the faction order iff, and slat the faction order iff, and slat the faction order iff, and slat the faction order iff, order Iff, order Iff, order Iff, order Iff, order iff, order iff, iff, iff, iff, iff, iff, iff, iff	JS p.m., an interview was M (other staff member) #13, DSM #13 that they had hous report that Resident Narcan by mistake from the he had verified that this had cility. The state of the state of the state of the had verified that this had cility. The state of the state of the state of the had verified that this had cility. The state of the	F	757	 3.) The Director of Nursing/designas in-serviced licensed nurs (RNs and LPNs) regarding avoiding the use of unnecess drugs. The in-service includes but is not limited to, notificat to provider of any unnecessadrugs administered, "The 5 Ri of Medication Administration and reporting any concerns to nursing management. 4.) The Director of Nursing/desigwill audit the MAR five times weekly for 6 weeks to review medication administration, accurate documentation, and provider notification of any unnecessary drugs administer Any issues identified will be addressed immediately by Director of Nursing/designee appropriate actions will be take The Director of Nursing/designwill identify any trends and/or patterns, and additional education and training will be provided to employees on an ongoing basis. Findings will be discussed with the OAPI committee on at least a quarbasis. 	es ary s, ion ry ghts ", o nee	

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(emerwith a need palpa anxie) The transfer requestrate for the fraction of th	orders for Perce led) and Zofran ations. He endo aty regarding the transfer form for 2021 documents chills and vote inadvertently est transfer to the facility medicate dated 7/27/20 given to resider the sof breath No injuries observed the safter he was concerned by the safter he	and pt returned shortly after socet 5/325 mg pm (as an Pt denies any N/V or heart present e situation" or Resident #359 dated anted in part, "Resident pommiting [sic] post primary administering Narcan and	F 75	57		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ELTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP (614 HASTINGS LANE WARRENTON, VA 20186	CODE	UZ/	1112022
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10	accidentally given a caused florid opiate great distress and d After 45 minutes, th so that the residual occupy the pain receback to normal but the complained of inrequested a dose of this, he exhibits no sis stable for dischargare) facility" On 2/17/2022 at 11: conducted with RN (assistant director of the floor nurse had i given the Narcan sp spray to Resident #3 stated that they had resident who stated complained of nause stated that they contichecked the vital sig RN #3 stated that the feel that Resident #3 hospital but the resident education with the numedications. RN #3 agency nurse but still the facility. RN #3 stated that nurse returned to the facility stated that the nurse Resident #359 no longer the stated that the nurse Re	t prn dose of Narcan which withdrawal which caused him iscomfort for 30-45 minutes. e Narcan dispersed enough oxycodone could once again eptors. He reports he feels shortly after initial evaluation, creasing pain in his back and foxycodone. He was given symptoms of withdrawal and ge back to LTC (long term 0.8 a.m., an interview was (registered nurse) #3, the nursing. RN #3 stated that informed them that they had ray instead of the saline nasal 359 on 7/27/2021. RN #3 gone in to assess the that he did not feel right and ea and vomiting. RN #3 acted the nurse practitioner, ins and did a full assessment. e nurse practitioner did not seed to go to the dent requested to be sent out his request. RN #3 stated they completed one on one	F	757			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			6	STREET ADDRESS, CITY, STATE, ZIP CODE 514 HASTINGS LANE WARRENTON, VA 20186	UZi	1112022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	conducted with LPN LPN #6 stated that is medication pass on when they accident the saline nasal sprithey realized it was called the charge not stated that the charge not stated that the charge not stated that the charge not stated that the charge not stated that the charge not stated that the charge not stated that the charge not stated that after that had educated her all medication administ them during medication administ them during medications and alw they had the right paredication, the right medication, the right medication, the right medication, the right medication, the right medication was adroverdose or overdose that Narcan was adroverdose or overdose that inadvertent administry cause tachyomedication. ASM #4 cause nervous symplemedication was administering Narcal The facility policy, "Nature of the state of the sta	I (licensed practical nurse) #6. they were doing the 7/27/2021 for Resident #359 ally gave Narcan instead of ay. LPN #6 stated that after not the right medication, they urse right away. LPN #6 ge nurse came over and they at and contacted the nurse 6 stated that Resident #359 he emergency room so they me back that evening. LPN this incident a senior nurse bout the medication and tration as well as supervised that gextra cautious when giving ways checking to make sure attent, the right dose of the route of administration, the eright time of administration entation. 46 a.m., an interview was I (administrative staff practitioner. ASM #4 stated ministration of Narcan would eardia and was a safe 4 stated that Narcan would obtoms but nothing significant very little harm done by n by mistake. Medication Administration	F	757			
	General Guidelines" Rights- Right resider	documented in part, "Five nt right drug, right dose, right are applied for each				X.	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		614	REET ADDRESS, CITY, STATE, ZIP CODE 4 HASTINGS LANE ARRENTON, VA 20186		
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F 758 SS=E	medication being act these 5 rights is recognises of preparat administration: (1) viselected, (2) when to container, and finall prepared and the management of the facility policy "A medication Errors" of Examples of medication Errors" of Examples of medications or a drug is b. unauthorized drug without a physician's on 2/17/2022 at 12: administrator, ASM ASM #3, the director assurance and com the findings. No further information free from Unnec Pst CFR(s): 483.45(c)(3) A psycaffects brain activities processes and behabut are not limited to categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic	dministered. A triple check of ommended at three steps in ion of a medication for when the medication is he dose is removed from the y (3) just after the dose is edication is put away" deverse Consequences and documented in part, "5. ations errors include: a. ordered but not administered; g - a drug is administered s order; c. wrong dose" 15 p.m., ASM #1, the #2, the director of nursing and r of risk management, quality pliance were made aware of the was provided prior to exit. Sychotropic Meds/PRN Use (a)(e)(1)-(5) Topic Drugs. Chotropic drug is any drug that the sassociated with mental exior. These drugs include, or, drugs in the following		757			
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 758	Continued From page	ge 109	F 7	'58			
į	psychotropic drugs unless the medication specific condition as in the clinical record §483.45(e)(2) Resid	lents who use psychotropic					
	behavioral interventi	al dose reductions, and ions, unless clinically in effort to discontinue these			п		
	unless that medicati	oursuant to a PRN order on is necessary to treat a condition that is documented				ļ	
	are limited to 14 day §483.45(e)(5), if the prescribing practition appropriate for the F beyond 14 days, he	PRN order to be extended or she should document their ent's medical record and					
	drugs are limited to renewed unless the prescribing practition the appropriateness This REQUIREMEN by:	T is not met as evidenced					
	and facility documen	view, clinical record review, it review, it was determined failed to ensure residents ssary psychoactive					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			\ '		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	493207				02/	17/2022
	BIDE REHAB & NURSI	NG CENTER		614 H	EET ADDRESS, CITY, STATE, ZIP CODE HASTINGS LANE RRENTON, VA 20186		
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	The findings included and the findings inclu	44 residents in the survey #70 and #61. 2: 2), the facility failed to evidence wriate diagnosis, target monitoring, monitoring of ness, psychiatric evaluations ended, and care plan elated to the use of ations. dmitted to the facility on agnoses of but not limited to diabetes, high blood neer, and anxiety disorder. MDS (Minimum Data Set), a with an ARD (Assessment 1/18/22, the resident scored a lims (brief interview for mental eresident was severely for making daily decisions. 2) 21 for Seroquel (1) 25 mg ablets (75 mg) at bedtime s disease. 2) 21 for Depakote (2) 250 00 mg) at bedtime related to make the serior of the	F 7		F758/12VAC 5-371-140/12VAC 371-220/12VAC 5-371-250/12VAC 371-300- Free from Unnecess Psychotropic Meds/PRN Use 1.) Residents #61 and #70 have be assessed by nursing staff and provider to ensure current PRI psychotropic medication regin is appropriate and that psychiatric evaluations are ordered as recommended by the provider. The residents' PRN psychotropic medication order have been updated to include appropriate diagnosis, target behaviors, behavior monitorin and monitoring of medication effectiveness. The residents' compans have been updated as related to the use of psychoactive medications. 2.) The Director of Nursing/design has performed an audit of all residents receiving PRN psychotropic medications to ensure current PRN psychotropic medication regimen is appropriate and that psychiatric evaluations are ordered as	s- ary een N nen he rs g, are	3/23/22
	"Alzheimer's deme psych follow-up requ	ntia with behaviors, anxiety - ired"			recommended by the provider Any variances have been corrected. Plans of care have	 	

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BROOKS	SIDE REHAB & NURS	ING CENTER			VARRENTON, VA 20186		
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F 758	Continued From pa	ge 111	F	758			
:	A physician's note d	ated 12/7/21 documented,			been reviewed and updated	for	
	"Alzheimer's dem	entia with behaviors,			individualized care needs. A		
	anxietypsych follo						
			1		current PRN psychotropic		
	A physician's note d	ated 2/7/22 documented,			medication orders have been		
		pt (patient) awake and alert			updated to include appropri	ate	
	sitting up in dining r	oom, denies acute			diagnosis, target behaviors,		
		ny acute issuesAlzheimer's			behavior monitoring, and		
į		viors, anxiety - psych			monitoring of medication		
	follow-up required	"			effectiveness. The residents'	9	j l
	There were no note	s by the nurses or the				care	
	physician that the re	s by the horses of the sident had actually displayed			plans have been updated as		
		admission. There was no		i	related to the use of		
		behaviors for the use of the			psychoactive medications.		
	Seroquel. There wa	s no documented behavior			3.) The Director of Nursing/designation		
		se of the Seroquel. There			has in-serviced licensed nurs	es	
		any psychiatric consult having			(RNs and LPNs) regarding use	of	
		by the physician and			unnecessary psychotropic		
	required.	ician notes that it was			medications. The education		
	roquirou.				included, but was not limited	to	
1	A review of the com-	prehensive care plan dated				ιο,	
Ì		n part: "[Resident #70] uses			review of PRN psychotropic		
		ation r/t (related to) Dementia			medication regimen,		l
	with agitationAdm	inister PSYCHOTROPIC			communication with provide	rs,	
		red by physician. Monitor for			advocating for psychiatric		
		ctiveness Q-SHIFT (every			evaluations, and proper order	r	
		viors/interventions and		ł	entry in the EHR to ensure		
1.2	alternate therapies a				appropriate documentation f	05	
	effectiveness as per	racility policy.					
	There was no evide	nce any of these interventions			all PRN psychotropic medicati		
	were being followed				orders to include appropriate		
	bomg followed				diagnosis, target behaviors,		
	On 2/17/22 at 8:22 A	M, an interview was			behavior monitoring, and		
		#5 (Registered Nurse). She			monitoring of medication		
		s no documentation of any			effectiveness.		
		ring. She stated that the			a.c		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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		495267	B. WING	02/	17/2022			
	ER OR SUPPLIER	ING CENTER		6	TREET ADDRESS, CITY, STATE, ZIP CODE 14 HASTINGS LANE VARRENTON, VA 20186			
	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
resid yelling not so when state need her hother constitute of documents was so use of the hother state the horizon and impossed to many for the since to many for the since to many for the horizon by the notific evaluation of the since to many for the horizon and impossed the horizon and impossed the since to many for the since to many for the since to many for the since to many for the since to many for the since to many for the since to many for the since to many for the since the since to many for the since to many for the since	ing, getting upset in asked about in asked about in asked about in asked about in asked about in asked about in asked about in asked about in asked and behaves. "She stated in asked that there is to "warrant the interest asked and acceptant in asked asked and acceptant in asked asked asked and acceptant in asked aske	ge 112 me behaviors of crying, at. She stated that she was had not had any charting. the use of Seroquel, she that her behaviors warrants eroquel. I have never seen aviors towards any staff or I that there should be evidencing behaviors or lack I that "It makes it difficult for is if there are no notes iors or lack of behaviors." The was not adequate charting the was not adequate the was not adequate the was not adequate the was not adequate the was not adequate the was not adequate the was not adequate the was not adequate the was not adequate the was not adequate the was not adequate the was not adequate the was not adequate	F7	758	4.) The Director of Nursing/design will audit all current PRN psychotropic medication order five times weekly for 6 weeks review necessity of medication accurate documentation, and communication with the proving PRN psychotropic medication regimen and necessity for psychiatric evaluations. Any issues ident will be addressed immediate Director of Nursing/designed appropriate actions will be taken The Director of Nursing/design will identify any trends and/or patterns, and additional education and training will be provided to employees on an ongoing basis. Findings will be discussed with the QAPI committee on at least a quart basis.	ers s to ons, d vider ified ely by e and en.		

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	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186		
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F 758	evaluation was requirecommendations from the medication relative psychiatric Nursing When asked about medications, with la lack of a psychiatric believe the medicat admission was appropriately admission was appropriately admission was appropriately admission was appropriately admission was appropriately admission was appropriately admission was appropriately admission was appropriately admission was appropriately admission was appropriately and the facility of the facility	dired. The Pharmacy makes or psychoactive medications, I feel comfortable decreasing led to drowsiness, otherwise ee Practitioner monitors them." the appropriateness of the ck of behavior monitoring and evaluation, she stated, "I ion and dosage upon ropriate. We could have been ding diagnosis and agitation. I base my I communication from staff and effectiveness. It would be documentation." It policy "Behavioral ention and Monitoring" pharmacological approaches extent possible to avoid or notipsychotic or psychoactive age behavioral symptoms are prescribed for behavioral entation may include: It is gray the behavior of the be	F	758			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, · ·	LTIPLE CONSTRUCTION DING		E SURVEY IPLETED
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F 758	4. If antipsychotic are used to treat be will monitor their indigradual dose reduct cannot or should no recurrence of psych previous attempts to a. The IDT will monitor complications related medications; for example and the such symptom medication is still nearly to minimize side therapeutic effective. A review of the facilic Psychotropic Medication are not gunless the medication are not gunless the medication are in the clinical record beneficial to the resimonitoring and docures ponse to the medications for use on the documented in the Residents who use preceive non-pharma facilitate reduction on psychotropic drugs. On 2/17/22 12:20 Pt (Administrative Staff Director of Nursing, Management, Qualitic cannot be such as the	c or psychoactive medications havioral symptoms, the IDT lication and implement a tion, or document why this at be done (for example, totic symptoms after several to taper medications). The sychoactive ample, lethargy, abnormal ents, anorexia, or recurrent as are identified, and some meded, the IDT will ment of the current regimen to effects while maintaining eness" It policy, "Use of ation" documented, given psychotropic drugs on is necessary to treat a so diagnosed and documented and the medication is ident, as demonstrated by umentation of the resident's dication(s) 4. The fany psychotropic drug will be medical record 7. psychotropic drugs shall also cological interventions to r discontinuation of the" M. ASM #1, #2, and #3 Member), the Administrator, and the Director of Risk	F	758		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	ING CENTER		6	STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186	1021	17/2022	
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F 758	oonanaoa i rom pa	ge 115 was provided by the end of the	F7	758				
	References:							
	used for the treatment of mania or depression (not reserved has a document of depression (not reserved has a document of dementia. Seroque approved by the Formation obtained information obtained from the treatment of the treatm							
	seizures; is used to Bipolar disorder. The below web page reg for Alzheimer's disea Information obtained					:		
	evidence documente target behaviors, be of medication effecti evaluations as order	red/recommended, and care as related to the use of	W)		15		=	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 758	Resident #61 was a 12/8/21 with the diaded Alzheimer's disease pressure and history MDS (Minimum Datassessment with an Reference Date) of 3 out of 15 on the B status, indicating the cognitively impaired A review of the clinic following physician's An order dated 12/8 1/3/21, for Seroquel daily for anxiety. An order dated 1/3/2 2/7/22, for Seroquel for anxiety. An order dated 1/3/2 hight related to Alzheit The resident also had an order dated 12/8/2 at bedtime for depress An order dated 1/3/2 bedtime for depress An order dated 1/8/2 bedtime for depress A review of the physorder dated 12/8/21 (as needed). There were no targethe use of Seroquel. behavior monitoring	idmitted to the facility on gnoses of but not limited to be, depression, high blood by of falls. On the most recent it a Set), a significant change if ARD (Assessment 1/10/22, the resident scored a IMS (brief interview for mental eresident was severely for making daily decisions. Cal record revealed the sorders: Cal, and discontinued on (1) 25 mg (milligrams) twice Cal, and discontinued on 25 mg every night at bedtime Cal for Seroquel 25 mg every eimer's disease. Cal the following orders: Cal for Trazadone (2) 50 mg ession. Cal for Trazadone 50 mg at ion.	F	758			

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F 758		ge 117	F7	758			
EF.	behaviors. This not continues to walk up faces, continues wh	1, that documented any e documented, "Resident to to others and touch their en asked to stop by staff and overbally re-direct. Hitting staff					
	12/15/21, that docur Dementia with beha patient behaviors ph	aled a physician's note dated mented, "Alzheimer's viors - writer notified of nysical aggression towards eing redirected - psych r evaluation."					
	There was no evide ever occurred.	nce that the psych consult					
		behaviors documented, or r monitoring, from the date of			c		
	12/17/21 revealed, in antidepressant med DepressionMonito effectiveness Q-SHI	prehensive care plan dated in part: "[Resident #61] uses icationr/t (related to) pr/document side effects and FT. (every shift)." There was nitoring was occurring.					
	dated 12/17/21 reve uses psychotropic m r/t Dementia with Be Administer PSYCh ordered by physiciar effectiveness Q-SHI behaviors/interventic	havior symptoms HOTROPIC medications as n. Monitor for side effects and					77

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ' '	LTIPLE CONSTRUCTION DING	(X3)	(X3) DATE SURVEY COMPLETED	
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	policyPsych consoccurrence of targe aggression towards facility protocol." The these interventions On 2/17/22 at 8:22 conducted with RN stated that there was behaviors or monitoresident hasn't had that she was not su charting. When as she stated "I don't k warrants needing to never seen her hav staff or others." She consistent charting thereof. She stated the doctor to assess documenting behav She stated that there done to "warrant the that she was aware was not an acceptal use of Seroquel. She consult should have nurse practitioner do 12/15/21. On 2/17/21 at 11:22 conducted with ASM Member) the Nurse for Resident #70, "S	sult as orderedRecord at behavior symptoms; a staff/others, document per arere was no evidence any of were being done. AM, an interview was #5 (Registered Nurse). She as no documentation of any oring. She stated that the any behaviors. She stated re why there had not had any and about the use of Seroquel, anow that her behaviors be on Seroquel. I have ing any behaviors towards any a stated that there should be evidencing behaviors or lack that "It makes it difficult for as if there are no notes iors or lack of behaviors." e was not adequate charting ase medications." She stated that dementia with behaviors ble diagnosis alone, for the the stated that the psych been obtained when the ocumented as much on AM an interview was #4 (Administrative Staff Practitioner. She stated that teroquel is appropriate	F	758		
	agitation in the past agitated in bed, anxi she tries to get up a	s led to behaviors and Her behaviors are she gets ety, restless, and this is when nd falls." Regarding following being done, she stated. "I				=

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		E CONSTRUCTION	(X3) DAT	E SURVEY PLETED
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F 758	continue the orders hospital. I trust thei recommendation, a by the psychiatric N notified that the resi evaluations by the psince admission, and that the evaluations "For residents I am am in constant compsychiatric Nurse Pothis resident there hissues that made mevaluation was requirecommendations for and I review those, the medication relate the psychiatric Nurse When asked about medications, with lallack of a psychiatric believe the medication was appropriate to be link demention of the psychiatric believe the medication on verbal regarding behaviors be helpful to see modification on the psychiatric believe the medication on verbal regarding behaviors be helpful to see modification on the psychiatric believe the medication on verbal regarding behaviors be helpful to see modification on the psychiatric believe the medication on verbal regarding behaviors be helpful to see modification on the psychiatric believe the medication on verbal regarding behaviors be helpful to see modification on the psychiatric Nursing, Management, Qualification of Nursing, Management, Qualification o	recommended by the r expertise and and medications are adjusted urse Practitioner." When dent had not had any sychiatric nurse practitioner and asked how she follows up are being done, she stated, actively concerned about, I munication with the ractitioner. I don't believe for ave been any significant e feel an immediate and immediate and the practitioner monitors, I feel comfortable decreasing ed to drowsiness, otherwise e Practitioner monitors them." the appropriateness of the ck of behavior monitoring and evaluation, she stated, "I on and dosage upon opriate. We could have been ding diagnosis and agitation. I to behaviors. I base my communication from staff and effectiveness. It would be documentation." M. ASM #1, #2, and #3 Member), the Administrator, and the Director of Risk	F 7	758			

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NAME OF F	PROVIDER OR SUPPLIER	10000		STREET ADDRESS, CITY, STATE, ZIP CODE	021	17/2022
BROOKS	SIDE REHAB & NURS	ING CENTER		614 HASTINGS LANE WARRENTON, VA 20186		
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F 760 SS=D	of mania or depress disorder; as conjunc of depression (not in Seroquel has a doci increasing risk of de dementia. Seroque approved by the For (FDA) for the treatm older adults with dereference on the beuse of Seroquel for Information obtained https://medlineplus.gtml 2. Trazadone is an Information obtained https://medlineplus.gtml Residents are Free CFR(s): 483.45(f)(2) The facility must ens§483.45(f)(2) Residemedication errors. This REQUIREMEN by: Based on staff internand clinical record rethe facility staff failed free of a significant residents in the surv On 2/9/22, the nurse Resident #45 the meseven days for a diagonal record and clinical record and clinical record residents in the surv	ent of schizophrenia; episodes sion in patients with Bipolar crive therapy for the treatment elated to bipolar disorder). umented warning of eath in older adults with I has a warning that it is not od and Drug Administration nent of behavioral problems in mentia. There was no low web page regarding the the treatment of anxiety. d from gov/druginfo/meds/a698019.h antidepressant. d from gov/druginfo/meds/a681038.h of Significant Med Errors	F7	758		

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F 760	Resident #45 on 2/1	15/22.	F	760	F760/12 VAC 5-371-220- Residents are Free of Signific Med Errors	cant	3/23/22
	3/11/21. Resident # were not limited to a hyperplasia. On the data set), a quarter! (assessment refere resident scored 11 a interview for mental resident is moderate making daily decision. Review of Resident a note signed by the that documented, "V chest xray, [name of (pneumonia). Medic Levaquin 750mg (m days" A physician documented an orde tablet by mouth in th pneumonia. Review 2022 medication ad reveal the resident v prescribed Levaquin dated 2/15/22 docum available. Review of medication supply be tablets and 500 mg (a available in the box. Resident #45's comp 3/13/21 failed to docum pneumonia.	dmitted to the facility on 45's diagnoses included but diabetes and benign prostatic emost recent MDS (minimum y assessment with an ARD nce date) of 1/9/22, the but of 15 on the BIMS (brief status), indicating the ely cognitively impaired for ons. #45's clinical record revealed enurse practitioner on 2/9/22 Vriter reviewed abnormal f physician] consulted, +PNA cations orderedstart illigrams) daily x (times) 7 's order dated 2/9/22 er for Levaquin 750 mg- one lee evening for seven days for of Resident #45's February ministration record failed to			 Resident #45 has been assess by nursing staff and provider no negative outcomes noted resident, responsible party ar provider were notified of miss doses. Plan of care was review and updated for individualized care needs. The Director of Nursing/desig has performed an audit of all medications administered by nursing staff since 3/1/2022. A resident who has missed an administration of a medication has been assessed by nursing staff and the provider and resident representative have been notified. Plans of care had been reviewed and updated for individualized care needs. 	with . The nd sing wed d anee	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 760	conducted with ASM member) #4 (the nu stated about a weel with a couple episor amount of oxygen): the physician was or prescribed for pneu very important for R dose of Levaquin be regarding his respiration was not aware Levaquin on 2/15/22 evaluated the reside chest x-ray was conhad not completely thought Resident #4 be residual effects for prescribing another On 2/16/22 at 1:57 conducted with LPN LPN #1 stated that is not available for adright should obtain the m supply box or call the Con 2/16/22 at 5:15 pstaff member) #1 (the director of nursiof risk management compliance) were moncern. On 2/17/22 at 7:20 a conducted with LPN administering Levaq 2/15/22). LPN #2 st	A (administrative staff arse practitioner). ASM #4 cago, Resident #45 presented des of hypoxia (an insufficient so a chest x-ray was obtained, onsulted, and Levaquin was monia. ASM #4 stated it was resident #45 to receive each recause of the concern atory status. ASM #4 stated Resident #45 did not receive 2. ASM #4 further stated she rent on 2/15/22 and another appleted because Resident #45 improved. ASM #4 stated she in 15's respiratory difficulties may rom COVID-19 and she was antibiotic. D.m., an interview was (licensed practical nurse) #1. If a prescribed medication is ininistration then the nurse redication from the emergency	F	760	 3.) The Director of Nursing/designas in-serviced licensed nurs (RNs and LPNs) regarding profor when a medication is not available. The in-service inclubut is not limited to, notificate to provider for new orders, accessing the STAT box, using back-up pharmacy if medicate are unavailable from the primpharmacy, and reporting any concerns to the nursing supervisor. 4.) The Director of Nursing/designal will audit the MAR five times weekly for 6 weeks to review medication availability, accurated documentation, and provider notification. Any issues identification. Any issues identification and provider notification of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions will be tall the Director of Nursing/designee appropriate actions and training will be actional education and training will be actional education and training will be actional education and training will be actional education and training will be actional education and training will be actional education and training will be actional education and training will be actional educa	es ocess ades, tion ga tions nary gnee ate fied ly by and ken. gnee r	

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	SIDE REHAB & NURSI	NG CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186		
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F 760	Administration Gene "Medications are ad written orders of the No further information Reference: (1) Levaquin is used levofloxacin exactly or less of it or take it by your doctor." This	cy policy titled, "Medication eral Guidelines" documented, ministered in accordance with	F 76	60		
F 804 SS=F	tml Nutritive Value/Appe CFR(s): 483.60(d)(1 §483.60(d) Food and Each resident receiv		F 80	14		
	attractive, and at a stemperature. This REQUIREMEN by: Based on observation interview and clinical determined that the food at a palatable to service on 02/16/20255 of 55 residents of meal tray. The veget	T is not met as evidenced on, resident interview, staff I record review, it was facility staff failed to provide emperature during lunch 22, with the potential to affect in the North unit receiving a				

STATEMENT OF DEFICIENCIES ABJURNING DEPTIFICATION NUMBER: ABJURNING ABJURNING ABJURNING COMPLETED C O2/17/2022			W MEDION NO OFICE				AID IAC	0930-0391
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER (A4) ID SUMMARY STATEMENT OF DEPICIENCIES (RACH DEPICIENCY MUST BE PRECEDED BY FULL TAG) FREETX TAG (A4) ID REGULATORY OR LSC IDENTIFYING INFORMATION) FREDING INCLUDING PROPRIATE F 804 Continued From page 124 tested for palatability were below a palatable temperature. The findings include: Review of the resident council minutes from 11/30/2021 revealed in part, "Residents state their food is not hot when they receive their meals." Review of the resident council minutes from 12/01/2021 revealed in part, "Resident states his meals are not hot when he receives them in his room each shiftResident states his breakfast is cold when received each morning" On the most recent MDS (minimum data set) for Resident #2 3. a quarterly assessment with an ARD (assessment reference date) of 12/14/2021, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident stated the facility food cold be warmer. On 02/16/2022 at 10:40 a.m., the holding temperatures of funch were obtained from the service line in the kilchen and were (in degrees Fahrenheit): Profit A 150 Vegetables - 190 Polatoes - 184 Mechanical soft vegetables - 172 After the holding temperatures were obtained, plates were prepared, covered with a lide, placed in food carts and taken to units. On 02/16/2022 in the resident state of the resident service of the resident service in a condition of the part of the resident service of the resident served to the residents at a palatable temperature. 4.) The Regional Dietary Manager or designee will complete a tray temperature audit weekly x4 and the monthly x two to ensure will conduct an audit food is served to the residents at a palatable temperature. Findings will be discussed with the QAPI committee on at least a quarterly basis.				` '				
STREET ADDRESS, CITY, STATE, ZIP CODE 18 HASTINGS LANE WARRENTON, VA 20185 (C4) ID (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 804 Continued From page 124 tested for palatability were below a palatable temperature. The findings include: Review of the resident council minutes from 11/30/2021 revealed in part, "Residents state their food is not hot when they receive their meals." Review of the resident council minutes from 12/01/2021 revealed in part, "Residents state their food is not hot when they receive their meals. "Review of the resident council minutes from 12/01/2021 revealed in part, "Residents state their food is not hot when they receive their meals." Review of the resident states his breakfast is cold when received each morning" On the most recent MDS (minimum data set) for Resident #2 3, a quarterly assessment with an ARD (assessment reference date) of 12/14/2021, the resident is cognitively inlact for making daily decisions. On 02/15/2022 at 2:06 p.m., an interview was conducted with Resident #23. The resident stated the facility food could be warmer. On 02/16/2022 at 10:40 a.m., the holding temperatures of lunch were obtained from the service line in the kitchen and were (in degrees Fahrenheit): Pork - 160 Vagetables - 190 Potatoes - 164 Mechanical soft vegetables- 172 After the holding temperatures were obtained, plates were prepared, covered with a lid, placed in food carts and taken to units. On 02/16/2022			405267	D WING				-
## BROOKSIDE REHAB & NURSING CENTER MARKENTON, VA 20188 WARRENTON, VA 20188			495267	B. WINC	.—	 _	02/	17/2022
WARRENTON, VA 20186 PROVIDERS PLAN OF CORRECTION COMMERCENT PREFIX TAGE PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH OERICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAGE PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH OERICIENCY) PREFIX TAGE PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH OERICIENCY) PREFIX TAGE PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH OERICIENCY) PREFIX TAGE PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH OERICIENCY) PREFIX TAGE PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH OERICIENCY) PREFIX TAGE PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH OERICIENCY) PREFIX TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF COMMERCENT TAGE PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF COR	NAME OF	PROVIDER OR SUPPLIER			1			
F 804 F 804 Continued From page 124 tested for palatability were below a palatable temperature. The findings include: Review of the resident council minutes from 11/30/2021 revealed in part, "Residents state their food is not hot when they receive them in his room each shiftResident states his meals are not hot when he receives them in his room each shiftResident states his breakfast is cold when received each morning" On the most recent MDS (minimum data set) for Resident #23, a quarterly assessment with an APD (assessment reference date) of 121/4/2021, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is cognitively intact for making daily decisions. On 02/16/2022 at 10:40 a.m., the holding temperatures of lunch were obtained from the service line in the kitchen and were (in degrees Fahrenheit): Pork - 160 Vegetables - 190 Potatoes - 164 Mechanical soft vegetables - 172 After the holding temperatures were obtained, plates were prepared, covered with a lid, placed in food carts and taken to units. On 02/16/2022	BROOKS	SIDE REHAB & NURS	ING CENTER		ı			
tested for palatability were below a palatable temperature. The findings include: Review of the resident council minutes from 11/30/2021 revealed in part, "Residents state their food is not hot when they receive their meals." Review of the resident council minutes from 12/01/2021 revealed in part, "Resident states his meals are not hot when he receives them in his room each shiftResident statesfood is not hot all mealsResident states shis meals are not hot when he receives them in his room each shiftResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident statesfood is not hot all mealsResident states his meals are not hot when he received each morning" On the most recent MDS (minimum data set) for Resident #23, a quarterly assessment with an ARD (assessment reference date) of 12/14/2021, the resident scored 15 out of 15 on the BIMS (brief interview for mental status), indicating the resident is copilitively intact for making daily decisions. On 02/15/2022 at 2:06 p.m., an interview was conducted with Resident #23. The resident stored the facility food could be warmer. On 02/16/2022 at 10:40 a.m., the holding temperatures of lunch were obtained from the service line in the kitchen and were (in degrees Fahrenheit): Pork - 160 Vegetables - 190 Polatoes - 164 Mechanical soft vegetables- 172 After the holding temperatures were obtained, plates were prepared, cover	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	
the North unit in the food cart with resident trays.		tested for palatabilit temperature. The findings include Review of the reside 11/30/2021 revealed their food is not hot meals." Review of their food is not hot meals." Review of their food is not hot all their food is not hot all breakfast is cold who on the most recent Resident # 23, a quantum ARD (assessment of the resident scored (brief interview for most recent is cognitive decisions. On 02/18 interview was conducted in the kill for the resident stated the form on 102/16/2022 at 102 temperatures of lune service line in the kill for height i	ent council minutes from d in part, "Residents state when they receive their he resident council minutes yealed in part, "Resident end hot when he receives ich shiftResident states mealsResident states his en received each morning" MDS (minimum data set) for arterly assessment with an eference date) of 12/14/2021, 15 out of 15 on the BIMS nental status), indicating the ly intact for making daily 5/2022 at 2:06 p.m., an arterly with Resident #23. The acility food could be warmer. D:40 a.m., the holding ch were obtained from the lichen and were (in degrees etables- 172 Inperatures were obtained, d, covered with a lid, placed ten to units. On 02/16/2022 tray was plated and sent to	F	804	 All residents have the poter to be affected. The Dietary Manager will re the serving process and aud tray temps to identify if temperatures continue to b of range. Regional Dietary Manager was reeducate the Dietary department about the range acceptable temps and best practices to ensures that the is served to the residents at palatable temperature. The Regional Dietary Manage designee will complete a tratemperature audit weekly with emonthly x two to ensure conduct an audit food is sent to the residents at a palatable temperature. Findings will be discussed with the QAPI committee on at least a quarter. 	view it the e out fill e of a geror y 4 and e will ved le e	3/23/22

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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		495267	B. WING		02/	17/2022	
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		LO BE	(X5) COMPLETION DATE	
F 804	On 02/16/2022 at 12 was served on the N of the food on the te # 12, the dietary ma were: Vegetables - 115 Potatoes - 112 Mechanical soft veg	2:25 p.m. (when the final meal North unit), the temperatures est tray were obtained by OSM inager. The temperatures	F8	304			
	potatoes were not w	/arm enough to be palatable. d this and stated these food					
	documented in part, food is prepared by nutritive value, flavo	Food Quality and Palatability" "It is the center policy that, methods that conserve r and appearance. Food is and served at a safe and ure."					
	(administrative staff ASM # 2, director of director of risk mana	pproximately 5:00 p.m., ASM member) # 1, administrator, nursing and ASM # 3, agement, quality assurance re made aware of the					
	No further information Food Procurement, SCFR(s): 483.60(i)(1)	on was presented prior to exit. Store/Prepare/Serve-Sanitary (2)	F 8	12			
	§483.60(i) Food safe The facility must -	ety requirements.				:	
		re food from sources red satisfactory by federal,			;		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495267	B. WING			l	C 17/2022
	PROVIDER OR SUPPLIER	ING CENTER		61	REET ADDRESS, CITY, STATE, ZIP CODE 4 HASTINGS LANE ARRENTON, VA 20186	021	11/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 812	state or local author (i) This may include from local producer and local laws or re- (ii) This provision do facilities from using gardens, subject to safe growing and fo (iii) This provision do from consuming foo §483.60(i)(2) - Store serve food in accord standards for food s This REQUIREMEN by: Based on observati document review it to failed to store and p manner. The findings include On 02/15/2022 at ap observation of the fa with OSM (other star manager with the fol 1. The facility staff f processor, ready for from standing water. Observation of the fo facility's kitchen on a conducted with OSM food processor was OSM # 12 stated, "Y of the food processor	rities. food items obtained directly s, subject to applicable State gulations. pes not prohibit or prevent produce grown in facility compliance with applicable od-handling practices. pes not preclude residents des not procured by the facility. e, prepare, distribute and dance with professional pervice safety. IT is not met as evidenced on, staff interview, and facility was determined facility staff repare food in a sanitary proximately 10:40 a.m., an acility's kitchen was conducted ff member) # 12, dietary llowing concerns: ailed to ensure a food use, was cleaned and free	F	312	1.) No specific residents were identified but identified items were cleaned and items were dates after being identified. 2.) The Dietary Manager or design will audit the items on the food prep tables to ensure they are properly cleaned and free of standing water. In addition, the Dietary Manager or designeer audit the fridges to ensure items are date properly 3.) Regional Dietary Manager will reeducate the Dietary department regarding proper cleaning techniques are follow and will reeducate the Dietary department on ensuring open items are properly dates in the fridge.	nee od e will ms	3/23/22

F 812 Continued From page 127 blade. After observing the food processor bowl OSM # 12 stated that the inside of the lid and blade were wet and that the bowl contained approximately one to two tablespoons of standing water. OSM # 12 immediately removed the food processor lid, blade and bowl and sent it to the dish washer to be cleaned. 2. The facility staff failed to date two bowls containing eight ounces of prepared salad that were available for use in the facility's daily preparation reach-in refrigerator. On 02/15/2022 at approximately 10:40 a.m., an observation of the inside of the daily preparation reach-in refrigerator facility's kitchen revealed two bowls of salad covered with plastic wrap, with no evidence of a date available to be served. When asked when the salads were prepared OSM # 12 stated, "They were made yesterday, they should have been dated and taken out today." OSM # 12 immediately removed the salads from the refrigerator facility's policy "Food Storage: Cold" documented in part, "5. The Dining Services Director / Cook(s) insures that all food items are stored properly in covered containers, labeled and dated and arranged in a manner to prevent cross contamination."			OTTOLOGICO NO OCITATOLO				IND INO	. 0530-0381
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIDENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFY/MG INFORMATION) F 812 Continued From page 127 blade. After observing the food processor bowl OSM # 12 stated that the inside of the lid and blade were wet and that the bowl containing water. OSM # 12 immediately removed the food processor lid, blade and bowl and sent it to the dish washer to be cleaned. 2. The facility staff failed to date two bowls containing eight ounces of prepared Safad that were available for use in the facility's daily preparation reach-in refrigerator. On 02/15/2022 at approximately 10:40 a.m., an observation of the inside of the daily preparation reach-in refrigerator facility's kitchen revealed two bowls of salad covered with plastic wrap, with no evidence of a date available to be served. When asked when the salads were prepared OSM # 12 stated, "They were made yesterday, they should have been dated and taken out bday," OSM # 12 immediately removed the salads when the salads were prepared OSM # 12 stated, "They were made yesterday, they should have been dated and taken out bday," OSM # 12 immediately removed the salads from the refrigerator and discarded them. The facility's policy "Food Storage: Cold" documented in part, "5. The Dining Services Director / Cook(s) insures that all food items are stored properly in covered containers, labeled and dated and arranged in a manner to prevent cross contamination."			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
BROOKSIDE REHAB & NURSING CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FREETY TAG Continued From page 127 blade. After observing the food processor bowl OSM # 12 stated that the inside of the lid and blade were wet and that the bowl contained approximately one to two tablespoons of standing water. OSM # 12 immediately removed the food processor lid, blade and bowl and sent it to the dish washer to be cleaned. 2. The facility staff failed to date two bowls containing eight ounces of prepared salad that were available for use in the facility's daily preparation reach-in refrigerator. On 02/15/2022 at approximately 10:40 a.m., an observation of the inside of the daily preparation reach-in refrigerator facility's kithen revealed two bowls of salad covered with plastic wrap, with no evidence of a date available to be served. When asked when the salads were prepared OSM # 12 stated, "They were made yesterday, they should have been dated and taken out today." OSM # 12 immediately removed the salads from the refrigerator and discarded them. The facility's policy "Food Storage: Cold" documented in part, "5. The Dining Services Director / Cook(s) insures that all food items are stored properly in covered containers, labeled and dated and arranged in a manner to prevent cross contamination."			495267	8. WING	·		1	_
SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCY MATERIAL OF DEFICIENCY MATERIAL OF DEFICIENCY MATERIAL OF DEFICIENCY MATERIAL OF DEFICIENCY MATERIAL OF DEFICIENCY MATERIAL OF DEFICIENCY MATERIAL OF DEFICIENCY MATERIAL OF DEFICIENCY MATERIAL OF DEFICIENCY MATERIAL OF DEFICIENCY MATERIAL OF DEFICIENCY OF LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PREFIX TAG PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PROVIDENCE OF THE APPROPRIATE DEFICIENCY) PROVIDENCE PLAN OF CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PROVIDENCE PLAN OF CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PROVIDENCE PLAN OF CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PROVIDENCE PLAN OF CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PROVIDENCE PLAN OF CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PROVIDENCE PLAN OF CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PROVIDENCE PLAN OF CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PROVIDENCE PLAN OF CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PROVIDENCE PLAN OF CROSS-REFERENCE OF THE APPROPRIATE DEFICIENCY) PROVIDENCE PLAN OF CROSS-REFERENCE DEFICENCY) PROVID	NAME OF	PROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE ZIP CODE	1 021	1112022
F 812 Continued From page 127 blade. After observing the food processor bowl OSM # 12 stated, That Pareach in refrigerator. 2. The facility staff failed to date two bowls containing eight ounces of prepared salad that were available for use in the facility's kitchen revealed two bowls of salad covered with plastic wrap, with no evidence of a date available to be served. When asked when the salads were prepared OSM # 12 stated, "They were made yesterday, they should have been dated and taken out today." OSM # 12 immediately removed the salads from the refrigerator and discarded them. The facility's policy "Food Storage: Cold" documented in part, "5. The Dining Services Director / Cook(s) insures that all food items are stored properly in covered containers, labeled and dated and arranged in a manner to prevent cross contamination."	BROOK	SIDE REHAB & NURS	ING CENTER		6	14 HASTINGS LANE		
blade. After observing the food processor bowl OSM # 12 stated that the inside of the lid and blade were wet and that the bowl contained approximately one to two tablespoons of standing water. OSM # 12 immediately removed the food processor lid, blade and bowl and sent it to the dish washer to be cleaned. 2. The facility staff failed to date two bowls containing eight ounces of prepared salad that were available for use in the facility's daily preparation reach-in refrigerator. On 02/15/2022 at approximately 10:40 a.m., an observation of the inside of the daily preparation reach-in refrigerator facility's kitchen revealed two bowls of salad covered with plastic wrap, with no evidence of a date available to be served. When asked when the salads were prepared OSM # 12 stated, "They were made yesterday, they should have been dated and taken out today." OSM # 12 immediately removed the salads from the refrigerator and discarded them. The facility's policy "Food Storage: Cold" documented in part, "5. The Dining Services Director / Cook(s) insures that all food items are stored properly in covered containers, labeled and dated and arranged in a manner to prevent cross contamination."	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
3. The facility staff failed to implement the use of hair nets during food preparation. During the observation of the facility's kitchen on 02/16/2022 at 11:58 a.m., OSM # 21, dietary aide, was observed entering the kitchen, walking		blade. After observ OSM # 12 stated the blade were wet and approximately one to water. OSM # 12 in processor lid, blade dish washer to be containing eight our were available for us preparation reach-in On 02/15/2022 at apobservation of the ir reach-in refrigerator bowls of salad coverevidence of a date as asked when the sala stated, "They were rhave been dated an 12 immediately remarkingerator and discontaining the observation." The facility's policy documented in part, Director / Cook(s) in stored properly in containing the observation. The facility staff fahair nets during food. During the observation 02/16/2022 at 11:58	ing the food processor bowl at the inside of the lid and that the bowl contained to two tablespoons of standing mediately removed the food and bowl and sent it to the leaned. failed to date two bowls aces of prepared salad that se in the facility's daily a refrigerator. proximately 10:40 a.m., an aside of the daily preparation facility's kitchen revealed two red with plastic wrap, with no available to be served. When add were prepared OSM # 12 made yesterday, they should daken out today." OSM # oved the salads from the arded them. Food Storage: Cold" "5. The Dining Services sures that all food items are overed containers, labeled ged in a manner to prevent." ailed to implement the use of a preparation. on of the facility's kitchen on a.m., OSM # 21, dietary aide,	Fi	812	designee will complete an autweekly x4 and the monthly x to ensure that the items on the food prep tables are properly cleaned and free of standing water. In addition, the Region Dietary Manager or designee complete an audit weekly x4 the monthly x two to ensure fridge is free of open items the are not dates Findings will be discussed with the QAPI committee on at least a quarter	dit two ne nal will and the	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER SIDE REHAB & NURS	ING CENTER		6	STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186	1 021	1112022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 812	tray preparation line on plates and lunch Further observation wearing a hair net. On 02/16/2022 at a interview was conducted with everyone in the kitchen should be wout of the food. On 02/17/2022 at 2: conducted with OSM hair nets. When OSM were wearing a hair kitchen earlier that obeing prepared OSM asked to describe the hair net OSM # 21 selfore entering the Interview of the kitchen earlier that of the facility's policy. The facility's policy Personnel document personnel must weat while in the kitchen of the conductor of risk management.	while food was being placed trays being assembled. revealed OSM # 21 was not exproximately 1:30 p.m., an acted with OSM # 12 f hair nets. OSM # 12 stated kitchen or who enters the earing a hair net to keep hair 00 p.m., an interview was at # 21 regarding the use of SM # 21 was asked if they net when they entered the lay when lunch trays were at # 21 stated, "No." When we procedure for the use of a tated that it should be put on citchen. Authorized Kitchen onted in part, "2. All authorized rappropriate head covering	F	312			
F 842 SS=D		on was provided prior to exit. Identifiable Information , 483.70(i)(1)-(5)	F 8	42			8

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
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		495267	B. WING	.—	<u></u>	02/	17/2022
	PROVIDER OR SUPPLIER SIDE REHAB & NURS	NG CENTER		61	TREET ADDRESS, CITY, STATE, ZIP CODE 14 HASTINGS LANE (ARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE .	(X5) COMPLETION DATE
F 842	§483.20(f)(5) Resid (i) A facility may not resident-identifiable (ii) The facility may resident-identifiable accordance with a cagrees not to use of except to the extent to do so. §483.70(i) Medical residentifiable accordance with a cagrees not to use of except to the extent to do so. §483.70(i) Medical residentifiable accordance with accordance with accordance in the second standard must maintain medit that are- (i) Complete; (ii) Accurately docur (iii) Readily accessit (iv) Systematically of second secon	ent-identifiable information. release information that is to the public. release information that is to an agent only in contract under which the agent disclose the information the facility itself is permitted ecords. ordance with accepted rds and practices, the facility cal records on each resident nented; ole; and rganized cility must keep confidential ined in the resident's records, m or storage method of the n release is- or their resident e permitted by applicable law; sayment, or health care itted by and in compliance	F&	842	F842/12VAC 5-371-140/12VA 371-360- Resident Records - Identifiable Information 1. Resident #53 was assessed an interviewed by nursing staff a interviewed by social services. The resident and provider we notified of bathing patterns at schedule. The resident's plan care was reviewed and updat to reflect their resident-specineeds. 2. Nursing staff performed assessments and interviews we residents and recorded result medical record. Nursing has notified residents, responsibly parties and provider of bathing patterns and schedule for residents. Nursing staff has ensured that care plan interventions are appropriate and address resident specific needs.	nd nd re nd of red fic vith sin	3/23/21

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		TEMENT OF DEFICIENCIES	ID	6	TREET ADDRESS, CITY, STATE, ZIP CODE 14 HASTINGS LANE VARRENTON, VA 20186 PROVIDER'S PLAN OF CORRECTION	N i	(X5)
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		(X5) COMPLETION DATE
F 842	§483.70(i)(3) The farecord information a unauthorized use. §483.70(i)(4) Medicifor- (i) The period of time (ii) Five years from the there is no requirem (iii) For a minor, 3 yelegal age under Staff §483.70(i)(5) The miles (ii) A record of the recipion o	acility must safeguard medical against loss, destruction, or all records must be retained be required by State law; or the date of discharge when the state law; or ears after a resident reaches the law. The discharge when the state is a sessments; sive plan of care and services and plogy and other licensed the services and other licensed the services and other diagnostic required under §483.50. This not met as evidenced the services are lawder services and other diagnostic required under §483.50. This not met as evidenced the services are lawder services and other diagnostic required under §483.50. This not met as evidenced the services are lawdered to document showers the services are lawdered to document showers the services are lawdered to the facility on 3's diagnoses included but secoliosis (abnormal lateral or espine) (1), pancreatitis pancreas usually caused by	F	842	 The Director of Nursing/designas educated clinical staff, including RNs, LPNs, CNA's at NAs regarding shower sched bathing preferences, and documentation. The education includes, but is not limited to importance of documentations showers and regular bathing. The Director of Nursing/designers will review ADL documentation and nurses notes five times weekly for six weeks to ensuth a showers are being provitoresidents as scheduled, and documentation is completed issues identified will be addressed immediately by Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions will be taken the Director of Nursing/designee appropriate actions. 	on on of control of co	Th.

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		495267	B. WING	3	02/	17/2022	
	PROVIDER OR SUPPLIER SIDE REHAB & NURSI			STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186			
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F 842	repeat certain acts of Resident #53's mos set) assessment, a assessment referent the resident as scor (brief interview for mother esident is not or daily decisions. Sec requiring limited ass A review of Resident plan dated 3/9/20, rean ADL (activity of diperformance deficitResident prefers to week) only on a regular reported incident) date conducted on 2/15/2 #53. When asked if Resident #53 stated week. I have not combut is getting better to few nursing aides the have been showering. The resident was obclothes, with hair cord. A review of the TAR record), for December February 2022, reveweeks from December 1.	or rituals) (3). Intercent MDS (minimum data quarterly assessment, with an ince date of 11/15/21, codeding 15 out of 15 on the BIMS nental status) score, indicating ognitively impaired for making of other for bathing. In #53's comprehensive care evealed in part, "Resident has failly living) self-care related to activity intolerance of shower 1X/week (once a ular basis." It ion of the FRI (facility and 11/10/22, an interview was 22 at 3:22 PM with Resident she had any other concerns, I, "I only want a shower every insistently been getting them, the last 3-4 weeks. I have a lat I like to work with and they are reserved wearing clean					
	documented to have	12/14/21, the resident was refused a shower.					

STATEMENT OF DEFICIENCIES (X	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		TE SURVEY MPLETED
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NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NÜRSIN	G CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186	1 02	<u>/17/2022</u>
PRÉFIX (EACH DEFICIENCY M	MENT OF DEFICIENCIES IUST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFI TAG		IULD BE	(X5) COMPLETION DATE
PM with CNA (certifier staffing coordinator. It is showers to Resident It the Resident likes me particular and only wa weekly. That is her pubath." When shown to December 2021, Januasked what the blank mean, CNA #1 stated wasn't documented, I because we work well just not documented." On 2/16/22 at 5:16 PM member) #1, the admidirector of nursing and risk management, quamade aware of the ab No further information References: (1) Barron's Dictionary Non-Medical Reader, Chapman, page 519. (2) Barron's Dictionary Non-Medical Reader, Chapman, page 430. (3) Barron's Dictionary Non-Medical Reader, Chapman, page 409.	ducted on 2/16/22 at 4:00 d nursing assistant) #1, the When asked if she provided #53, CNA #1 stated, "Yes, to bathe her. She is very ants certain staff to bathe her reference for a weekly the ADL sheets for uary and February 2022 and holes in documentation I, "If it wasn't charted it just know I did her showers, I together. They were done, I together. They were done, I was provided prior to exit. I was provided prior to exit. I was provided prior to exit. I of Medical Terms for the 7th edition, Rothenberg and I of Medical Terms for the 7th edition, Rothenberg and I of Medical Terms for the The dition, Rothenberg and I of Medical Terms for the The dition, Rothenberg and I of Medical Terms for the The dition, Rothenberg and I of Medical Terms for the The dition, Rothenberg and I of Medical Terms for the The dition, Rothenberg and I of Medical Terms for the The dition, Rothenberg and I of Medical Terms for the The dition, Rothenberg and I of Medical Terms for the The dition, Rothenberg and I of Medical Terms for the The dition, Rothenberg and I of Medical Terms for the The dition, Rothenberg and I of Medical Terms for the The dition, Rothenberg and I of Medical Terms for the The dition, Rothenberg and I of Medical Terms for the The dition, Rothenberg and I of Medical Terms for the The dition of Medical Term	F8	342		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LTIPLE CONSTRUCTION DING	(X3	(X3) DATE SURVEY COMPLETED	
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	available in the stood Resident #11 was a 12/16/2020 with a dialure and asthma. (minimum data set) an ARD (assessment 11/30/2021, the resident for making daily decompled for making daily decompled for making daily decompled for making daily decompled for making daily decompled for making daily decompled for making daily decompled for making daily decompled for making daily decompled for making daily decompled for making daily decompled for making daily decompled for making daily decompled for decompled for decompled for making daily decompled for decompled for making daily decompled for decompled for making daily decompled for decompled for making daily decompled for decompled for making daily decompled for making daily decompled for making daily decompled for making daily decompled for making daily decompled for making daily decompled for making daily decompled for making daily da	dmitted to the facility on iagnosis of chronic respiratory. On the most recent MDS, an annual assessment with the reference date) of dent scored a 15 out of 15 on view for mental status), and it is not cognitively impaired disions. dated, 1/21/2021 as Packet (Nutritional as a dietary management of (1); Give 1 packet by mouth ysuria for 14 days." Start date 1/22/2022. Ary 2022 MAR (medication d) documented the above 1/22/2022 through 1/28/2022 gh 1/31/2022, a "9" was hart Code for "9" indicated notes." ary 2022 MAR documented order. On 2/1/20221, 22, a "9" was documented. Ar 1/22/2022 at 1:29:37 a.m., 1/24/2022 at 9:59 0:54 a.m., 1/26/2022 at 1:06 0:33 a.m., 2/1/2022 at 11:56 0:33 a.m., 2/1/2022 at 1:45	F	842			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	700201		_	STREET ADDRESS, CITY, STATE, ZIP CODE	02/	17/2022
	SIDE REHAB & NURS	NG CENTER		•	614 HASTINGS LANE WARRENTON, VA 20186		
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	documented, "Not a stock." The comprehensive and revised on 3/21 documentation relat or dysuria. On 2/16/2022 at 5:4 to ASM #1, the adm manifest of the deliv Resident #11. An interview was co a.m. with ASM (adm the director of nursir if a medication is no at the scheduled tim the pharmacy, then asked if the nurse himedication is not av they have to call the and the RP (respons presented an email 2/16/2022 at 7:33 p. "This is an OTC (overofile only, and is not delivered." When as 1/29/2022 and 2/2/2 that it was administed likely was not given as when asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #2 stated, "No." When asked if that it #3 stated, "No." When asked if that it #4 stated it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed likely was not given it was administed	care plan dated, 12/17/2020 /2021 failed to evidence ed to the urinary tract system 9 p.m., a request was made inistrator, for the pharmacy very of the UtyMax for Inducted on 2/17/2022 at 8:36 inistrative staff member) #2, ng. When asked the process t available for administration ne, ASM #2 stated first we call check the stat box. When as to notify someone if a ailable, ASM #2 stated, yes, doctor or nurse practitioner sible party). ASM #2 from the pharmacy dated m. The email documented, er the counter), shown as ot something that we ked how the nurse on 022 was able to document ared, ASM #2 stated, "It most since it wasn't in the facility." s an accurate record, ASM en asked if the nurse was w, ASM #2 stated it was an no longer comes to the	F	842			
	documentation of the						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	493201	D. WING	=	TOUTH ADDRESS OF A STATE TO SORE	02/	17/2022
	SIDE REHAB & NURS	ING CENTER		6	STREET ADDRESS, CITY, STATE, ZIP CODE 14 HASTINGS LANE VARRENTON, VA 20186		
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	medication. ASM #1, the admini of nursing and ASM management, qualit were made aware of 2/17/2022 at 12:25. No further information and the facility document recomplaint investigate the facility staff failer accurate clinical recomplaint investigate the survey sample, if the survey sample, if the findings included the survey sample, if the findings included the survey sample, if the findings included the survey sample, if the findings included the survey sample, if the findings included the survey sample, if the findings included the survey sample, if the findings included the survey sample, if the findings included the survey sample, if the findings included the survey sample, if the findings included the survey sample, if the findings included the survey sample findings included the survey sample findings included the survey sample findings included the survey sample findings included the survey sample findings included the survey sample findings included the survey sample findings included the survey sample, if the	strator, ASM #2, the director #3, the director of risk by assurance and compliance, if the above concern on p.m. on was obtained prior to exit. view, clinical record review, view, and in the course of a ion, it was determined that d to ensure a complete and ord for 3 of 44 residents in Residents #700, #53 and #11. d to ensure a complete and ord for Resident #700 for a critical laboratory test admitted to the facility on reged on 1/12/22. The gnoses of but not limited to bulmonary disease, ia, pancreatic insufficiency, pendence, depression, anxiety disorder, hepatitis, and prostate malignancy. MDS (minimum data set), a at with an ARD (assessment)		342			
	reference date) of 11 15 out of 15 on the E	I/12/21, the resident scored BIMS (brief interview for ting the resident is not				2	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	ILTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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F 842	Cognitively impaired During a review of a following was noted " A review of the BMP (Basic Metabo follows: Collected 1 1/22/21 at 9:16 PM. glucose level of 110 called to [facility nur by [lab staff membe There was no docur regarding this report was initiated. " Further review of an order dated 10/2 meals and at bedtim (blood glucose) <70 (greater than 400)." MAR (Medication Acrevealed that on the PM a glucose level of the expension of the EMS (Ereport dated 1/23/21 that EMS was at the "Primary Impression - Diabetic." In additing the patient was a 6 Complaint of High blood in the patient was a 6 Complaint of High blood in the patient was a 6 Complaint of High blood in the patient was a 6 Complaint of High blood following was not detailed the patient was a 6 Complaint of High blood in the patient was a 6 Complai	for making daily decisions. a complaint investigation, the clinical record revealed a dic Panel) (1) result dated as dic Panel (1) result dated as dic Panel (1) result dated	F	842			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING				(X3) DATE SURVEY COMPLETED	
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	BGL (blood glucose on one of their meter "Hi." None of the above fregarding the assess by the facility was declinical record. "A review of the nurse's note dated focumented, "Per National Resident sent to Early of building at this time. The above note evice practitioner was note implied that some ty monitoring had occur details were documed. On 2/17/22 at 8:22 A conducted with RN stated that the clinical and accurate regard elevated glucose and monitoring was conducted. A review of the facility Documentation documented. A review of the facility Documentation documented care plant.	rom the EMS record sing and monitoring provided ocumented in the facility's clinical record revealed a 1/23/21 at 4:39 AM IP (nurse practitioner). If or elevated glucose.out (sic) ine." Idenced that the nurse fied at some point, and pe of assessing and irred, but none of those ented in the clinical record. AM, an interview was if (Registered Nurse). She all record was not complete ing the scenario with the d what assessing and ducted. She stated that all ment should have been by policy, "Charting and umented: Id to the resident, progress goals, or any changes in the	F	342	DEFICIENCY)			
	psychosocial condition	hysical, functional, or on, will be documented in the cord. The medical record will tion between the						

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	NG CENTER		614	REET ADDRESS, CITY, STATE, ZIP CODE 4 HASTINGS LANE ARRENTON, VA 20186	1 021	1112022
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F 842	interdisciplinary teal condition and responsible. 2. The following in documented in the real conditions and responsible. Medications addictions and contract of the end of the	m regarding the resident's nse to care formation is to be resident medical record: vations; ministered; rervices performed; resident's condition; s, or accidents involving the d or changes in the care plan s." M, ASM #1, #2, and #3 Member), the Administrator, and the Director of Risk	F8	42			
F 880 SS=D	infection prevention designed to provide comfortable environt development and tradiseases and infection §483.80(a) Infection program. The facility must esta	& Control)(2)(4)(e)(f) ontrol ablish and maintain an and control program a safe, sanitary and ment and to help prevent the insmission of communicable	F 8	30			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	021	17/2022
BROOK	SIDE REHAB & NURS	ING CENTER		l l	14 HASTINGS LANE VARRENTON, VA 20186		
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F 880	reporting, investigate and communicable staff, volunteers, vis providing services of arrangement based conducted according accepted national si §483.80(a)(2) Writter procedures for the put are not limited to (i) A system of surver possible communications before the persons in the facility (ii) When and to who communicable disease reported; (iii) Standard and trate to be followed to president; including by (A) The type and dudepending upon the involved, and (B) A requirement the least restrictive possicircumstances. (v) The circumstance must prohibit employed disease or infected secontact with resident contact will transmit (vi) The hand hygiene	tem for preventing, identifying, ing, and controlling infections diseases for all residents, iitors, and other individuals under a contractual upon the facility assessment g to §483.70(e) and following tandards; en standards, policies, and program, which must include, or eillance designed to identify able diseases or ey can spread to other sy; or possible incidents of ase or infections should be used for a ut not limited to: ration of the isolation, infectious agent or organism at the isolation should be the sible for the resident under the es under which the facility yees with a communicable skin lesions from direct to so their food, if direct	F	380			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	§483.80(a)(4) A sysidentified under the corrective actions to §483.80(e) Linens. Personnel must har transport linens so a infection. §483.80(f) Annual resolution of the facility will condid the facility will condid the facility will condid the facility will condid the facility will condid the facility will condid the facility will condid the facility will condid the facility will condid the facility will condid the facility will condid the facility will condid the facility will condid the facility of the facility will condid the facility of the facility will condid the facility of t	tem for recording incidents facility's IPCP and the sken by the facility. Idle, store, process, and as to prevent the spread of eview. In the series of th	F 880	F880 DPOC/ Infection Prevention Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) 1.) Resident #207 returned to his recommon and intervention prevention and intervention plan consistent with requirements of 42 CFR 483.80 his been implemented for all facility residents. 3.) The Director of Nursing/designe educated all direct care staff regionary quarantining of new residents. 4.) The Director of Nursing/designe conduct daily rounds weekly for weeks and then monthly for two months to ensure staff is appropriately ensuring the quarantining of newly admitted residents as determined by the residents' vaccination status. The Director of Nursing/designee will identify any trends and/or patter and additional education and trait will be provided to employees or ongoing basis. Findings will be discussed with the QAPI committed.	h the has arding e will	3/23/22
		admitted to the facility on noses of but not limited to bulmonary disease.		at least a quarterly basis.		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	Wernicke's encephal blood pressure, and not yet been completed to persure and oriented to persure and oriented to persure and oriented to persure and oriented to persure and oriented to persure admission, to prever admission, to prever admission, to prever admission, to prever admission, to prever admission, to prever admission, to prever admission, and the resident's room the rest of the unit, and on isolation. A review of the clinical COVID-19 test dated that resulted in a new tests since admission. On 2/15/22 at 12:25 a mask, unzipped the wall, and came throughly and came throughly and stood are couple of minutes. Then he temporary wall and wit. After less than 1 to behind the temporary went down the hall to from the nurses' stationed in the nurses' stationed in the nurses' stationed the nurses' stationed in the nurses' stationed	alopathy, dysphagia, high d alcohol abuse. An MDS had eted at the time of the survey. Sing assessment dated d the resident as being alert son only. a newly admitted resident, raccinated for COVID-19, who arm" unit for temporary ation purposes as a new ant the spread of a potential. The isolation unit was set up stic, zippered wall that divided at the end of the hallway from and from residents who were cal record revealed a d 2/10/22 (date of admission) gative result. No additional	F	880			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE	021	1112022	
BROOK	SIDE REHAB & NURS	ING CENTER		614 HASTINGS LANE WARRENTON, VA 20186			-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE	(X5) COMPLETION DATE	
F 880	staff member to sit is a table where 3 other isolation were eating member provided he Resident #207 remote to eat lunch. At 12:4 out of the dining roothall to the temporarisolation unit to his run on 2/15/22 at approinterview was conducterview was conducterview was conducterview. She stated isolation (warm) unimeals in their rooms stated that they were isolation area. She to leave the isolation return to the isolation on 2/17/22 8:22 AM conducted with RN #207 should not have the dining room whill that attempts were run member but they co stated that there had in the facility as well one of them. On 2/17/22 7:29 AM with RN #3 (Registe Preventionist. When observation, she stabe having meals in tresidents. He is a neighbor of them.	in a chair less than 6 feet from er residents who were not on g. The unidentified staff is tray on an over bed table. oved his mask when he began is PM he got up and walked on and went back down the y wall, and entered the room. Eximately 3:40 PM, an an acted with RN #5 (Registered that the residents in the tare supposed to eat their is, on the isolation unit. She is not supposed to leave the stated that when they attempt in area, they are reminded to	F 8	380				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495267	B. WING			1	C
NAME OF	PROVIDER OR SUPPLIER	493207	B. 11114G		REET ADDRESS, CITY, STATE, ZIP CODE	02/	17/2022
	SIDE REHAB & NURS	ING CENTER		614	HASTINGS LANE ARRENTON, VA 20186		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	On 2/16/22 at 5:45 procedures for residisolation was requestional procedures for residisolation was requestional procedures for residisolation was requestional procedures for residing to the Cempliance, were numbered to the Cempliance, were numbered to the Cempliance of Transcription of the Cempliance of Transcriptional procedures for the Cempliance of Transcription of the Cempliance of Transcription of the Cempliance of Transcription of the Cempliance of Transcription of the Cempliance of Transcription of the Cempliance of Transcription of Tra	PM a policy regarding dining dents who were on COVID sted. None was provided. M, ASM #1, #2, and #3 f Member), the Administrator, and the Director of Risk dy Assurance and sotified of the concern. No was provided by the end of the member of the facility and for residents contact with someone with on if they are not up to date and COVID-19 vaccine quarantine is not needed for ents who are up to date with the doses or who have RS-CoV-2 infection in the prior acceptions are described in the some of these residents as described in the testing ince	F	380			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		495267	B. WING				C 02/17/2022		
NAME OF PROVIDER OR SUPPLIER BROOKSIDE REHAB & NURSING CENTER (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			STREET ADDRESS, CITY, STATE, ZIP CODE 614 HASTINGS LANE WARRENTON, VA 20186 ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)				DN (X5) DBE COMPLETION		
F 947 F 947 SS=D	Required In-Service CFR(s): 483.95(g)(§483.95(g) Require aides. In-service training in §483.95(g)(1) Be su continuing compete be no less than 12 I §483.95(g)(2) Include training and resident \$483.95(g)(3) Addred determined in nurse and facility assessm address the special determined by the fifth \$483.95(g)(4) For into individuals with coaddress the care of This REQUIREMEN by: Based on staff interreview it was determ falled to ensure that assistant) records reannual training. The evidence that CNA sannual abuse training. The findings include On 2/16/22 at approof the facility's CNA	Training for Nurse Aides 1)-(4) d in-service training for nurse nust- ufficient to ensure the nce of nurse aides, but must nours per year. de dementia management at abuse prevention training. ess areas of weakness as a aides' performance reviews nent at § 483.70(e) and may needs of residents as acility staff. urse aides providing services ognitive impairments, also the cognitively impaired. IT is not met as evidenced view and employee record nined that the facility staff 1 of 3 CNA (certified nursing eviewed received the required facility failed to provide to received the required facility failed to provide to received the required facility failed to provide to received the required facility failed to provide to received the required facility failed to provide to received the required facility failed to provide to received the required facility failed to provide to received the required facility failed to provide to received the required facility failed to provide		047	F947/VAC 5-371-260 (Required In-Service Trafor Nurse Aides 1. The facility has complete abuse training for CNA # 2. An audit of annual abuse has been completed for currently employed by the facility. Any variances for been corrected and all cuemployed CNAs have had abuse training. 3. Nursing management and Resources staff were reson the importance of corrannual CNA abuse training education included, but a limited to, procedure for conducting the annual abuse training and identifying a CNA performance require additional in-service educational i	d anno training training of CNA e und ha irrentl d anno d Hum educating ducting for The was no ouse reas o	ual ng As ave ly ual nan ted ng e	3/13/10	

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NAME OF PROVIDER OR SUPPLIER				,=	STREET ADDRESS, CITY, STATE, ZIP CODE	02/	17/2022	
BROOKSIDE REHAB & NURSING CENTER			614 HASTINGS LANE WARRENTON, VA 20186					
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F 947	for review did not confor 2021. Review of CNA #5's documented a hire of transcript document and Reporting Residuals 1/8/2010, 10/11/201 On 2/17/22 at 5:10 pmember) #7, human that they did not have training for CNA #5 acknowledging receand mandated report of 2/17/22 at 7:30 acknowledging receand mandated report of 2/17/22 at 7:30 acknowledging receand mandated report of 2/17/22 at 7:30 acknowledging receand mandated report of 2/17/22 at 7:30 acknowledging receand mandated report of 2/17/22 at 7:30 acknowledging receand mandated report of 2/17/22 at 7:30 acknowledging receand mandated report of 2/17/22 at 7:30 acknowledging backnowledging back	training transcript date of 6/29/09. The date of 6/29/09. The ded "Preventing, Recognizing, dent Abuse" completed on 2 and 3/15/2015. D.m., OSM (other staff in resource manager, stated de any evidence of abuse except for a signature dipt of the facility abuse policy rer status dated 7/1/2021. D.m., an interview was dedininistrative staff dector of nursing. ASM #2 detill worked at the facility as	F	947	4. The Director of Nursing/Desi will perform an audit of annu CNA abuse training weekly for weeks and then monthly for months to ensure that the reviews are completed, and service education is provided. The Director of Nursing/desi will identify any trends and/o patterns and additional education and training will be provided on an ongoing basis. Findings will be discussed with the QAPI committee on at leas quarterly basis.	ual or 6 3 in- d. ignes		

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