PRINTED: 11/15/2022 FORM APPROVED OMB NO. 0938-0391

AND DLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG	ľ	(X3) DATE SURVEY COMPLETED	
		495227	B. WING			С
NAME OF P	ROVIDER OR SUPPLIER	493221	B: WiiNO	STREET ADDRESS, CITY, STATE, ZIP CODE		10/19/2022
WESTPOR	RT REHABILITATION AN	D NURSING CENTER		7300 FOREST AVE RICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ( (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	DATE
E 000	Initial Comments		EC	000		
F 000	survey was conducte 10/14/2022 and 10/1 The facility was in su	nergency Preparedness ed 10/11/2022 through 7/2022 through 10/19/2022. bstantial compliance with 42 equirement for Long-Term	FC	000		
	survey was conducte	edicare/Medicaid standard ed 10/11/2022 through 7/2022 through 10/19/2022.				
	survey. (VA0005636 deficiency; VA000553 deficiency; VA000553 deficiency; VA000563 deficiency; VA000555 related deficiency; VA000555 related deficiency; VA000 without deficiency; VA000 without deficiency; VA000563 deficiency; VA000554 deficiency; VA000555 deficiency; VA000555 deficiency; A000556 deficiency; VA000556 deficiency; VA000566 deficiency; VA000556 deficiency; VA000566 deficie					
	requirements. The L survey/report will follo	ife Safety Code				
		e survey. The survey sample				
ABORATORY	DIRECTOR'S OR PROVIDER/	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	TITLE		(X6) DATE

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

**Electronically Signed** 11/07/2022

Facility ID: VA0270

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		495227	B. WING		4.	C	
NAME OF PROVIDER OR SUPPLIER  WESTPORT REHABILITATION AND NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 7300 FOREST AVE RICHMOND, VA 23226		10/19/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 000 F 550 SS=D	closed record reviews Resident Rights/Exer CFR(s): 483.10(a)(1)	nt resident reviews and 17 s. rcise of Rights (2)(b)(1)(2)	F 00			11/15/22	
	self-determination, ar access to persons ar	Rights. ght to a dignified existence, nd communication with and nd services inside and cluding those specified in					
	with respect and digr resident in a manner promotes maintenand	and in an environment that ce or enhancement of his or ognizing each resident's lity must protect and					
	access to quality care severity of condition, must establish and m practices regarding to	cility must provide equal e regardless of diagnosis, or payment source. A facility naintain identical policies and ransfer, discharge, and the under the State plan for all of payment source.					
		right to exercise his or her fthe facility and as a citizen					
	resident can exercise	cility must ensure that the his or her rights without n, discrimination, or reprisal					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		495227	B. WING			C <b>0/19/2022</b>
NAME OF P	ROVIDER OR SUPPLIER	10022	<del></del>	STREET ADDRESS, CITY, STATE, ZIP CODE		0/19/2022
	101.52.1 01.1 00.1 2.2.1			7300 FOREST AVE		
WESTPOR	RT REHABILITATION AN	D NURSING CENTER		RICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 550	Continued From page	e 2	F 5	50		
F 550	§483.10(b)(2) The restree of interference, or reprisal from the facility rights and to be supplexercise of his or her subpart.  This REQUIREMENT by:  Based on observation document review, and was determined that maintain dignity for two survey sample, Resident #130 failed to cover the reston 10/11/22.  On the most recent May quarterly assessment reference date) of 9/1 being moderately cog daily decisions, having the BIMS (brief interviews coded as requiring of two staff members).  On 10/11/22 at 2:03 pubed. The door to the and the resident coulc hallway. R130 had no body, and was wearing the supplemental to the supplem	sident has the right to be coercion, discrimination, and ity in exercising his or her orted by the facility in the rights as required under this is not met as evidenced on, staff interview, facility diclinical record review, it the facility staff failed to wo of 78 residents in the dents #130 and #54.  (R130), the facility staff sident's exposed lower body  MDS (minimum data set), a the with an ARD (assessment 14/22, R130 was coded as gnitively impaired for making ag scored eight out of 15 on riew for mental status). R130 and the extensive assistance	F 5	The statements made in the following plan of correction are for the alleg deficiencies. The facility sets forth following plan of correction to rem compliance with all federal and staregulations. The facility has taker take the actions set forth in the placorrection. The following plan of correction constitutes the facility allegation of compliance. All allegationed deficiencies cited have been or with corrected by the date or dates and F550 Resident Rights /Exercise on 1. Staff is providing privacy for for following plan of the following privacy for for fol	ed in the ain in ate in or will an of sed il be icated. If rights Resident posed. Ith her ered to otential to e all facility to call with	
	they walked by the re members passed by four of these observa			utilization of privacy curtains, and of meal trays to rooms of resident requiring additional assistance wit feeding.	delivery s	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		495227	B. WING	_			C
NAME OF D	DOVIDED OD CUIDDUED	493221	B. WING_		TREET ADDRESS CITY STATE ZID CODE	10/	19/2022
	ROVIDER OR SUPPLIER	AND NURSING CENTER		73	TREET ADDRESS, CITY, STATE, ZIP CODE  300 FOREST AVE  RICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 550	door. At 2:14 p.m., light outside R130's minutes it took for a call bell, ten staff in door without acknow inside to assist R13 door during these finterviewable.  A review of R130's updated 6/13/22 reto treating the resident for treating the resident should be doody is exposed to stated she would gresident is safe. Shresident. She stated dignity to be expose the resident's door on 10/17/22 at 1:3 assistant) # 4 was observed an expose she would stop where sident. She stated seeing me half dreating me half dreating the resident exposed to resident's doorway.  On 10/17/22 at 5:0 staff member) #1, if regional director of regional nurse nav	Cone visitor also passed the R130 rang the call bell. The serior it up. In the four a staff member to answer the nembers passed by R130's owledging the call bell or going 30. One visitor passed R130's four minutes. R130 was not care plan dated 4/12/22 and evealed no information related dent with dignity.  15 p.m., LPN (licensed was interviewed. When asked the for a resident whose lower or view from the hallway, she on in and make sure the fine stated she would cover the did it is a violation of a resident's fixed to others as they pass by way.  9 p.m., CNA (certified nursing interviewed. She stated if she sed resident from the hallway, at she was doing and cover the did: "I would not want anybody ssed." She stated it is not of a resident to leave the oview as others pass by the	F	550	<ol> <li>The Unit Managers or designee will observe 5 x weekly to ensure residents have their dignity maintained. The Unit Manager or designee will observe 3 x weekly those residents who require feeding assistance to ensure trays are left in room.</li> <li>Once the QAPI committee determine the problem no longer exists, the review will be completed on a random basis. Administrator or Director of Nursing are responsible for implementation of the profice of correction.</li> <li>Date of Compliance: 11/15/2022</li> </ol>	not ines ws The	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495227	B. WING _				C <b>19/2022</b>
	ROVIDER OR SUPPLIER	D NURSING CENTER		7300 FOR	DDRESS, CITY, STATE, ZIP CODE REST AVE DND, VA 23226	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 550	nursing, ASM #6, the ASM #7, the vice pre informed of these cor A review of the facility. Dignity," revealed, in cared for in a manner enhances quality of lindividuality. Policy Ir Implementation  1. Residents shall be respect at all times.  2. "Treated with dignibe assisted in maintain her self-esteem and some sufficient with the promote dignity du R54's most recent Miguarterly assessment reference date) of 08 aut of 15 on the BII status) assessment, imoderately impaired Section G documente assistance of one per On 10/12/2022 at 8:3 made of R54 in their tray was observed sit the right of the bed. It is tray were observed to staff were observed it staff member entered.	assistant administrator, and sident of operations, were neems.  / policy, "Quality of Life - part: "Each resident shall be that promotes and fe, dignity, respect and aterpretation and treated with dignity and treated with dignity and treated with dignity and twy" means the resident will ining and enhancing his or self-worth."  In was provided prior to exit. (R54), the facility staff failed ring dining.  DS (minimum data set), a twith an ARD (assessment /9/2022, the resident scored MS (brief interview for mental indicating the resident was for making daily decisions. ed R54 requiring extensive	F	550			

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		495227	B. WING		C 10/19/2022		
	ROVIDER OR SUPPLIER	AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	10/10/2022		
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F 550	made of R54 in the made to interview R cognitive status the cognitive status the the made to interview R cognitive status the the cognitive status the the cognitive status the the cognitive status the the cognitive status is at nutritional risk weight loss, dysphacerebral infarction, obstructive pulmon HTN/HLD (hypertedementia, gout, was (significant) wt (weight 1/02/2017. Revisi "Interventions" it do feed meals. Create on: 09/08/2022"  On 10/17/2022 at 1 conducted with LPI LPN #8 stated that trays at the bedside feed themselves. I supposed to leave they were ready to bring it into the room to feed the resident dignity issue for the want to serve the reliable to the conducted with CN conducted with CN	2:35 a.m., an observation was ir room. An attempt was R54, however due to their interview was not completed.  2: care plan for R54 dated ented in part, "Nutrition: [R54] RT (related to) hx (history) of agia (1) s/p (status post) hemiplegia, COPD (chronic ary disease), asthma, nsion/hyperlipidemia), sting/atrophy, hx sig ight) loss/gain. Created on: ion on: 08/29/2022." Under ocumented in part, "Assist to ed on: 12/20/2020. Revision  2:35 p.m., an interview was N (licensed practical nurse) #8. staff should not leave meal e of residents who could not LPN #8 stated that staff were the trays on the meal cart until feed the resident and then m and sit down at the bedside to LPN #8 stated that it was a resident and also they did not esident cold food from leaving in.	F 550				
	dignity issue for the want to serve the re it sitting in the room  On 10/17/2022 at 4 conducted with CN #1. CNA #1 stated out the meal trays to order that they were	e resident and also they did not esident cold food from leaving n. e:05 p.m., an interview was					

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		10/13/2022	
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F 550	feed their resident armeal cart. CNA #1 sto leave the tray on the ready to go to the roo CNA #1 stated that the get cold from sitting to see the tray and feed them.  On 10/17/2022 at aperiam (administrative staffing administrator, ASM #10 clinical services, ASM nursing, ASM #5, the the assistant administration of the	and some left the trays on the stated that their practice was the meal cart until they were of and feed the resident. They would not want the food go in the room or the resident seel like no one was going to a proximately 4:59 p.m., ASM member) #1, the fig. the regional director of a director of nursing, ASM #6, strator and ASM #7, the vice has were made aware of the mass provided prior to exit.  In swallowing. This ined from the website: ov/swallowingdisorders.html  In (3)(8)  In mination.  In right to and the facility must be resident self-determination sident choice, including but the specified in paragraphs (f)	F 5			11/15/22	

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NAME OF PI	ROVIDER OR SUPPLIER	10022		STREET ADDRESS, CITY, STATE, ZIP CODI		1/19/2022	
				7300 FOREST AVE			
WESTPOR	RT REHABILITATION AN	D NURSING CENTER		RICHMOND, VA 23226			
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F 561	Continued From page	e 7	F 5	61			
	care services consist assessments, and pla applicable provisions						
		sident has a right to make ts of his or her life in the cant to the resident.					
	with members of the	sident has a right to interact community and participate in both inside and outside the					
	religious, and communinterfere with the right facility. This REQUIREMENT	sident has a right to ctivities, including social, unity activities that do not ts of other residents in the					
	interview, clinical reco document review, it we facility staff failed to he make choices about to living) care for two of	on, resident interview, staff ord review, and facility was determined that the nonor a resident's right to their ADL (activities of daily 78 residents in the survey 95 and Resident #140.		F561 Self-Determination  1. Resident #195 and #140. residents□ plan of care update indicate preference of shower  2. Current residents have the beaffected.  3. The Staff Development Codesignee will educate all licen	ed to s. he potential to coordinator or		
	The findings include:	5 (R195), the facility staff		and nursing management on to ensure preferences for bath discussed upon admission to	the process ning is		
	failed to provide show	vers as per their preference.		changes in resident preference of care updated.			
	5-day admission asse (assessment reference resident scored 15 ou interview for mental s	ce date) of 9/30/2022, the ut of 15 on the BIMS (brief		4. The Director of Nursing o will review new admissions/re weekly for scheduling of bathi to ensure that the resident pre are honored, and care planne	admissions ng/showers eferences		

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		495227	B. WING _			1	C <b>19/2022</b>
NAME OF PI	ROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	19/2022
WESTBOR	T DELLA DIL ITATIONI ANI	D NUDOING CENTED		73	300 FOREST AVE		
WESTPOR	RT REHABILITATION AN	D NURSING CENTER		R	ICHMOND, VA 23226		
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F 561	Continued From page	e 8	F 5	561			
		documented R195 being			5. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines		
	conducted with R195 that they had only red admitted to the facility shower. R195 stated a shower if the staff w stated that they felt the	8 a.m., an interview was in their room. R195 stated seived bed baths since being and had not been offered a that they would love to have would offer it to them. R195 at the staff were too busy to m a shower and the bed em.			problem no longer exists, the reviews of be completed on a random basis. The Administrator/Director of Nursing are responsible for implementation of the pof correction.  6. Date of Compliance: 11/15/2022	vill	
	9/19/2022 documente an ADL selfcare perfo to) Confusion, Impair Created on: 09/19/20 09/26/2022." Under ' documented in part, " The resident is able to	'Interventions" it BATHING/SHOWERING: o shower with 1 person n. Created on: 09/19/2022.					
	9/1/2022-9/30/2022 fo "ADL-Bathing (Prefer documented a bed ba	ath given on 9/29/2022 and ovidence documentation of					
	10/1/2022-10/31/2022 part, "ADL-Bathing (F documented a bed ba 10/6/2022, 10/7/2022	athing documentation for 2 for R195 documented in Prefers: Shower)" It ath given on 10/5/2022, , and 10/10/2022. It failed to cion of a bath or shower on					

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	ROVIDER OR SUPPLIER	AND NURSING CENTER	7	TREET ADDRESS, CITY, STATE, ZIP CODE 300 FOREST AVE RICHMOND, VA 23226	,	
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F 561	conducted with LPI LPN #8 stated that times a week and of (certified nursing at LPN #8 stated that that they followed for residents were schassigned days. LP were offered a shorefused the shower resident refused the was documented in On 10/17/2022 at 10 conducted with LPI showers were give #11 stated that if a the CNA let them k resident. LPN #11 offered if the reside #11 stated that all rishowers.  On 10/17/2022 at 2 conducted with CN showers or bed bar	2:35 p.m., an interview was N (licensed practical nurse) #8. showers were given three documented by the CNA's esistants) in the computer. they had a shower schedule or the CNA's to know which eduled for showers on their N #8 stated that all residents wer and a bed bath if they are shower and the bed bath it in the medical record.  :40 p.m., an interview was N #11. LPN #11 stated that in three times a week. LPN resident refused their shower now and they talked to the stated that a bed bath was ent refused the shower. LPN esidents should be offered	F 561	DEFICIENCY)		
	a shower schedule which residents we each day. CNA #1 offered a shower fit tolerate the shower residents preferred refused the shower who refused their shath and the nurse	CNA #1 stated that they had that they followed to know re scheduled for their showers stated that all residents were st unless they were unable to CNA #1 stated that some a bed bath due to pain and CNA #1 stated that residents howers were offered a bed was made aware. CNA #1 y had one resident that they				

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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		10/19/2022	
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F 561	was not R195.  The facility policy, "RDecember 2016 doc and state laws guara all residents of this fathe resident's right to informed of, and parplanning and treatmed.  On 10/17/2022 at ap #1, the administrator director of clinical sedirector of nursing, Anursing, ASM #6, the ASM #7, the vice premade aware of the converse of the con	Resident Rights" dated umented in part, "Federal antee certain basic rights to acility. These rights include orself-determinationbe ticipate in, his or her care ent"  Approximately 4:59 p.m., ASM or, ASM #2, the regional rvices, ASM #4, the assistant assistant administrator and esident of operations were oncern.  In was presented prior to exit.  O (R140), the facility staff wers as per their preference.	F 5				
	reference date) of 9/12 out of 15 on the Emental status), indication moderately impaired Section G document dependent on two or bathing.  On 10/12/2022 at 9:2 conducted with R140 that they preferred to than a bed bath. R1	ent with an ARD (assessment 16/2022, the resident scored BIMS (brief interview for ating the resident was for making daily decisions. ed R140 being totally more staff member for 21 a.m., an interview was 0 in their room. R140 stated or receive a shower rather 40 stated that they had as since being admitted to the					

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	ROVIDER OR SUPPLIER  RT REHABILITATION A	ND NURSING CENTER	7:	TREET ADDRESS, CITY, STATE, ZIP CODE 300 FOREST AVE LICHMOND, VA 23226	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 561	stated that the staff did not offer a show  The comprehensive 9/13/2022 documer of daily living): [R14 performance deficit Intolerance, left fem weakness, difficulty (osteoarthritis), abnuarthropathies in other and atrophy, multipl 09/13/2022. Revisic "Interventions" it document in the light of the state on: 09/13/2 Review of the ADL-9/1/2022-9/30/2022 "ADL-Bathing (Preference of the show when a full bath or some created on: 09/13/2 Review of the ADL-9/1/2022-9/30/2022 "ADL-Bathing (Preference of the show when a full bath or some created on: 09/13/2 Review of the ADL-9/1/2022-9/30/2022 "ADL-Bathing (Preference of the show when a full bath or some created on: 09/13/2 Review of the ADL-9/1/2022-9/30/2022 "ADL-Bathing (Preference of the show when a full bath or some created on: 09/13/2 Review of the ADL-9/1/2022-9/30/2022 "ADL-Bathing (Preference of the show when a full bath or some created on: 09/13/2 Review of the ADL-9/1/2022-9/30/2022 "ADL-Bathing (Preference of the show when a full bath or some created on: 09/13/2 Review of the ADL-9/1/2022-9/30/2022 "ADL-Bathing (Preference of the show when a full bath or some created on: 09/13/2 Review of the ADL-9/1/2022-9/30/2022 "ADL-Bathing (Preference of the show when a full bath or some created on: 09/13/2 Review of the ADL-9/1/2022-9/30/2022 "ADL-Bathing (Preference of the show when a full bath or some created on: 09/13/2 Review of the ADL-9/1/2022-9/30/2022 "ADL-Bathing (Preference of the show when a full bath or some created on: 09/13/2 Review of the ADL-1/2022-9/30/2022 "ADL-Bathing (Preference of the show when a full bath or some created on: 09/13/2 Review of the show when a full bath or some created on: 09/13/2 Review of the show when a full bath or some created on: 09/13/2 Review of the show when a full bath or some created on: 09/13/2 Review of the show when a full bath or some created on: 09/13/2 Review of the show when a full bath or some created on: 09/13/2 Review of the show when a full bath or some created on: 09/13/2 Review of the show when a full bath o	who gave them the bed baths er on those days.  care plan for R140 dated ated in part, "ADL's (activities of las an ADL self-care r/t (related to) Activity four fracture, generalized in walking, OA formalities of gain and mobility er diseases, muscle wasting the health issues. Created on: on on: 09/21/2022." Under cumented in part, ERING: Provide sponge bath shower cannot be tolerated.	F 561			
	It failed to evidence shower on 9/19/202 Review of the ADL-10/1/2022-10/31/20 part, "ADL-Bathing documented a bed 10/6/2022, 10/7/202 evidence document 10/3/2022.  On 10/17/2022 at 1: conducted with LPN LPN #8 stated that	22, 9/29/2022 and 9/30/2022. documentation of a bath or 22 and 9/26/2022.  Bathing documentation for 22 for R140 documented in (Prefers: Shower)" It bath given on 10/5/2022, 22, and 10/10/2022. It failed to ation of a bath or shower on  2:35 p.m., an interview was I (licensed practical nurse) #8. showers were given three ocumented by the CNA's				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			C <b>10/19/2022</b>
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, 7300 FOREST AVE RICHMOND, VA 2322		10/19/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORI	ER'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BE RENCED TO THE APPROPRIA DEFICIENCY)	
F 561	LPN #8 stated that the that they followed for residents were sche assigned days. LPN were offered a show refused the shower. resident refused the was documented in On 10/17/2022 at 1: conducted with LPN showers were given #11 stated that if a rethe CNA let them kn resident. LPN #11 soffered if the resident #11 stated that all reshowers.  On 10/17/2022 at 4: conducted with CNA showers or bed bath three days a week. a shower schedule the which residents were each day. CNA #1 soffered a shower first tolerate the shower. residents preferred a refused the shower. who refused their shower who refused their should that they only cared for who did not was not R140.  On 10/17/2022 at approximately a stated that they only cared for who did not was not R140.	sistants) in the computer. hey had a shower schedule r the CNA's to know which duled for showers on their I #8 stated that all residents er and a bed bath if they LPN #8 stated that if a shower and the bed bath it	F	561		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495227	B. WING				C 19/2022
	OVIDER OR SUPPLIER	L	-	73	REET ADDRESS, CITY, STATE, ZIP CODE 00 FOREST AVE CHMOND, VA 23226	<u>  10/</u>	19/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
,	director of nursing, AS nursing, ASM #6, the ASM #7, the vice pres made aware of the co	vices, ASM #4, the assistant SM #5, the director of assistant administrator and sident of operations were oncern.	F	561			
F 580 SS=E	Notify of Changes (In CFR(s): 483.10(g)(14) §483.10(g)(14) Notific (i) A facility must immonsult with the residuant with the re	cation of Changes. ediately inform the resident; ent's physician; and notify, her authority, the resident en there is- ving the resident which as the potential for requiring a; ge in the resident's physical, ial status (that is, a a, mental, or psychosocial reatening conditions or b; eatment significantly (that is, an existing form of erse consequences, or to m of treatment); or esfer or discharge the	F	580			11/15/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495227	B. WING		C 10/19/2022	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE	10/19/2022	
				RICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLÉTION	
F 580	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		F 58	F580 Notify of Changes (Injury/declin room etc.)  1. Physician notified for Resident # of increase in B/P with no new orders.	61	
	clinical condition for to survey sample, Resident The findings include:	wo of 78 residents in the ents #61 and #124.		Physician for Resident #124 was notif of the omissions of the medication with new orders. Medication for resident # has since been discontinued.  2. A review of current residents in the	n no 124	
	to notify the physician blood pressure (1) was Hg-millimeters of men May 2022.  On the most recent M	R61), the facility staff failed when the resident's systolic as greater than 160 (mm cury) eleven times during IDS (minimum data set), a with an ARD (assessment		center was conducted to ensure abno B/P(s) was reported to the medical provider and to ensure medications we given as per MD orders.  3. Staff Development Coordinator or designee will educate all licensed nurs on the process to notify physician regarding medications that are not wit	rmal ere ses	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			1	C 1 <b>19/2022</b>	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1		
WESTBOR	T DELLA DIL ITATIONI AA	ID NUDCING CENTED		73	300 FOREST AVE			
WESTPOR	RT REHABILITATION AN	ND NURSING CENTER		R	CICHMOND, VA 23226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 580	Continued From pag	ge 15 12/22, R61 was coded as	F 5	580	the parameters per physician order and	d to		
	having scored 15 ou interview for mental receiving dialysis se period. A review of F revealed the residen	act for making daily decisions, t of 15 on the BIMS (brief status). R61 was coded as rvices during the look back R61's current diagnoses t has high blood pressure.			notify the MD when medications are unavailable for administration with documentation in the medical record of the notification. In addition, education included the facilities□ process for obtaining medications from the pharma 4. The Unit Managers or designee w	acy. ill		
	following orders:  "Clonidine HCl (2) Tamouth every 12 hour	nical record revealed the ablet 0/1 MG. Give 1 tablet by rs as needed for systolic B/P ater than 160." This order			review weekly to ensure physician order were followed for medications with parameters not within range and verify unavailable medications are available.  5. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines	g. the		
	following blood press 183/100; 5/8/22 at 6 4:30 p.m. 178/84; 5/ 5/13/22 at 6:30 a.m. p.m. 161/91; 5/15/22 at 6:30 a.m. 177/98; 180/100; 5/23/22 @ 6:30 a.m. 178/89. Fu MARs revealed no e given on any of thes	ARs (medication ds) for May 2022 revealed the sures: 5/7/22 at 6:30 a.m. :30 a.m. 178/82; 5/8/22 at 11/22 at 6:30 a.m. 188/100; 169/110; 5/14/22 at 4:30 at 4:30 p.m. 185/90; 5/16/22 5/22/22 at 4:30 p.m. 4:30 p.m. 190/91; 5/29/22 at urther review of the May 2022 evidence that Clonidine was e dates and times when pressure readings exceeded			problem no longer exists, the reviews we completed on a random basis. The Administrator/Director of Nursing are responsible for implementation of the profession of Correction.  6. Date of Compliance: 11/15/2022			
	no evidence that the of the resident's high occasions.  A review of R61's ca	in the proof of the plant of the physician of the physici						

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495227	B. WING				C <b>19/2022</b>	
	ROVIDER OR SUPPLIER	ID NURSING CENTER		73	TREET ADDRESS, CITY, STATE, ZIP CODE 300 FOREST AVE ICHMOND, VA 23226	1 101	13/2322	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 580	Continued From pag	e 16	F	580				
	orderedNotify MD/ significant changes of	ninister medicationsas RP (responsible party) of of condition as appropriate."						
	nurse) #16 was inter Clonidine order, and pressures. She state been given each and blood pressure was	a.m., LPN (licensed practical viewed. She reviewed R61's the May 2022 blood d the Clonidine should have I every time R61's systolic over 160. She stated if the ven, the physician should						
	and the May 2022 bl the Clonidine should R61's systolic blood stated the physician	a.m., LPN #17 was iewed R61's Clonidine order, ood pressures. She stated have been given every time pressure was over 160. She should have been notified of ood pressure if the Clonidine						
	manager, was interv Clonidine order, and pressures. She state been given each time pressure was over 1 medication error, and receiving the medical might have a stroke, should have been no	p.m., LPN #7, R61's unit iewed. She reviewed R61's the May 2022 blood d the Clonidine should have a R61's systolic blood 60. She stated this is a d stated the risk for R61's not tion was that the resident She stated the physician of the blood pressure was not going to administer						
	staff member) #1, the regional director of c	p.m., ASM (administrative e administrator, ASM #2, the linical services, ASM #3, the ator, ASM #4, the assistant						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495227	B. WING				C 1 <b>19/2022</b>
	ROVIDER OR SUPPLIER			7300 FORE	DDRESS, CITY, STATE, ZIP CODE EST AVE ND, VA 23226	1 10/	13/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 580	director of nursing, A nursing, ASM #6, the ASM #7, the vice preinformed of these conformed in the facility shall proformed in the facility shall p	SM #5, the director of assistant administrator, and esident of operations, were incerns.  If y policy, "Change in a or Status," revealed, in part: imptly notify the resident, his iscianpf changes in the etal conditionThe nurse will attending Physician or en there has been inge in the resident's interest at conditionneed to incedical treatment  In was provided prior to exit.  If is the pressure when the id out of the heart. Diastolic is the pressure is less than 120 if mercury (mm Hg), which is lic pressure reading over re reading - 120/80 mm Hg. is considered high when you	F	580	DEFICIENCY)		
	or higher or diastolic higher." This informate website https://www.nhlbi.nih ure#:~:text=Systolic% 20pressure,day%20tivities.	colic readings of 130 mm Hg readings of 80 mm Hg or tion is taken from the gov/health/high-blood-press %20pressure%20is%20the% pased%20on%20your%20act					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495227	B. WING		1	C <b>0/19/2022</b>	
	ROVIDER OR SUPPLIER	AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 7300 FOREST AVE RICHMOND, VA 23226		0/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICI	/ STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 580	high blood pressu (long-acting) table combination with of treatment program attention deficit hy more difficulty foot remaining still or of the same age) in of medications call alpha-agonist hyp treats high blood pheart rate and relablood can flow more Clonidine extended ADHD by affecting controls attention information is taken	with other medications to treat re. Clonidine extended-release ts are used alone or in other medications as part of a not control symptoms of peractivity disorder (ADHD; using, controlling actions, and quiet than other people who are children. Clonidine is in a class led centrally acting otensive agents. Clonidine pressure by decreasing your axing the blood vessels so that are easily through the body. d-release tablets may treat the part of the brain that and impulsivity." This are from the website s.gov/druginfo/meds/a682243.h	F	580			
	failed to notify the	ICIENCY.  24 (R124), the facility staff physician when a medication for administration in August and					
	On the most recer quarterly assessm reference date) of being cognitively i 15 on the BIMS (b She was coded as frequently during t	at MDS (minimum data set), a sent with an ARD (assessment 9/12/22, R124 was coded as ntact, having scored 15 out of rief interview for mental status). It is having experienced pain the look back period.					

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A. BUILDIN		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495227	B. WING		C 10/19/2022	
	ROVIDER OR SUPPLIER	ND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODI 7300 FOREST AVE RICHMOND, VA 23226		•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETION	
F 580	Continued From pa	ge 19 The resident stated the	F 580			
	facility has not alwa	ys administered fibromyalgia the doctor ordered.				
	following order date					
	revealed the facility 8/25/22, and another receipts review reve dispensed to the facility	charmacy receipts for R124 received six tablets on er six tablets on 8/28/22. The ealed only 12 total tablets were cility prior to when the continued on 9/13/22.				
	A review of R124's following:	progress notes revealed the				
	Give 1 tablet by mo	i:12 p.m.) Orders - Text: Savella Tablet 25 MG. uth two times a day for ssion. Not available,"				
	Give 1 tablet by mo	o:21 a.m.) Orders - Text: Savella Tablet 25 MG. uth two times a day for sion. Not available."				
	Give 1 tablet by mo	2:42 p.m.) Orders - Text: Savella Tablet 25 MG uth two times a day for ssion. Not available."				
	Give 1 tablet by mo	43 a.m.) Orders - Text: Savella Tablet 25 MG. uth two times a day for ssion. Medications unavailable				

I ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION  NG	(X3	(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			C <b>10/19/2022</b>	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP COD 7300 FOREST AVE RICHMOND, VA 23226	E	10/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 580	will follow up with phem "8/25/2022 18:25 (6: Administration Note Give 1 tablet by mou fibromyalgia/ depres awaiting authorization "8/29/2022 08:36 (8: Administration Note Give 1 tablet by mou fibromyalgia/ depres pharmacy."  "9/2/2022 08:34 (8:3 Administration Note Give 1 tablet by mou fibromyalgia/ depres awaiting pharm del.  A review of R124's S (medication administration administration Note Give 1 tablet by mou fibromyalgia/ depres awaiting pharm del.  A review of R124's S (medication administration Note Give 1 tablet by mou fibromyalgia/ depres awaiting pharm del.  A review of R124's S (medication administration administrat	25 p.m.) Orders - Text: Savella Tablet 25 MG. Ith two times a day for sion. Spoke to pharmacy on from facility to send."  36 a.m.) Orders - Text: Savella Tablet 25 MG. Ith two times a day for sion. Ordered from  4 a.m.) Orders - Text: Savella Tablet 25 MG. Ith two times a day for sion. Medication unavailable (delivery)."  September 2022 MAR tration record) revealed ented as not available from on 9/3, 9/4, 9/11, and 9/12.  24's progress notes and all evidence that the physician above dates when the lable.  Fare plan dated 8/3/22 and alled, in part: [R124] is at risk	F 5	580			
	nurse) #16 was inter	a.m., LPN (licensed practical viewed. She stated if a allable for administration, she					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			C 10/19/2022
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		10/19/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 580	tells her a preauthor the pharmacy to fax the pharmacy faxes she [or whomever is that particular day] i the physician and grated she would no progress note detail including filling out to physician.  On 10/18/22 at 9:54 interviewed. She stated infor a resident, she stated if for a resident, she software to reorder progress note sayin stated she could not done. She did not siphysician if a medic.  On 10/18/22 at 10:4 member) #14, a phase stated Sarvella and is rarely ordered she stated this medinsurance companie authorization before Sarvella required the stated the pharmacy send instructing them to hell out the authorizat to the physician to refill out the authorizat to the physician to refill out the authorizat to the physician to refill out the physician to refill the physician the physician to refill the physician the physic	She stated if the pharmacy rization is needed, she will ask the form right away. She said the form to the facility, and a taking care of the resident is responsible for contacting etting the form filled out. She tify her manager, and write a ing everything she had done, the form and contacting the  a.m., LPN #17 was ated she is an agency not work regularly at the far a medication is not available elects a button the clinical tt, and then she writes a g it is not available. She tathink of anything else to be rate she would notify the	F 5	80		

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			C <b>10/19/2022</b>	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		10/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 580	pharmacy the assur for the medication if reviewed the pharm pharmacy only disported the pharm pharmacy only disported the facility newith the resident wou stated the facility newith the required sp Sarvella.  On 10/18/22 at 2:55 manager, was intermedication is not average that the medication the nurse should fin what is going on with described the same as OSM #14.  On 10/18/22 at 4:33 staff member) #1, the regional director of regional nurse navig director of nursing, and should be a same as OSM #6, the ASM #7, the vice prinformed of these control of the facility medications, reveal by residents in the regional nurse particular product, a shortage of an ingrespermanent because	the pharmacy will not. She acy's records, and verified the ensed a total of 12 tablets for e pharmacy dispensed these d have a minimal supply. She ver provided the pharmacy ecial authorization for the  p.m., LPN #7, R124's unit viewed. She stated if a ailable, the nurse should call should notify the physician is not available. She stated d out where the drug is, and h the medication. She process for preauthorization  p.m., ASM (administrative administrator, ASM #2, the clinical services, ASM #3, the pator, ASM #4, the assistant ASM #5, the director of e assistant administrator, and esident of operations, were	F 5	80			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			C 10/19/2022	
	ROVIDER OR SUPPLIER	ID NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	<b>'</b>	10/10/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 580		e 23 ons are available to meet the entNursing staff shall:	F 5	580			
	Notify the attended and explain the circular availability and option available.     If the facility nurresponse from the all should notify the nurresponded.	ling physician of the situation					
	NOTES (1) "Milnacipran (Sal fibromyalgia (a long-cause pain, muscle tiredness, and difficuasleep). Milnacipran called selective sero reuptake inhibitors (increasing the amounorepinephrine, natuthe movement of painformation is taken	nt of serotonin and Iral substances that help stop n signals in the brain." This					
F 584 SS=D	Safe/Clean/Comforta CFR(s): 483.10(i)(1) §483.10(i) Safe Envi The resident has a r	ronment. ight to a safe, clean, nelike environment, including eiving treatment and ng safely.	F	584		11/15/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495227	B. WING		C 10/19/2022	
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	10/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 584	Continued From page	<del>2</del> 4	F 584	4		
	§483.10(i)(1) A safe, homelike environment use his or her person possible.  (i) This includes ensureceive care and serve physical layout of the independence and do (ii) The facility shall ethe protection of the roor theft.  §483.10(i)(2) Housek services necessary to and comfortable interestand comfortable in good condition;  §483.10(i)(3) Clean being good condition;  §483.10(i)(5) Adequate levels in all areas;  §483.10(i)(6) Comfortable interestand comfortab	clean, comfortable, and t, allowing the resident to al belongings to the extent  ring that the resident can rices safely and that the facility maximizes resident rices not pose a safety risk, exercise reasonable care for resident's property from loss  reeping and maintenance or maintain a sanitary, orderly, rior;  ed and bath linens that are		F584 Maintain Home-Like Environme  1. The flooring for Resident # 58 was		
	record review, the factory homelike environment	iffient review and clinical sility staff failed to maintain a t for two of 78 residents in esidents #58 and #197.		repaired. Resident #197 was discharg from facility repairs to door and bathro with painting was completed.	ed	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		E SURVEY MPLETED
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NAME OF P	ROVIDER OR SUPPLIER			8	STREET ADDRESS, CITY, STATE, ZIP CODE		
WESTPO	RT REHABII ITATION	AND NURSING CENTER		7	7300 FOREST AVE		
WESTFO	XI KLIIADILIIAIION	AND NORSING CENTER		ı	RICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
F 584	Continued From p	age 25	F :	584			
	The findings include				An audit of resident rooms was by maintenance director or designee to		
	1. For Resident #5	58 (R58), the facility staff failed			identify areas in resident rooms in nee repair.	d of	
	to maintain the res	sident's floor in good repair.			3. The Administrator or designee will educate all the maintenance staff	l	
	On the most recer	nt MDS (minimum data set), a			regarding the process for environment	al	
		ent with an ARD (assessment			repairs and preventative maintenance.		
	reference date) of	8/11/22, the resident scored 15			The Staff Development Coordinator or		
	out of 15 on the B	MS (brief interview for mental			designee will educate the facility staff	on	
	status), indicating	the resident was not cognitively			the process of submitting work orders	for	
	impaired for makir			identified environmental repair needs the maintenance department.	0		
	On 10/11/22 at an	proximately 12:00 p.m. and			Maintenance Director or designed	will	
		.m., an observation of R58's			audit work orders for completion and a		
		ed. Three sections of vinyl			10 residents □ room weekly to ensure		
		issing from the floor. One			compliance with maintaining safe and		
	1	approximately three inches in			clean environment. Work orders will I	эе	
		es in width. Two other sections			review in daily morning meeting 5x we	ekly	
		mately three feet in length by			to ensure completion.	•	
	five inches in widtl	n. The missing sections were			5. The results of the review will be		
	located between the	ne bed and privacy curtain.			discussed at the monthly QAPI meetin	g.	
					Once the QAPI committee determines	the	
	On 10/17/22 at 3:2	23 p.m., an interview was			problem no longer exists, the reviews	will	
	conducted with OS	SM (other staff member) #5 (the			be completed on a random basis. The	;	
	maintenance direc	tor). OSM #5 stated the facility			Administrator/Director of Nursing are		
	has flooring issues	s with the vinyl planks on wing			responsible for implementation of the	olan	
	four. OSM #5 stat	ed the planks are almost like			of correction.		
		tick tiles but he has proper			6. Date of Compliance: 11/15/2022		
	adhesive to fix the	floors. OSM #5 stated he fixes					
	the flooring issues	when he receives a work order					
	_	sue while in the rooms. OSM					
	#5 stated sometim	es it is kind of hard to see					
	flooring issues wh	en residents and their					
	belongings are in	the rooms.					
		15 p.m., R58's floor was					
		M #5. OSM #5 stated he was					
	not aware of the m	nissing vinyl composite. OSM					

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495227	B. WING			C 0/40/2022	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 7300 FOREST AVE RICHMOND, VA 23226		0/19/2022	
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F 584	easy fix. OSM #5 si composite was not be to say it was not cormonths ago, anothed the resident that the causing the flooring flooring on the room fixed a few months at thought it was sad a because the resider been fixed but the rebeen fixed.  On 10/17/22 at 4:51 order for R58's floor and the floor was not the floor w	g vinyl composite was an tated the missing vinyl nomelike but he was not going mmon. R58 stated that a few or maintenance employee told resident's wheelchair was problem. R58 stated the mate's side of the room was ago. R58 stated the resident and the resident felt left out the roommate's flooring had esident's flooring had not p.m., OSM #5 stated a work was created this morning	F 58				
	Environment" docur and management sl possible, the characteristics inclu orderly environment.  No further information.  The facility staff the homelike environment.  During interview with at 9:40 AM, holes in	led, "Quality of Life - Homelike nented, "2. The facility staff nall maximize, to the extent steristics of the facility that ed, homelike setting. These de: a. Clean, sanitary and"  on was presented prior to exit.  failed to maintain a clean and ent for Resident #197.  h Resident #197 on 10/12/22 the drywall were observed ches above baseboard on					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			C <b>10/19/2022</b>
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 7300 FOREST AVE RICHMOND, VA 23226	CODE	10/10/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
F 584	was facing. In additi bathroom door (shar double rooms) had papproximately six to of door and ran the I Resident #197's modata set) assessment with an assessment coded the resident a BIMS (brief interview indicating the reside impaired.  An interview was con AM, with Resident #197 and open the bathroobathroom doors are Does that look like a you?" When asked had discussed room #197 stated, "No, the An interview was con AM with OSM (other maintenance director process for room regare working through common areas first a We've added a mater prevent scuffing of dimade a difference. Inside of the residen On 10/13/22 at 10:30 resident's room with	and wall the resident's bed ion, the inside of the red bathroom between two paint scraped off of the door eight inches from the bottom ength of the door.  It recent MDS (minimum ont, an annual assessment, reference date of 10/1/22, as scoring 13 out of 15 on the reformental status) score, ont was not cognitively  Inducted on 10/12/22 at 9:40 one of the end of t	F	584		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION  G	' '	ATE SURVEY OMPLETED
		495227	B. WING _			C 10/19/2022
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		10/13/2022
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F 584	OSM #5 stated, "I wood of the company of the compan	two hinges were not attached.  will make this room a priority."  PM, ASM (administrative ne administrator, ASM #2, the clinical services, ASM #4, the nursing, ASM #5, the director the assistant administrator gional vice president of de aware of the findings.  cility's "Quality of conment" policy dated 5/2017, ided with a safe, clean, melike environment and their personal belongings to "  on was provided prior to exit.  (a)-(4)  wes.  esident has the right to voice cility or other agency or entity es without discrimination or fear of discrimination or ances include those with treatment which has been with the treatment which has not been vior of staff and of other or concerns regarding their LTC esident has the right to and the trompt efforts by the facility to the resident may have, in	F 5			11/15/22

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495227	B. WING_			C	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 7300 FOREST AVE RICHMOND, VA 23226		10/19/2022	
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F 585	on how to file a grieval to the resident.  §483.10(j)(4) The facing grievance policy to end of all grievances regared contained in this paraprovider must give a few to the resident. The grinclude:  (i) Notifying resident it postings in prominent facility of the right to fow (meaning spoken) or grievances anonymous of the grievance officing can be filed, that is, haddress (mailing and number; a reasonable completing the review to obtain a written decompleting and the confidence of the program or protection (ii) Identifying a Griev responsible for overse receiving and tracking conclusions; leading a series of the resident.	ility must make information ance or complaint available slity must establish a asure the prompt resolution rding the residents' rights graph. Upon request, the copy of the grievance policy rievance policy must andividually or through a locations throughout the ile grievances orally in writing; the right to file usly; the contact information al with whom a grievance is or her name, business email) and business phone are expected time frame for a for the grievance; the right cision regarding his or her ontact information of with whom grievances may ertinent State agency, Organization, State Surveying-Term Care Ombudsman and advocacy system;	F5	585			
	example, the identity grievances submitted	d with grievances, for of the resident for those anonymously, issuing isions to the resident; and					

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF PI	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
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F 585	Continued From page	∋ 30	F:	585			
	coordinating with star necessary in light of star necessary in light of star necessary, tal prevent further potent right while the alleger investigated; (iv) Consistent with § reporting all alleged vabuse, including injurand/or misappropriat anyone furnishing se provider, to the admiras required by State (v) Ensuring that all vinclude the date the summary statement of the steps taken to involve t	the and federal agencies as specific allegations; sing immediate action to tial violations of any resident diviolation is being  483.12(c)(1), immediately violations involving neglect, ries of unknown source, son of resident property, by rivices on behalf of the histrator of the provider; and law; vritten grievance decisions grievance was received, a sof the resident's grievance, anent findings or conclusions at's concerns(s), a statement evance was confirmed or not be a result of the grievance, and elaw; the decision was issued; are corrective action in the law if the alleged violation is is confirmed by the facility having jurisdiction, such as ancy, Quality Improvement allaw enforcement agency or any of these residents' of responsibility; and ence demonstrating the ance of the grievance.		900	F585 Grievance		
	Based on resident in	terview, staff interview, and facility document			F585 Grievance  1. Resident #62 blanket was located	and	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		495227	B. WING _			10/	19/2022
	ROVIDER OR SUPPLIER	D NURSING CENTER		730	REET ADDRESS, CITY, STATE, ZIP CODE 10 FOREST AVE CHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 585	failed to act upon a remissing personal item the survey sample, R.  The findings include:  For Resident #62 (Refully investigate a knownanner.  On the most recent Mularterly assessment reference date) of 8/14 out of 15 on the B mental status), indicate cognitively intact for removed of the fact of the fac	ined that the facility staff eported grievance for as for one of 78 residents in resident #62.  62), the facility staff failed to own grievance in a timely  MDS (minimum data set), a twith an ARD (assessment 11/2022, the resident scored IMS (brief interview for ting the resident was making daily decisions.  57 p.m., an interview was R62 stated that they had out missing personal lility. R62 stated that they hing that had not been not which had been all worker. R62 stated that and white quilt which had corners a few months prior hissing to the social worker is missing but it had not been at the quilt was never found then any follow up from the R62 stated that the quilt had do they would like to have it	F		returned.  2. A Review of all grievances submitt for the last 30 days was conducted to ensure follow-up and resolution of state grievance were completed with communication to the resident/RP.  3. Staff Development Coordinator and designee will educate the IDT (Administrator, MDS staff, nursing management Social Service, Director of Activities, Dietitian, Rehab director) are the facility staff on the policy related to reporting of grievances and have completed resolution.  4. Social Service or designee will aud all grievances weekly to ensure followand resolution completed. Any identific issues will be immediately corrected.  5. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines a problem no longer exists, the reviews we completed on a random basis. The Administrator or Director of Nursing are responsible for implementation of the pof correction.  6. Date of Compliance: 11/15/2022	ed d or of nd dit up d the vill	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495227	B. WING _				C <b>19/2022</b>
	ROVIDER OR SUPPLIER	ID NURSING CENTER		730	EET ADDRESS, CITY, STATE, ZIP CODE  O FOREST AVE  CHMOND, VA 23226	1 10	13/2322
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD I			(X5) COMPLETION DATE
F 585	missing items (clother belongings). Items reducated on labeling return in future. [Sig member) #3, social was taken to resolve Located and returne. [Signature of OSM # and laundry]. How wresolved? Resolved.  On 10/17/2022 at 9:0 conducted with OSM housekeeping and lathe staff reported any belongings to them a searched for them. On tkeep a log of mist that were reported to find the item they to get approval to remissing. OSM #7 stof R62 missing a blatit.  On 10/17/2022 at 1:2 conducted with OSM stated that R62 had they had followed up them. OSM #3 state what they had found heard anything about that they were not sublanket was found of department responsifollow up with the ad that it was resolved.	es, blanket, other personal not labeled, resident personal items for easier nature of OSM (other staff worker]What other actions concern (be specific)? ditems to social services. 7, director of housekeeping was grievance/concern"	F	585			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3  A. BUILDING		X3) DATE SURVEY COMPLETED	
		495227	B. WING			C <b>10/19/2022</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		10/19/2022
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F 622 SS=D	dated April 2017 doc Administrator and sta resolve grievances to resident and/or repre grievance and/or cor will review and inves submit a written repo Administrator within receiving the grievan  On 10/17/2022 at ap (administrator, ASM # clinical services, ASI nursing, ASM #5, the the assistant adminis president of operatio concern  No further informatio Transfer and Dischai CFR(s): 483.15(c)(1) §483.15(c) Transfer §483.15(c)(1) Facility (i) The facility must p remain in the facility, discharge the residen (A) The transfer or di resident's welfare an cannot be met in the (B) The transfer or di because the resident sufficiently so the resident	umented in part, "The aff will make prompt efforts to be the satisfaction of the esentativeUpon receipt of a implaint, the Grievance Officer tigate the allegations and both of such findings to the five (5) working days of ince and/or complaint"  proximately 4:59 p.m., ASM member) #1, the #2, the regional director of will will will will will will will wil		585		11/15/22

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		495227	B. WING			10/	19/2022
	ROVIDER OR SUPPLIER  RT REHABILITATION AN	D NURSING CENTER		7:	TREET ADDRESS, CITY, STATE, ZIP CODE  300 FOREST AVE  RICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 622	otherwise be endang (E) The resident has appropriate notice, to under Medicare or Medicaresident refuses to paresident who become admission to a facility resident only allowab or (F) The facility cease (ii) The facility may not resident while the apply 431.230 of this chard exercises his or her or discharge notice from 431.220(a)(3) of this discharge or transfer or safety of the reside facility. The facility medicality. The facility medicality transfer or safety of the resident under any of in paragraphs (c)(1)(is section, the facility medical record and a communicated to the institution or provider (i) Documentation in must include:	viduals in the facility would ered; failed, after reasonable and pay for (or to have paid edicaid) a stay at the facility. if the resident does not paperwork for third party third party, including I, denies the claim and the ay for his or her stay. For a se eligible for Medicaid after the facility may charge a le charges under Medicaid; so to operate. On transfer or discharge the peal is pending, pursuant to peter, when a resident gift to appeal a transfer or a the facility pursuant to § chapter, unless the failure to would endanger the health ent or other individuals in the must document the danger or discharge would pose.  The entation.  Sefers or discharges a the circumstances specified of (A) through (F) of this ust ensure that the transfer mented in the resident's ppropriate information is receiving health care	F	622			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
		495227	B. WING _			C 10/19/2022
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F 622	section, the specific be met, facility atterneeds, and the sentacility to meet the (ii) The documentar (2)(i) of this section (A) The resident's published is necessary in the section (A) or (B) of this section (B) A physician when ecessary under pathis section.  (iii) Information promust include a minimal (A) Contact information promust include a minimal (B) Resident representact information (C) Advance Direct (D) All special instruongoing care, as applied (E) Comprehensive (F) All other necessary of the resident consistent with §48 any other document a safe and effective This REQUIREMENT by:  Based on staff interreview, and clinical determined the facing required document facility at the time of	aragraph (c)(1)(i)(A) of this cresident need(s) that cannot mpts to meet the resident vice available at the receiving need(s).  ion required by paragraph (c) must be made byotysician when transfer or sary under paragraph (c) (1) etion; and en transfer or discharge is aragraph (c)(1)(i)(C) or (D) of vided to the receiving provider mum of the following: tion of the practitioner care of the resident. The entative information including vive information including at the discharge summary, 3.21(c)(2) as applicable, and tation, as applicable, to ensure transition of care.  Note in the transfer or discharge is an applicable, and the transition of care.  The including a transfer or discharge summary, 3.21(c)(2) as applicable, to ensure transition of care.  The including a transfer for or o	F 6	F622 Transfer and Discharge Requirements  1. No action taken for Resider to the time frame had already pa  2. A review of residents transf the hospital in the last 30 days we conducted to ensure there is documentation in the EHR that it	assed. erred to vas	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '	PLE CONSTRUCTION  G		E SURVEY IPLETED
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		495227	B. WING _			)/19/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	DDE	
WESTRO	RT REHABILITATION AN	ID NUIDSING CENTED		7300 FOREST AVE		
WESTFOR	NI REHABILITATION AT	ND NORSING CENTER		RICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 622	provide evidence the documentation, pertacare, was sent to the when R96 was trans  On the most recent I quarterly assessmer reference date) of 28 being cognitively into having scored 14 ou interview for mental  A review of R96's cli following progress not p.m.)Clinical Note complaints of pain at (Resident) also cryin dressing change and 'there has been a signore drainage, peritouch.' NP (nurse prowound nurse and ne resident to ER (emerand EMS (emergence)	96), the facility staff failed to at required clinical aining to the continuity of e receiving hospital on 8/8/22 iferred to the hospital.  MDS (minimum data set), a not with an ARD (assessment 8/26/22, R96 was coded as act for making daily decisions, t of 15 on the BIMS (brief status).	F 62		d to the of care. Coordinator or ensed nurses ding the nsfer form, bals, discharge blicy with the of a receiving on the medical designee will ed transfers to entation was with of the medical ation was will be API meeting. determines the re reviews will basis. The Nursing are tion of the plan	
	Further review of the reveal evidence that medication list, receiplan goals were senson 10/17/22 at 10:09 member) #8, the direction interviewed. She sta					

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F 622	Continued From pa	ge 37	F 6	22		
	for sending clinical i facility.	nformation to the receiving				
	practical nurse) #4 when a resident is a copy of everything the nurse also scan to the hospital so the record of what is see she sends the face and physical, most a care plan goals to the On 10/17/22 at 5:00 staff member) #1, the regional director of coregional nurse navig director of nursing, ASM #6, the ASM #7, the vice prinformed of these contractions is a comparable when the contraction of the contraction	p.m., ASM (administrative ne administrator, ASM #2, the clinical services, ASM #3, the gator, ASM #4, the assistant ASM #5, the director of e assistant administrator, and esident of operations, were oncerns.				
	Discharge - Emerge "Should it become r emergency transfer other related institut the following proced a. Notify the resider b. Notify the receivir being made; c. Prepare the resid	t's Attending Physician; ng facility that the transfer is				
	resident; e. Notify the represe family member; f. Assist in obtaining	entative (sponsor) or other				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING COMP		IPLETED		
495227	B. WING _		10	C 0/19/2022
		STREET ADDRESS, CITY, STATE, ZIP CODE		7/13/2022
NUIDOING OFNITED		7300 FOREST AVE		
NURSING CENTER		RICHMOND, VA 23226		
TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE
38	F6	22		
was provided prior to exit.				
ents	F 6	41		11/15/22
of Assessments. accurately reflect the is not met as evidenced aw and clinical record if ailed to comprehensively himum data set) 78 residents in the survey  29), the facility staff failed to erview, section D, on the assessment with an ARD a date) of 8/24/22.  20S (minimum data set), a essment with an ARD a date) of 8/24/22, the after 15 on the BIMS (brief atus), indicating the alty cognitively impaired for acceptable Section B coded R29 as on D, the resident mood ith dashes, indicating the aw was not completed.  a.m., an interview was gistered nurse) #1 (the a #1 stated the therapy staff		1. Resident #29 ARD has particular unable to be updated. A PHQ! Assessment has been completed. A review of MDS(s) compared to 10/01/2022 was conducted to completion of PHQ9 Mood Astractional Thereducated by the Regional Director of the completed to the complete t	assed and 9 Mood eted. oleted since ensure sessments. rapists will be ector of completion of required occoming ation t weekly PHQ9 completed. sed at the iew. Once es the reviews will esis. The ing are n of the plan	
	NURSING CENTER  TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)  38  was provided prior to exit.  ents  of Assessments. accurately reflect the is not met as evidenced ew and clinical record if ailed to comprehensively nimum data set) 78 residents in the survey  29), the facility staff failed to erview, section D, on the 6 assessment with an ARD 6 date) of 8/24/22.  20S (minimum data set), a essment with an ARD 6 date) of 8/24/22, the 6 of 15 on the BIMS (brief atus), indicating the ely cognitively impaired for accurately reflect the in the survey  29 (minimum data set), a essment with an ARD 6 date) of 8/24/22, the 6 of 15 on the BIMS (brief atus), indicating the ely cognitively impaired for accurately reflect the in the survey  29 (minimum data set), a essment with an ARD 6 date) of 8/24/22, the 6 of 15 on the BIMS (brief atus), indicating the ely cognitively impaired for accurately reflect the ely cognitively im	NURSING CENTER  TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  38  F 6:  Assessments. accurately reflect the is not met as evidenced aw and clinical record if failed to comprehensively imum data set) 78 residents in the survey  20), the facility staff failed to erview, section D, on the assessment with an ARD adate) of 8/24/22.  20 (minimum data set), a assessment with an ARD adate) of 8/24/22, the of 15 on the BIMS (brief atus), indicating the alty cognitively impaired for accurately reflect the assessment with an ARD adate) of 8/24/22, the of 15 on the BIMS (brief atus), indicating the alty cognitively impaired for accurately reflect the assessment with an ARD adate) of 8/24/22, the of 15 on the BIMS (brief atus), indicating the alty cognitively impaired for accurately reflect the assessment with an ARD adate) of 8/24/22 as on D, the resident mood atth dashes, indicating the awas not completed.  a.m., an interview was gistered nurse) #1 (the alty stated the therapy staff	NURSING CENTER    STREET ADDRESS, CITY, STATE, ZIP CODE   7300 FOREST AVE   RICHMOND, VA 23226   PROVIDER'S PLAN OF CO   (EACH CORRECTIVE ACTION)   OR GROSS-REFERENCED TO THE   DEFICIENCY)   OR GROSS-REFERENCED TO THE   DEFICIENCY)   OR GROSS-REFERENCED TO THE   OR ASSESSMENTS.   accurately reflect the   is not met as evidenced	NURSING CENTER    STREET ADDRESS, CITY, STATE, ZIP CODE   T300 FOREST AVE   RICHMOND, VA 23226

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495227	B. WING		C 10/19/2022
	ROVIDER OR SUPPLIER	ND NURSING CENTER	7	TREET ADDRESS, CITY, STATE, ZIP CODE 300 FOREST AVE RICHMOND, VA 23226	10/13/2022
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE COMPLETION
F 641	the assessments in #1 stated any kind attempted and the idone unless a residor if the resident do RN #1 stated she refor Medicare and M Assessment Instrur assessments.  On 10/17/22 at 11:4 mood interview for assessment just wabeen.  On 10/17/22 at 5:03 staff member) #1 (t (the director of nursabove concern.  The CMS RAI mann D: MOOD. Intent: address mood distrunderdiagnosed and home and is associlt is particularly imposymptoms of mood residents because can be treatable  D0100: Should Resident Conducted? Item Rationale Health-related Qual Most residents who communicating can they feel.  Obtaining informatical interview in the state of the state	she pulls that information from to the MDS assessments. RN of interview should always be mood interview should be lent is rarely/never understood es not provide a response. Eferences the CMS (Centers ledicaid) RAI (Resident ment) when completing MDS as not done and should have the administrator) and ASM #5 sing) were made aware of the ual documented, "SECTION The items in this section ess, a serious condition that is d undertreated in the nursing ated with significant morbidity. Ortant to identify signs and distress among nursing home these signs and symptoms sident Mood Interview Be	F 641		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION	(X3	3) DATE SURVEY COMPLETED
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		495227	B. WING _			10/19/2022
	ROVIDER OR SUPPLIER RT REHABILITATION AN	ID NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 641 F 655 SS=D	than observation alor disorder Code 0, no: if the interconducted because to understood or cannot or using another metineeded but not availated because to sometimes understood using another method needed, one is availated.  No further information Baseline Care Plan CFR(s): 483.21(a)(1)	nore reliable and accurate ne for identifying a mood erview should not be the resident is rarely/never to trespond verbally, in writing, thod, or an interpreter is able esident interview should be the resident is at least od verbally, in writing, or d, and if an interpreter is able."	F 6			11/15/22
	Planning §483.21(a) Baseline §483.21(a)(1) The far implement a baseline that includes the instruction of the professional that meet professional the baseline care place (i) Be developed with admission.  (ii) Include the minimal necessary to properly including, but not limit (A) Initial goals based (B) Physician orders.  (C) Dietary orders.  (D) Therapy services.	Care Plans cility must develop and e care plan for each resident ructions needed to provide -centered care of the resident al standards of quality care. an must- nin 48 hours of a resident's rum healthcare information by care for a resident ited to- d on admission orders.				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  IG		TE SURVEY MPLETED
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NAME OF PI	ROVIDER OR SUPPLIER	111221		STREET ADDRESS, CITY, STATE, ZIP CO		0/19/2022
				7300 FOREST AVE		
WESTPOF	RT REHABILITATION AN	D NURSING CENTER		RICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 655	Continued From pag	e 41	F 6	55		
	care plan if the comp (i) Is developed with admission. (ii) Meets the require (b) of this section (ex this section).  §483.21(a)(3) The faresident and their rep of the baseline care p limited to: (i) The initial goals o (ii) A summary of the dietary instructions. (iii) Any services and administered by the fa on behalf of the facili (iv) Any updated info of the comprehensive	plan in place of the baseline rehensive care plan- in 48 hours of the resident's ments set forth in paragraph cepting paragraph (b)(2)(i) of acility must provide the presentative with a summary plan that includes but is not a treatments to be acility and personnel acting				
	facility document reviand in the course of facility staff failed to pure summary of the base residents in the surveil #195 and #140.  The findings include:  1. For Resident #304 failed to provide the pure the baseline care plant.	(R304), the facility staff esident with a summary of		F655 Provide Baseline Care  1. Resident #304 is no long of center. #195 and # 140 re center provided a written sur baseline care plan.  2. Current residents have to be affected.  3. The Director of Nursing will educate the IDT team (M nursing management Social Director of Activities, Dietitian director) on the development baseline care plan and a cop baseline care plan summary the resident and/or their resp	ger a resident main in mmary of the the potential to or designee fDS staff, Service, n, Rehab at of a py of the provided to	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	_ ` ´	IPLE CONSTRUCTION	C	X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP C 7300 FOREST AVE RICHMOND, VA 23226	CODE	10/10/2022
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATI	(X5) COMPLETION DATE
F 655	3/27/22 and discharecent MDS (minin assessment with a date) of 4/1/22, the on the BIMS (brief indicating the resic impaired for makin. A review of R304's the facility staff protection that the baseline care provided with LP LPN #1 stated the baseline care plan plan is discussed of LPN #1 stated she meetings are compadmission. LPN # workers provide a or a written summare sidents and/or the plan meeting.  On 10/18/22 at 9:4 conducted with OS director of social swould provide resire presentatives a corresponding to the plan meeting.  On 10/18/22 at 4:3 staff member) #1 (the director of nurabove concern.	arged on 5/15/22. On the most num data set), an admission in ARD (assessment reference exercised and set), an admission on ARD (assessment reference exercised and set), and the set of the	F 6	representative and docume validate provided.  4. The DON or designee admissions weekly to ensure care plans are completed with documentation in the medit providing a summary of the plans to the resident and/or party.  5. The results of the reviet discussed at the monthly of Once the QAPI committee problem no longer exists, the completed on a random Administrator/Director of Noresponsible for implementation of correction.  6. Date of Compliance: 1	will review ure baseline with cal record of e baseline care responsible ew will be API meeting. determines the reviews will basis. The ursing are ation of the plant with the plant and the plant are ation of the plant with the plant are ation of the plant are with the plant are ation of the plant are with the plant are ation of the plant are with the pla	e I

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	ID NURSING CENTER		STREET ADDRESS, CITY, STAT 7300 FOREST AVE RICHMOND, VA 23226	TE, ZIP CODE	10/10/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD B CED TO THE APPROPRIA EFICIENCY)	DATE
F 655	documented, "4. The representative will be baseline care plan that it is a The initial goals summary of the residulatory instructions; of treatments to be admorpersonnel acting on Any updated information the comprehensive of the plant.  Resident #195 was a 9/18/2022. On the magnetic data set), a 5-day and ARD (assessment resident scored of the foliatory of the resident was cognitive decisions.  On 10/12/2022 at 9: conducted with R195 that they were new to they had received a plant, R195 stated the anything.  A review of R195's of the facility staff proviethe baseline care plant.	e resident and their e provided a summary of the nat includes but is not limited s of the resident; b. A dent's medications and c. Any services and ninistered by the facility and behalf of the facility; and d. dition based on the details of eare plan, as necessary."  IENCY. 5 (R195), the facility staff ritten summary of the admitted to the facility on nost recent MDS (minimum mission assessment with an eference date) of 9/30/2022, 15 out of 15 on the BIMS ental status), indicating the vely intact for making daily  18 a.m., an interview was 5 in their room. R195 stated of the facility. When asked if written summary of their care at they had not been given  linical record failed to reveal ded R195 with a summary of	F	555		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION  IG		ATE SURVEY OMPLETED
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	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	<u> </u>	10/13/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 655	LPN #1 stated that the baseline care plan applan was discussed LPN #1 stated that the plan meeting was considered admission. LPN #1 social workers provicare plan or a writte care plan to residen at the care plan meeting workers provicate plan to residen at the care plan meeting would offer resonaucted with OSM director of social set they would offer resonaucted with osm director of social set they would offer resonaucted with summar upon request but the this.  On 10/18/2022 at application of the consideration of clinical set director of clinical set director of clinical set director of nursing, ASM #6, the ASM #7, the vice provide aware of the consideration of the consideration.  Resident #140 was 9/11/2022. On the redata set), an admission of the consideration of the conside	I (licensed practical nurse) #1. the admitting nurse created a and everything on the care during the care plan meeting. They thought the initial care completed three weeks after stated that they thought the ded a copy of the baseline in summary of the baseline its and/or their representatives eting.  If a.m., an interview was and (other staff member) #8, the rvices. OSM #8 stated that idents and/or their copy of the baseline care plan by of the baseline care plan by of the baseline care plan by did not typically provide coproximately 4:34 p.m., ASM r, ASM #2, the regional ervices, ASM #4, the assistant ASM #5, the director of e assistant administrator and esident of operations were	F 6	55		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED
		495227	B. WING _			C <b>10/19/2022</b>
	ROVIDER OR SUPPLIER	ID NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 7300 FOREST AVE RICHMOND, VA 23226	CODE	10/10/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	
F 655	resident scored 12 o interview for mental serident was moderadaily decisions.  On 10/12/2022 at 9: conducted with R140 that they were new to they had received a splan, R140 stated that receiving anything.  A review of R104's conducted with LPN asseline care plan as plan was discussed of LPN #1 stated that the baseline care plan as plan was discussed of LPN #1 stated that the plan meeting was conducted with LPN #1 stated that the plan meeting was conducted workers provide care plan or a writter care plan to resident at the care plan meeting was conducted with OSM director of social service they would offer resident representatives a conor a written summary upon request but the this.	ut of 15 on the BIMS (brief status), indicating the status of the status of the facility. When asked if written summary of their care at they did not remember  linical record failed to reveal ded R140 with a summary of in.  a.m., an interview was (licensed practical nurse) #1. The admitting nurse created a indicensed practical nurse and everything on the care during the care plan meeting. They thought the initial care instated that they thought the stated in summary of the baseline is sand/or their representatives ting.  a.m., an interview was (other staff member) #8, the vices. OSM #8 stated that	F	655		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495227	B. WING		C <b>10/19/2022</b>
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	10/13/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 655	#1, the administrato director of clinical so director of nursing, nursing, ASM #6, th ASM #7, the vice pr made aware of the	or, ASM #2, the regional ervices, ASM #4, the assistant ASM #5, the director of the assistant administrator and resident of operations were	F 65		11/15/22
SS=E	S483.21(b) Compre §483.21(b) (1) The find implement a compre care plan for each resident rights set fo §483.10(c)(3), that i objectives and time medical, nursing, arneeds that are ident assessment. The codescribe the followin (i) The services that or maintain the resident ander §483.10, includer §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 implement in the resident in the resi	hensive Care Plans 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 tified in the comprehensive omprehensive care plan must ang - t are to be furnished to attain dent's highest practicable and 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 es the nursing facility will			11/15/22

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		495227	B. WING _			C <b>0/19/2022</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI		0/19/2022
WESTPOR	RT REHABILITATION AN	D NURSING CENTER		RICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 656	desired outcomes. (B) The resident's profuture discharge. Fact whether the resident' community was assel local contact agencie entities, for this purpor (C) Discharge plans plan, as appropriate, requirements set fort section.  This REQUIREMENT by: 4. For Resident #30 failed to implement the care plan for pressur physician's orders.  On the most recent hadmission assessmereference date) of 4/1 out of 15 on the BIMS status), indicating the impaired for making of R304's comprehensited documented, "(R304 present on admission INJURY, LLE (left lover the side of the sid	als for admission and  eference and potential for cilities must document is desire to return to the essed and any referrals to es and/or other appropriate ose.  In the comprehensive care in accordance with the in paragraph (c) of this  If is not met as evidenced  If (R304), the facility staff one resident's comprehensive in jury treatments per the  IDS (minimum data set), an ent with an ARD (assessment 1/22, the resident scored 13 is (brief interview for mental eresident was not cognitively daily decisions.  In the comprehensive in jury treatments per the set in jury treatments per the large in jury treatments per the l	F 6		omprehensive  #04 no longer  #11 since bassed.  PRN B/P  outside the  educated on  ettes are to  he control of  use. Resident	
	3/31/22 documented	practitioner note dated an unstageable pressure eft posterior lower leg		facility.  2. A review of care plans for with pressure ulcers, requiring with meals, assistance with incare to ensure the areas wer planned. In addition, a review resident s who smoking, har	ng assistance ncontinence re care ew of	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>-</sup> A. BUILDI		CONSTRUCTION	(X3) DATE COMP	SURVEY
			A. BUILDI	.10_		,	С
		495227	B. WING				19/2022
NAME OF PI	ROVIDER OR SUPPLIER	L	-	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 .0,	
				73	300 FOREST AVE		
WESTPOR	RI REHABILITATION A	ND NURSING CENTER		R	CICHMOND, VA 23226		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PRÉFIX TAG	,	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 656	Continued From pag	ge 48	F	656			
		clinical record revealed the			orders for PRN B/P medications are		
		s orders regarding the			outside documented parameters, and		
		rior lower leg pressure injury:			residents who have dialysis assess site	es	
		dated 3/28/22 to cleanse the			to ensure the plan of care is being		
		eg with Dakin's (cleansing			followed.		
	I -	the periwound, paint the			3. The Regional Director of MDS or		
	eschar (dead skin) v	with betadine (antiseptic			designee will educate the IDT team (M	DS	
	solution), apply med	dihoney (medical grade honey)			staff, nursing management Social Serv	∕ice,	
		l/medial aspect of the			Director of Activities, Dietitian, Rehab		
	pressure injury, apply Dakin's soaked 4x4 to the				director) on development a		
distal aspect of the pressure injury, cover the				comprehensive care plan to reflect			
		a boarder foam dressing			resident⊡s status. The Staff Developm		
		s order was discontinued on			Coordinator or designee will educate a		
	3/31/22.	detect 2/24/22 to alcomo the			certified and licensed nurses on the		
		dated 3/31/22 to cleanse the			process for CNAs completing ADL		
		eg with Dakin's, skin prep the eschar with betadine, apply			documentation to validate care was provided feeding and incontinent care.	ΛII	
		the distal aspect of the			the licensed nurses will be educated by		
	_	er the pressure injury with a			the Staffing Coordinator or designee of	-	
		ing every day shift. This order			the process for completing E-MAR, E-		
	was discontinued or				documentation to validate wound care		
		dated 4/18/22 to cleanse the			blood pressure medications with		
		eg with Dakin's, skin prep the			parameters were administered and		
	periwound, apply m	edihoney fiber, cover the			followed, obtaining a physician order fo	or	
		a boarder foam dressing			residents with dialysis site to validate		
	every day shift. Thi	s order was discontinued on			monitoring and residents that smoke h	ave	
	5/16/22.				a smoking assessment performed with		
					accuracy and completion.		
		March 2022, April 2022 and			4. Regional Director of MDS/designe		
	,	eatment administration			will review 5 comprehensive care plans		
	· '	veal evidence that the above			weekly to ensure the care plan reflects		
		ere performed on 3/29/22,			resident s status. The DON or design		
		16/22 and 5/6/22 [as spaces on the TARs]. A			with audit weekly ADL documentation i complete for feeding and incontinent complete.		
		otes for 3/29/22, 3/30/22,			blood pressure medications with	aı €,	
		d 5/6/22 failed to reveal			parameters were followed with comple	ted	
	· ·	eatments were completed.			documentation, dialysis site monitoring		
					and wound care documentation is	'	
	A wound care nurse	nractitioner note dated			complete Identified smokers have a		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		495227	B. WING			l '	C 40/2022
NAME OF P	ROVIDER OR SUPPLIER	700221		ST	REET ADDRESS, CITY, STATE, ZIP CODE	10/	19/2022
WESTPO	RT REHABILITATION AN	D NURSING CENTER			00 FOREST AVE ICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	4/6/22 that document injury (2) on R304's sadmission).  A review of R304's clifollowing physician's resident's sacral pres-A physician's order of sacrum with normal speriwound, apply medinjury and cover with every day shift. This 4/23/22.  A physician's order of the sacrum three time. A review of R304's M May 2022 TARs failed above treatment orde 3/29/22, 3/30/22, 4/15 (as evidenced by blar review of nurses' note 4/15/22, 4/16/22 and evidence that the treatment or the sacrum three times on 10/17/22 at 12:13 conducted with LPN (LPN #4 stated the puridentify problems, goar reach the goals. LPN interventions on the cophysician's order or of the interventions are	ed a stage two pressure acrum (present on sinical record revealed the orders regarding the sure injury: lated 3/28/22 to cleanse the aline, apply zinc to the dihoney to the pressure a boarder foam dressing order was discontinued on lated 4/23/22 to apply zinc to es a day.  arch 2022, April 2022 and do to reveal evidence that the ers were completed on 5/22, 4/16/22 and 5/13/22 and 5/13/22 and spaces on the TARs). A les for 3/29/22, 3/30/22, 5/13/22 failed to reveal extments were completed.  p.m., an interview was (licensed practical nurse) #4. rpose of the care plan is to als, and interventions to 1 #4 stated a lot of nursing care plan can be put in as a on a daily report to ensure	F	656	smoking assessment completed and accurate.  5. The results of the review will be discussed at the monthly QAPI meeting. Once the QAPI committee determines a problem no longer exists, the reviews we be completed on a random basis. The Administrator/Director of Nursing are responsible for implementation of the p of correction.  6. Date of Compliance: 11/15/2022	the vill	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		STRUCTION		PLETED
		495227	B. WING				C / <b>19/2022</b>
	ROVIDER OR SUPPLIER	1		7300 F	TADDRESS, CITY, STATE, ZIP CODE OREST AVE MOND, VA 23226	1 10/	19/2022
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
F 656			F	856			
	that the treatment was	as done that day and cannot as done.					
	staff member) #1 (th	p.m., ASM (administrative e administrator) and ASM #5 ng) were made aware of the					
	provide guidelines fo	urpose of this procedure is to or the care of wounds to he policy documented the					
	No further information	on was presented prior to exit.					
	COMPLAINT DEFIC	EIENCY.					
	full-thickness skin ar Full-thickness skin ar Event of tissue dam be confirmed because eschar (dead tissue) obtained from the we https://cdn.ymaws.co.gr/online_store/npiag (2) "Stage 2 Pressur skin loss with expose Partial-thickness loss dermis. The wound be moist, and may also ruptured serum-filled was obtained from the https://cdn.ymaws.co.gr/online_store/npiage (2) "Stage 2 Pressur skin loss with expose Partial-thickness loss dermis. The wound be moist, and may also ruptured serum-filled was obtained from the https://cdn.ymaws.co.gr/online.	and tissue loss in which the age within the ulcer cannot se it is obscured by slough or" This information was ebsite:  bom/npiap.com/resource/resm o_pressure_injury_stages.pdf e Injury: Partial-thickness ed dermis s of skin with exposed bed is viable, pink or red, present as an intact or I blister." This information					
	5. For Resident #40	o_pressure_injury_stages.pdf 04 (R404), the facility staff he care plan for assistance					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
	495227	B. WING _			C <b>10/19/2022</b>
NAME OF PROVIDER OR SUPPLIER  WESTPORT REHABILITATION AND	NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 7300 FOREST AVE RICHMOND, VA 23226	DDE	10/10/2022
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIA	
On the most recent ME quarterly assessment or reference date) of 9/25 5 out of 15 on the BIMS status) assessment, in severely impaired for medical Section G documented dependent on one staft toileting. Section M do one Stage 4 pressure of the Comprehensive cast documented in part, "A living): [R404] is at self disease process. [R40 all ADL's and mobility. Revision on: 11/02/202 it documented in part, "po (by mouth) intake a 06/30/2021. Revision care plan further documented in part, actual skin breakdown sacrum and is at risk for related to impaired momalnutrition, oxygen. Revision on: 11/02/202 it documented in part, needed. Created on: 09/08/2022 and "Treated on: 09/08/2022" and "Treated on: 09/08/2022"  Review of the "Bladder Use" ADL documentation of 7/1/2021-7/31/202	continence care and to treatments as ordered.  OS (minimum data set), a with an ARD (assessment is/2021, the resident scored is (brief interview for mental dicating the resident was making daily decisions. It R404 being totally if member for eating and ocumented R404 having fulcer (1).  The plan for R404 having commented in the plan for R404 have assistance for continence assistance for Created on: 06/21/2021.  The mented, "Skin: [R404] with related to pressure ulcer or alteration in skin integrity bility, incontinence, continence care as 17/01/2021. Revision on: tments as ordered.  The continence and Toilet for for 6/1/2021-6/30/2021.	F	956		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION  IG	_	(X3) DATE SURVEY COMPLETED
		495227	B. WING			C 10/19/2022
	ROVIDER OR SUPPLIER	11		STREET ADDRESS, CITY, 7300 FOREST AVE RICHMOND, VA 2322		10/19/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORF	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCED TO THE APPROPRIA DEFICIENCY)	DATE
F 656	6/1/2021-6/30/2021, 8/1/2021-8/30/2021, 10/1/2021-10/31/202	g" ADL documentation for 7/1/2021-7/31/2021, 9/1/2021-9/30/2021 and 1 failed to evidence feeding to R404 for 23 meals.	F 6	556		
	7/1/2021-7/31/2021, 9/1/2021-9/30/2021 failed to evidence a for 15 dates.  Review of the eTAR administration record 8/1/2021-8/30/2021, 10/1/2021-10/31/202 ulcer treatment was treatments schedule	8/1/2021-8/30/2021, and 10/1/2021-10/31/2021 snack was provided to R404 (electronic treatment 1) for 7/1/2021-7/31/2021, 9/1/2021-9/30/2021 and 11 failed to evidence pressure provided to R404 for 20				
	conducted with CNA #3. CNA #3 stated t care were document stated that blanks sp could mean that staf the care was not pro they could not evided	(certified nursing assistant) nat feeding and incontinence ed in the computer. CNA #3 aces in the documentation f did not document it or that vided. CNA #3 stated that nce that the care was e blank spaces and no				
	conducted with CNA incontinence care are in the ADL's form in that the incontinence not require them to s	#1. CNA #1 stated that d feeding were documented the computer. CNA #1 stated care documentation does ay how many times the care the shift but they evidence				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE COMP	SURVEY
		495227	B. WING				C 19/2022
	ROVIDER OR SUPPLIER	ID NURSING CENTER	,	73	TREET ADDRESS, CITY, STATE, ZIP CODE 300 FOREST AVE ICHMOND, VA 23226	, 10.	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 656	Continued From pag	e 53	F	656			
	shift. CNA #1 stated	igning it off for the whole that if the documentation no evidence to support that					
	conducted with LPN LPN #8 stated that be documentation and to member did not documented. LPN #8 documentation for R and eating and state to support that it was On 10/17/2022 at 1: conducted with LPN stated that wound care	the eTAR meant that the staff fument that it was done that not say that the treatment was reviewed the ADL 404 for incontinence care d that there was no evidence d done with the blanks. In 2 p.m., an interview was #10, wound nurse. LPN #10 are was evidenced as					
	reviewed R404's eTA were not sure what be they could not say the	g it off on the eTAR. LPN #10 AR's and stated that they clanks were on the eTAR but at the treatments were e no initials documenting that					
	conducted with LPN purpose of the care purpose of the care purpose that were condition or to maint stated that the care purpose the care purpo	#10 p.m., an interview was #11. LPN #11 stated that the plan was to set up goals for e to improve the residents ain their status. LPN #11 plan was not being terventions were not being					
	(administrative staff administrator, ASM #	proximately 9:29 a.m., ASM member) #1, the #2, the regional director of M #4, the assistant director of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495227	B. WING			C	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP COD 7300 FOREST AVE RICHMOND, VA 23226		10/19/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 656	Continued From pag	e 54	F 6	56			
	the assistant administ president of operation concern.	e director of nursing, ASM #6, strator and ASM #7, the vice ns were made aware of the					
	(1) Pressure Ulcer A pressure sore is at down when somethin against the skin. Pre the severity of symptostage. Stage IV is the painful area on the swhen pressed. This is forming. The skin soft. Stage II: The ssore. The area arour irritated. Stage III: Topen, sunken hole cobelow the skin is dar see body fat in the copressure ulcer has be damage to the muse to tendons and joints obtained from the weets.	ecome so deep that there is le and bone, and sometimes s. This information was					
	Complaint deficiency  6. For Resident #40	7. 3 (R403), the facility staff he care plan to provide					
	admission assessme reference date) of 3/	MDS (minimum data set), an ent with an ARD (assessment 25/2022, the resident scored MS (brief interview for mental					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION		(X3) DATE SURV COMPLETE	
		495227	B. WING _			C <b>10/19/2</b>	022
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP C	ODE	10/10/2	<u> </u>
WEOTI OI	CI REHABIEHAHON AN	B NOROING GENTER		RICHMOND, VA 23226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI	ION SHOULD BE HE APPROPRIA	-	(X5) MPLETION DATE
F 656	Continued From page	e 55	F 6	656			
	severely impaired for	indicating the resident was making daily decisions. ed R403 requiring extensive person for toileting.					
	Bowel/Urinary inconti mobility, dementia. C Revision on: 04/13/20 it documented in part toileting or provide in include prior to depar	care plan for R403 'Incontinence: [R403] has inence related to impaired Created on: 03/21/2022. 'D22." Under "Interventions" in "Provide assistance with continent care as needed, to ture and upon return from 03/21/2022. Revision on:					
	Use" ADL documents and 4/1/2022-4/30/20	er Continence and Toilet ation for 3/1/2022-3/31/2022 022 failed to evidence ovided to R403 on 8 shifts.					
	conducted with CNA #3. CNA #3 stated the documented in the co- blanks spaces in the that staff did not docu- not provided. CNA #	O a.m., an interview was (certified nursing assistant) nat incontinence care was emputer. CNA #3 stated that documentation could mean ument it or that the care was 3 stated that they could not e was provided if there were documentation.					
	conducted with LPN LPN #8 stated that bl documentation mean not document that it could not say that the	36 p.m., an interview was (licensed practical nurse) #8. anks on the ADL that the staff member did was done that day and they be treatment was completed.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		495227	B. WING_			C <b>10/19/2022</b>	
	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE  7300 FOREST AVE  RICHMOND, VA 23226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 656	conducted with LPN purpose of the care purpose of the care purpose of the care purpose of the resident that were condition or to maintain stated that the care purpose implemented if the infollowed.  On 10/17/2022 at 4:0 conducted with CNA incontinence care was form in the computer incontinence care do require them to say him.	#11. LPN #11 stated that the plan was to set up goals for the to improve the residents ain their status. LPN #11 plan was not being terventions were not being terventions were not being #1. CNA #1 stated that it is documented in the ADL's CNA #1 stated that the cumentation does not ow many times the care was	F 6	56			
	was done by signing CNA #1 stated that if blank there was no e care was done.  On 10/19/2022 at application (administrative staff radministrator, ASM # clinical services, ASM nursing, ASM #5, the the assistant administration president of operation concern.  No further information Complaint deficiency	2, the regional director of #4, the assistant director of director of nursing, ASM #6, trator and ASM #7, the vice his were made aware of the high was provided prior to exit.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495227	B. WING		1	C <b>0/19/2022</b>	
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	•	····	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 656	investigation, it was staff failed to impler 78 residents in the staff, #11, #108, #30.  The findings include 1. a. For Resident # failed to follow the radminister Clonidin resident's systolic bithan 160 mm Hg (meleven times during).  On the most recent quarterly assessme reference date) of 8 being cognitively in having scored 15 or interview for mental receiving dialysis seperiod. R61 was copressure.  A review of R61's of following orders:  "Clonidine HCI Table mouth every 12 hou (blood pressure) grows dated 4/22/22.  A review of R61's Madministration records.	determined that the facility ment the care plan for six of survey sample, Residents 04, #404, and #403.  E:  #61 (R61), the facility staff resident's care plan to e (1) as ordered when the plood pressure (2) was greater millimeters per mercury), May 2022.  MDS (minimum data set), a rent with an ARD (assessment B/12/22, R61 was coded as tact for making daily decisions, but of 15 on the BIMS (brief a status). R61 was coded as rervices during the look back ded as having high blood  linical record revealed the  et 0/1 MG. Give 1 tablet by ars as needed for systolic B/P reater than 160." This order	F 656				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  IG	_	(X3) DATE SURVEY COMPLETED	
		495227	B. WING_			C 10/19/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, 7300 FOREST AVE RICHMOND, VA 2322		10/19/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CORF	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCED TO THE APPROPRIA DEFICIENCY)	
F 656	R61's systolic blood p 160.  A review of R61's car revised 8/15/22 revea nursing care needs r/ (hypertension)Adm ordered."  On 10/17/22 at 12:15 practical nurse) #4 w the purpose of a resic problems/goals for ea to implement interver meet those goals. Sh as well as the whole implementing the car  On 10/18/22 at 9:23 a interviewed. She revi the May 2022 blood p She stated R61's car followed.  On 10/18/22 at 9:54 a interviewed. She revi the May 2022 blood p She stated R61's car followed.  On 10/18/22 at 4:33 p staff member) #1, the regional director of cl regional nurse naviga	ressure readings exceeded re plan dated 2/4/22 and aled, in part: "[R61] has basic it (related to)HTN ininister medicationsas  r.p.m., LPN (licensed as interviewed. She stated dent's care plan is to identify ach individual resident, and intions to help the resident e stated CNAs and nurses, team, are responsible for e plan.  a.m., LPN #16 was ewed R61's Clonidine order, pressures, and the care plan. e plan was not being  a.m., LPN #17 was ewed R61's Clonidine order, pressures, and the care plan. e plan was not being  a.m., ASM (administrative e administrator, ASM #2, the inical services, ASM #3, the ator, ASM #4, the assistant	Fé	556		
	staff member) #1, the regional director of cl regional nurse naviga director of nursing, A nursing, ASM #6, the	e administrator, ASM #2, the inical services, ASM #3, the ator, ASM #4, the assistant SM #5, the director of assistant administrator, and sident of operations, were				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
		495227	B. WING			C 0/19/2022	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CO. 7300 FOREST AVE RICHMOND, VA 23226		0/19/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 656	Comprehensive Perspart: "The Interdiscipt conjunction with the legal representative, comprehensive, perseach resident."  (1) "Clonidine tablets or in combination with high blood pressure. medications called to hypotensive agents. pressure by decreas relaxing the blood versure as the pressure by decreas relaxing the plood versure as the pressure by decreas relaxing the part of attention and impulsitation a	y policy, "Care Plans, son-Centered," revealed, in polinary Team (IDT), in resident and his/her family or develops and implements a son-centered care plan for a (Catapres) are used alone the other medications to treat Clonidine is in a class of entrally acting alpha-agonist Clonidine treats high blood ing your heart rate and essels so that blood can flow the body. Clonidine the blets may treat ADHD by the brain that controls in interest in the policy in the property of the policy of the property of the policy of the policy of the property of the policy of the property of th	F 6	56			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495227	B. WING			C 0/19/2022	
NAME OF PROVIDER OR SUPPLIER  WESTPORT REHABILITATION AND NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CO 7300 FOREST AVE RICHMOND, VA 23226		0/10/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 656	ivities.  COMPLAINT DEFICE  1. b. For R61, the factoresident's care plant tordered medication, through 6/5/22.  A review of R61's clir following order dated Tablet 50 mg (milligrathree times a day for dose before 6PM (6:0 for multiple doses/dathree times and the following order dated Tablet 50 mg (milligrathree times and the following order 6PM (6:0 for multiple doses/dathree times and 6/5/22, of the day) dose of Hevidenced by nurse in Hydralazine and the fall five dates.  A review of R61's carrevised 8/15/22 reveaursing care needs runging	cility staff failed to follow the o administer the physician Hydralazine, from 6/1/22  Inical record revealed the 4/13/22: "Hydralazine HCl ams. Give 2 tablets by mouth HTN (hypertension). Last 20 p.m.) as recommended by."  The 2022 MARs (medication is) revealed that on 6/1, 6/2, R61 received the third (last ydralazine at 10:00 p.m., as initials in the block for time of 2200 (10:00 p.m.) on the plan dated 2/4/22 and alled, in part: "[R61] has basic of the first time of 200 medications and the plan dated 2/4/22 and alled, in part: "[R61] has basic of the first first medications and the plan dated 2/4/22 and alled, in part: "[R61] has basic of the first	F 65	56			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		495227	B. WING		C		
NAME OF PROVIDER OR SUPPLIER  WESTPORT REHABILITATION AND NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 7300 FOREST AVE RICHMOND, VA 23226		10/19/2022	
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 656	On 10/18/22 at 9:23 interviewed. She revorder, the June 2022 She stated R61's ca followed.  On 10/18/22 at 9:54 interviewed. She revorder, the June 2022 She stated R61's ca followed.  On 10/18/22 at 4:33 staff member) #1, th regional director of cregional nurse navig director of nursing, Anursing, ASM #6, the ASM #7, the vice preinformed of these converses and the second Resource:  (1) "Hydralazine is upressure. Hydralazine called vasodilators. In vessels so that blood through the body." The website https://medlineplus.gtml.  COMPLAINT DEFICE 2. For Resident #11 to follow the care plant interviewed.	a.m., LPN #16 was riewed R61's Hydralazine 2 MAR, and the care plan. The plan was not being a.m., LPN #17 was riewed R61's Hydralazine 2 MAR, and the care plan. The plan was not being a management of the plan was not being p.m., ASM (administrative element of the administrator, ASM #2, the alternative and was replan was not being p.m., ASM (administrative element of the administrator, ASM #3, the ator, ASM #4, the assistant administrator, and resident of operations, were replan was provided prior to exit.  The was provided prior to exit.  The sed to treat high blood the is in a class of medications at works by relaxing the blood of can flow more easily this information is taken from pov/druginfo/meds/a682246.h	F 6	56			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			(X3) DATE SURVEY COMPLETED		
		495227	B. WING _			C <b>10/19/2022</b>		
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE  7300 FOREST AVE  RICHMOND, VA 23226				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF C ( (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
F 656	4/1/22 through 4/12/ On the most recent I quarterly assessmer reference date) of 7/being severely cogn daily decisions, havi the BIMS (brief inter was coded as receiv the look back period  A review of R11's cli following order: "Her (end stage renal dist Time: Tues (Tuesda (Saturday)." This ord  A review of R11's cli physician's order to site from 3/1/22 thro failed to reveal any eassessing R11's acc failed to obtain a phythe dialysis access search A review of R11's carevised 6/15/22 reveinsufficiency related HD (hemodialysis) (every shift) as order to make the purpose of a resproblems/goals for eato implement interverse.	MDS (minimum data set), a at with an ARD (assessment 11/22, R11 was coded as itively impaired for making and scored five out of 15 on view for mental status). R11 ring dialysis services during dialysis Diagnosis: ESRD ease) Dialysis Days and y) -Thurs (Thursday) -Sat der was dated 5/7/21.  Inical record failed to reveal a eassess R11's dialysis access ugh 4/12/22. The review evidence that the staff were eess site on those days, and visician's order for assessing site per the care plan.  The plan dated 10/4/21 and ealed, in part: [R11] has renal to chronic kidney disease on check bruit and thrill q shift	F6	656				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495227	B. WING _			C <b>10/19/2022</b>	
	NAME OF PROVIDER OR SUPPLIER  WESTPORT REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODI 7300 FOREST AVE RICHMOND, VA 23226		,	
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	PROVIDER'S PLAN OF COI ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 656	staff member) #1, tregional director of regional nurse navidirector of nursing, nursing, ASM #6, the ASM #7, the vice prinformed of these of the No further informated. The Complaint of the Section of the Market of the Section of the Section of the Market of the Section of th	3 p.m., ASM (administrative he administrator, ASM #2, the clinical services, ASM #3, the gator, ASM #4, the assistant ASM #5, the director of he assistant administrator, and resident of operations, were concerns.	F	DEFICIENCY)			
	staff member) #1, t provide a list of res stated the facility is of residents who sr list did not include I On 10/12/22 at 10: picnic table in an a adjacent building.	35 a.m., ASM (administrative he administrator, was asked to idents who smoke. ASM #1 smoke-free. He provided a list noke off facility property. This R108.  54 a.m., R108 was sitting at a rea between the facility and an The picnic table was s and bushes. The dirt path cility to the picnic table was					

,		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495227	B. WING _				C <b>19/2022</b>	
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 7300 FOREST AVE RICHMOND, VA 23226	DE	•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BI E APPROPRIA		(X5) COMPLETION DATE	
F 656	cleared of debris, and uneven segments. R cigarette. R108 state again. We were out he last year, weren't we' multiple cigarettes ever spend a great deal of R108 pulled cigarettes stated they keep the room.  A review of R108's clear Smoking - Safety Scremost recent smoking entrance. A review of the following:  "Patient demonstrate holding cigarette, light matches, lighter and disposal of ashes: Not patient remains alert.  Patient understands if (cigarettes, lighters, returned to and kept center staff when not Determination: At risk family or friend for photo smoke.  Additional comments heart issues and non outside of facility, res Resident aware facility.	d contained a few rocks and 108 was smoking a d: "It's good to see you ere last year together talking PT R108 stated they smoke ery day and evening, and itime at the picnic table. It is out of their pocket, and cigarettes hidden in their inical record revealed a een dated 10/30/21; the safety screening prior to this assessment revealed is safe smoking techniques: ting cigarette, extinguishing cigarette after use and inical smoking accessories matches, etc.) must be under the control of the in use: Yes a smoker: Requires staff, ysical support or supervision information: Resident has compliant and does smoke ident smells of smoke.	F 6	56				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			C 10/19/2022
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	<b>,</b>	10/13/2022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 656	smokingEducate the smoking policy and smoking cessation (cigarettes, matches)  On 10/17/22 at 12:11 practical nurse) #4 the purpose of a resproblems/goals for to implement intervement those goals. Soas well as the whole implementing the case of the state of t	vealed, in part: "Safe o interventions and center procedures Offer/encourage .Secure smoking materials s, lighters) at nursing station."  5 p.m., LPN (licensed was interviewed. She stated sident's care plan is to identify each individual resident, and entions to help the resident the stated CNAs and nurses, e team, are responsible for are plan.  6 p.m., LPN (licensed R108's unit manager, was ed he had not been aware goutside to smoke until a few ted he did not know where tes, and had not asked the on. He stated he needs to ar with R108's care plan, and ad cigarettes in their room or care plan was not being stated residents should store turse.  1 p.m., ASM #1, ASM #2, the clinical services, ASM #3, the gator, ASM #4, the assistant ASM #5, the director of e assistant administrator, and esident of operations, were oncerns.	F6	56		
F 657 SS=D	No further information Care Plan Timing a	on was provided prior to exit. nd Revision	F 6	57		11/15/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495227		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		495227	B. WING		C 10/19/2022	
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	1 10/10/2022	
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 657	Continued From pag CFR(s): 483.21(b)(2	)(i)-(iii)	F6	57		
	be- (i) Developed within the comprehensive a (ii) Prepared by an inincludes but is not lin (A) The attending ph (B) A registered nurs resident. (C) A nurse aide with resident. (D) A member of food (E) To the extent prathe resident and the An explanation must medical record if the and their resident re not practicable for the resident's care plan. (F) Other appropriat disciplines as determor as requested by t (iii) Reviewed and re	7 days after completion of assessment.  1 days after completion of assessment.  1 derdisciplinary team, that mited to 1 daysician.  1 days after completion of assessment.  1 days after completion of the mited to 1 daysician.  2 days after completion of the mited to 2 daysician.  2 days after completion of the and and nutrition services staff.  2 daysician and a resident's representative (s).  3 days after completion of the resident presentative is determined to the development of the staff or professionals in the nined by the resident's needs				
	by: Based on staff inter and clinical record re to review and revise	T is not met as evidenced view, facility document review eview, the facility staff failed the comprehensive care plan ats in the survey sample,		F657 Care plan timing and revision 1. Resident #304 is no longer a re of center. 2. A review of current residents in center with wounds will be reviewed ensure these areas are care planne 3. The Regional Director of MDS/designee will educate the IDT	esident the d to ed.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG			(X3) DATE SURVEY COMPLETED	
		495227	B. WING			C 10/19/2022		
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP C	CODE	101	10/2022	
WESTRO	T DELLA DIL ITATIONI A	ND NUIDOING OFNITED		7300 FOREST AVE				
WESTPO	RI REHABILITATION A	ND NURSING CENTER		RICHMOND, VA 23226				
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F 657	to review and revise comprehensive can developed a new let 5/3/22 which require.  On the most recent admission assessman reference date) of 4 out of 15 on the BIN status), indicating the impaired for making.  A review of R304's wound care nurse put that documented a left medial lower leg record revealed a put to paint a small area betadine and leave shift. Review of R3 dated 3/28/22 failed reviewed and revise wound on R304's let.  On 10/19/22 at 7:47 conducted with LPN LPN #8 stated the put the whole interdiscissection to "Do what approach we are go holistically." LPN # should be reviewed wound because, "If that is being treated treat and heal." LP comprehensive caresee that the care plice.	(R304), the facility staff failed at the resident's are plan when the resident of medial leg arterial wound on ed treatment.  MDS (minimum data set), an arent with an ARD (assessment data), and the resident scored 13 data (assessment data), and the resident was not cognitively a daily decisions.  Clinical record revealed a coractitioner note dated 5/3/22 arew arterial wound on R304's garden are resident was not cognitively and the area open to air every day are of eschar (dead skin) with the area open to air every day are of the care plan was ed to include the new arterial	F	(MDS staff, nursing manag Service, Director of Activitie Rehab director) on the deventhe comprehensive care places and updates on the with change in conditions.  4. Regional Director of Maill review 5 comprehensive weekly to ensure the care president surrent status in revision/updates on the cales. The results of the revidiscussed at the monthly Conce the QAPI committee problem no longer exists, the completed on a random Administrator/Director of National revision.  6. Date of Compliance: 1	es, Dietitian, velopment of lan to reflect to include the care plan IDS/designed the care plans plan reflects ncluding re plan. The plan reflects plan reflects ncluding re plan. The plan reflects pl	e s the g. the vill		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		495227	B. WING _		C 10/19/2022	
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	10/13/2022	
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F 657	Continued From pag	ge 68 a.m., ASM (administrative	F 6	57		
	staff member) #1 (th	ng) were made aware of the				
	"A comprehensive, part that includes measured timetables to meet to psychosocial and further and implemented for Interdisciplinary Teathe care plan: a. When the the care plan: a. When the the the care plan: a. When the	son-Centered" documented, person-centered care plan				
F 658 SS=D	Services Provided N CFR(s): 483.21(b)(3 §483.21(b)(3) Comp	on was presented prior to exit.  fleet Professional Standards )(i)  frehensive Care Plans and or arranged by the facility,	F 6	58	11/15/22	
	as outlined by the comust- (i) Meet professiona This REQUIREMEN by: Based on resident if facility document review, it was deterr to follow professional medication administ	omprehensive care plan,  I standards of quality.  T is not met as evidenced  Interview, staff interview, view, and clinical record  Inined that facility staff failed  all standards of nursing for  Irration documentation for one  e survey sample, Resident		F658 Services Provided Meet Professional Standards 1. Resident #124 the physician w notified of medication not administe The medication was discontinued of 9/13/2022. 2. Current residents have the pot be affected. 3. The Staff Development Coordinator/designee will educate	ered. on tential to	

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		495227	B. WING _		10/1	;  9/2022	
	NAME OF PROVIDER OR SUPPLIER  WESTPORT REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 7300 FOREST AVE RICHMOND, VA 23226	•	072022	
(X4) ID PREFIX TAG	(EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 658	documented the attimes in September documented the rewhen it was not a administration.  On the most receiquarterly assessman reference date) of being cognitively in 15 on the BIMS (Its She was coded as frequently during in 15 on 10/13/22 at 9: bed. R124 stated due to fibromyalgifacility has not always medication the way and a review of R124' following order daman (milligrams) (Its mouth two times a fibromyalgia/deproduced the facility revealed facility revealed nurses' if administered at 5.	4 (R124) the facility staff falsely administration of Sarvella (1) five er 2022. The facility staff nedication was administered vailable from the pharmacy for the MDS (minimum data set), a ment with an ARD (assessment 19/12/22, R124 was coded as ntact, having scored 15 out of orief interview for mental status). It is having experienced pain the look back period.  105 a.m., R124 was sitting up in they have almost constant pain a. The resident stated the vays administered fibromyalgia by the doctor ordered.  11 staff alsely was sitting up in they have almost constant pain a. The resident stated the vays administered fibromyalgia by the doctor ordered.  12 staff alsely was sitting up in they have almost constant pain a. The resident stated the vays administered fibromyalgia by the doctor ordered.  13 staff alsely was sitting up in they have almost constant pain a. The resident stated the vays administered fibromyalgia by the doctor ordered.	F6	licensed nurses on the procescuracy of documentation record and process to secur process when medications available.  4. The Unit Managers or of complete a weekly review of documentation on new medinitiated and verify available documentation.  5. The results of the revier discussed at the monthly Quence of the QAPI committee of problem no longer exists, the becompleted on a random Administrator/Director of Nurresponsible for implementation of correction.  6. Date of Compliance: 11	in the medical re or manage are not  designee will f lications were with accurate w will be API meeting. determines the re reviews will basis. The ursing are tion of the plan		

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		TIPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED	
		495227	B. WING			C <b>10/19/2022</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 7300 FOREST AVE RICHMOND, VA 23226	ZIP CODE	10/19/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	X (EACH CORRECTIVE CROSS-REFERENCED		DATE
F 658	at 8:00 a.m. on 9/25 Savella was delivered or before 9/26/22.  A review of R124's of updated 9/3/22 reversion for increased pain of painAdminister paragraph orders."  On 10/18/22 at 9:23 nurse) #16 was internurse administers a initials the MAR to ingiven. She stated a that he/she administer they did not. She stated a that he/she administer they did not. She stated a nurse should medication as adminigiven to the resident on 10/18/22 at 10:4 member) #14, a phase she reviewed the phyerified the pharmace Sarvella tablets for Ferior to then, the fact additional Sarvella tablets for Ferior to 10/18/22 at 2:55	However, no additional and to the facility after 8/28/22 and aled, in part: [R124] is at risk use tochronic in medication per physician  a.m., LPN (licensed practical rviewed. She stated when a medication, she (or he) addicate the medication was nurse should never document ared in a medication when atted: "It's not right, and it's not a.m., LPN #17 was atted she places her initials on a medication is given. She and not falsely document a nistered if it was not actually	F	658		
	should not ever doc	newed. She stated a nurse ument a medication had been se had actually administered				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495227	B. WING		C 10/19/2022		
NAME OF PROVIDER OR SUPPLIER  WESTPORT REHABILITATION AND NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	10/13/2022		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION		
F 658	receiving the medical R124's MAR and the stated: "I don't know administered a med She stated the nurse professional standar R124's clinical record. On 10/18/22 at 4:33 staff member) #1, the regional director of coregional nurse navig director of nursing, Anursing, ASM #6, the ASM #7, the vice professional factor of these cordinates of the necessity of according to the necessity of according to the facility standard of professional nurse navignation administration of medication administration of medication administration of professional nurse in a standard of professional nurse in a standard of professional nurse in all areas of specialty area standard section of manual responsional nurse in all areas of specialty area standard of manual responsional nurse in all areas of specialty area standard of manual responsional nurse in all areas of specialty area standard of manual responsional nurse in all areas of specialty area standard of manual responsional nurse in all areas of specialty area standard of manual responsional nurse in all areas of specialty area standard of manual responsional nurse in all areas of specialty area standard of manual responsional nurse in all areas of specialty area standard of manual responsional nurse in all areas of specialty area standard of manual responsional nurse in all areas of specialty area standard of manual responsional nurse in all areas of specialty area standard of manual responsional nurse in a manual responsional nurse in a manual nurse i	witnessed the resident ation. LPN #7 reviewed a pharmacy receipts. She whow they could have ication that was not here." as were not following reds of nursing practice, and red was not accurate.  p.m., ASM (administrative ne administrator, ASM #2, the plator, ASM #4, the assistant ASM #5, the director of ne assistant administrator, and resident of operations, were necessary.  a.m., ASM #5 stated she needed of practice for needications not given and for curate nursing documentation nistration. She stated the rectice is the Lippincott practice, 11th Edition. ASM #5 fers to their policies if there is necessary is actice.  pincott Manual of Nursing not "Standards of what nurses are to be ic standards applicable to all if practice, as well as by ards" A review of this	F 658				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	O NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	10/10/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		
F 658	part: "The Medication always employed dur administrationIf a domedicine isnot avail un-administered dose procedures for use of No further information NOTES  (1) "Milnacipran (Sarvation fibromyalgia (a long-lacause pain, muscle stiredness, and difficul asleep). Milnacipran i called selective seroto reuptake inhibitors (Sincreasing the amoun norepinephrine, natur the movement of pair information is taken front the servation of the servation	r policy, "Medication ral Guidelines," revealed, in Administration Recordis ing medication ose of regularly scheduled abledocumentation of the ris done as instructed by the the eMAR system."  I was provided prior to exit.  rella) is used to treat asting condition that may diffness and tenderness, ty falling asleep or staying is in a class of medications onin and norepinephrine NRIs). It works by t of serotonin and all substances that help stop a signals in the brain." This om the website ov/druginfo/meds/a609016.h	F 65			
	S483.24(a)(2) A reside out activities of daily I services to maintain appersonal and oral hygometric REQUIREMENT by:  Based on clinical recomplaint investigation	ent who is unable to carry iving receives the necessary good nutrition, grooming, and iene; is not met as evidenced ord review, staff interview, ew and in the course of a n it was determined that the rovide ADL (activities of	F 67	F677 ADL Provided for Dependent Residents  1. Resident #404 ,# 403, # 305, #45 no longer a resident at the center.	3	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			10/1	) 19/2022
	ROVIDER OR SUPPLIER	ID NURSING CENTER	•	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	:		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE		(X5) COMPLETION DATE
F 677	of 78 residents in the #404, Resident #403 Resident #403.  The findings include  1. For Resident #40 failed to provide assimontinence care.  On the most recent I quarterly assessmer reference date) of 9/5 out of 15 on the BI status) assessment, severely impaired fo Section G document dependent on one stoileting.  Review of the "Bladd Use" ADL document and 7/1/2021-7/31/2 incontinence care prollowing dates. Day 7/4/2021, T/7/2021, Evening shift on 6/23 7/18/2021. Night shand 7/27/2021.  Review of the "Eatin 6/1/2021-6/30/2021, 8/1/2021-8/30/2021, 10/1/2021-10/31/202 assistance provided dates. Breakfast on 7/4/2021, 7/14/2021	dependent residents for four esurvey sample, Resident 8, Resident #309 and 4 (R404), the facility staff estance with meals and and with an ARD (assessment 25/2021, the resident scored with an ARD (assessment 25/2021, the resident scored with meals and indicating the resident was a making daily decisions. The decisions was really staff member for eating and the continence and Toilet ation for 6/1/2021-6/30/2021 (221 failed to evidence ovided to R404 on the	F	2. Current residents in the coare dependent on staff to provicare have the potential to be a 3. The Staff Development Coordinator/designee will educ certified and licensed nurses of and complete ADL documentar validate care was provided incincontinence care, feeding assibathing /showers.  4. The Unit Managers/design complete an audit on 10 reside to ensure ADL records validate of feeding assistance and incocare.  5. The results of the review discussed at the monthly QAP Once the QAPI committee deteroblem no longer exists, the results of correction of correction.  6. Date of Compliance: 11/15	ide ADL iffected.  cate all on providition to cluding sistance, nee will ents weel e compleintinence will be I meeting ermines in reviews w sis. The ng are n of the p	kly tion g. the	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495227	B. WING				C 1 <b>19/2022</b>	
	ROVIDER OR SUPPLIER	D NURSING CENTER		7300 FO	ADDRESS, CITY, STATE, ZIP CODE REST AVE OND, VA 23226	1 10/	13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
F 677	6/27/2021, 7/4/2021, 7/29/2021, 8/17/2021 10/15/2021. Dinner of 7/18/2021, 10/16/2021. Review of the "Bedtin documentation for 6/7/1/2021-7/31/2021, 9/1/2021-9/30/2021 a failed to evidence a sthe following dates. 7/5/2021, 7/6/2021, 7/20/2021, 7/20/2021, 7/23/2021 and 10/20/2021. The comprehensive documented in part, living): [R404] is at sci disease process. [R-all ADL's and mobility Revision on: 11/02/201 it documented in part po (by mouth) intake 06/30/2021. Revisio care plan further doc actual skin breakdow sacrum and is at risk related to impaired malnutrition, oxygen. Revision on: 11/02/201 it documented in part malnutrition, oxygen. Revision on: 11/02/201 it documented in part malnutrition, oxygen. Revision on: 11/02/201 it documented in part meeded. Created on 09/08/2022."	7/7/2021, 7/14/2021, 1, 8/21/2021, 9/22/2021 and on 6/23/2021, 7/14/2021, 21 and 10/18/2021.  me snack" ADL 1/2021-6/30/2021, 8/1/2021-8/30/2021, and 10/1/2021-10/31/2021 snack provided to R404 on On 6/23/2021, 7/4/2021, 7/14/2021, 7/18/2021, 1, 8/14/2021, 8/15/2021, 1, 10/16/2021, 10/18/2021  care plan for R404 "ADL (activities of daily elf-care deficit related to 404] requires assistance for 7/2021" Under "Interventions" t, "Feed meals, encourage as tolerated. Created on: n on: 09/08/2022" The umented, "[Skin: [R404] with 7/2021 related to pressure ulcer for alteration in skin integrity	F	577				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		495227	B. WING _			C <b>10/19/2022</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	<b>!</b>	10/13/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR ( (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 677	could mean that starthe care was not provided if there were documentation.  On 10/17/2022 at 4: conducted with CNA incontinence care and in the ADL's form in that the incontinence not require them to swas provided during that it was done by shift. CNA #1 stated was blank there was the care was done.  On 10/17/2022 at 12 conducted with LPN LPN #8 stated that it documentation meanot document that it could not say that the LPN #8 reviewed the R404 for incontinent that there was no evidence with the blanks.  The facility policy "A (ADLs), Supporting documented in part, to carry out activities will receive the serving good nutrition, groon hygieneAppropriate provided for residen	coaces in the documentation of did not document it or that by ided. CNA #3 stated that since that the care was re blank spaces and no  106 p.m., an interview was a #1. CNA #1 stated that and feeding were documented the computer. CNA #1 stated are care documentation does say how many times the care at the shift but they evidence signing it off for the whole at that if the documentation is no evidence to support that  12:36 p.m., an interview was a (licensed practical nurse) #8. Dolanks on the ADL and that the staff member did was done that day and they are treatment was completed. The ADL documentation for the care and eating and stated widence to support that it was is.	F6	577		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495227	B. WING		C 10/19/2022	
	ROVIDER OR SUPPLIER	AND NURSING CENTER	7:	TREET ADDRESS, CITY, STATE, ZIP CODE 300 FOREST AVE	1 10/10/2022	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 677	including appropria with: a. Hygiene (b and oral care); b. Mambulation, includi (toileting); d. Dining Communication (sp functional communication) (sp functional services, A nursing, ASM #5, the assistant administrator, ASM clinical services, A nursing, ASM #5, the assistant administrator of operation concern.  No further information (sp functional services) (sp functional servi	cordance with the plan of care, ate support and assistance athing, dressing, grooming, Mobility (transfer and ng walking); c. Elimination g (meals and snacks); and e. beech, language, and any sication systems)"  approximately 9:29 a.m., ASM ff member) #1, the 1 #2, the regional director of SM #4, the assistant director of he director of nursing, ASM #6, histrator and ASM #7, the vice sions were made aware of the cion was provided prior to exit.	F 677			
	Use" ADL docume and 4/1/2022-4/30, incontinence care	ntation for 3/1/2022-3/31/2022//2022 failed to evidence provided to R403 on the n day shift on 3/22/2022,				

		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			C <b>10/19/2022</b>	
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIF 7300 FOREST AVE RICHMOND, VA 23226	, CODE	10/10/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIAT	(X5) COMPLETION DATE	
F 677	shift on 4/4/2022. On 3/28/2022 and 4/8/20 The comprehensive documented in part, Bowel/Urinary incont mobility, dementia. On Revision on: 04/13/2 it documented in part toileting or provide in include prior to depadialysis. Created on 04/13/2022"  On 10/13/2022 at 5:4 conducted with CNA #3. CNA #3 stated the documented in the collanks spaces in the that staff did not documented in the callank spaces and no On 10/17/2022 at 4:0 conducted with CNA incontinence care was form in the computer incontinence care do require them to say in provided during the swas done by signing CNA #1 stated that if blank there was no ecare was done.  On 10/17/2022 at 12	and 4/11/2022. On evening in night shift on 3/23/2022, 2022.  Care plan for R403  "Incontinence: [R403] has inence related to impaired Created on: 03/21/2022.  022." Under "Interventions" it, "Provide assistance with continent care as needed, to rture and upon return from it 03/21/2022. Revision on:  40 AM, an interview was (certified nursing assistant) inat incontinence care was imputer. CNA #3 stated that documentation could mean ument it or that the care was its stated that they could not be was provided if there were	F6	577			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		495227	B. WING _			C <b>10/19/2022</b>	
	ROVIDER OR SUPPLIER	ID NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		10/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDEDICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 677	not document that it could not say that the Could not say that the On 10/19/2022 at ap (administrator, ASM # clinical services, ASI nursing, ASM #5, the the assistant administrator of concern.  No further information concern.  No further information concern.  No further information concern.  The facility staff far documentation of ADI care for Resident #3.  The most recent MDI assessment recoded the resident at the BIMS (brief intermindicating the resident impaired. A review of G-functional status of requiring extensive at transfer, dressing; to locomotion, hygiene for eating.  A review of the compared to the compa	lanks on the ADL Int that the staff member did was done that day and they be treatment was completed.  proximately 9:29 a.m., ASM member) #1, the #2, the regional director of M #4, the assistant director of de director of nursing, ASM #6, strator and ASM #7, the vice ins were made aware of the  In was provided prior to exit.  In the description of the director of exit and the director of nursing and the director of nursing and the vice is director of all y living and the vice is scoring a 02 out of 15 on view for mental status) score, in the vice is dead to be director of the vice is dead to be di	F6	577			
	INCONTINENCE: re	22, revealed, "FOCUS: sident has urinary and bowel to impaired mobility, CVA,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495227	B. WING		C 10/19/2022	
	ROVIDER OR SUPPLIER	AND NURSING CENTER	7	STREET ADDRESS, CITY, STATE, ZIP CODE 2300 FOREST AVE RICHMOND, VA 23226	10/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTION	
F 677	Continued From pa	ge 79	F 677			
	weakness and diffic INTERVENTIONS: toileting or provide Use absorbent prod Report changes in care."	Provide assistance with incontinent care as needed. ducts as needed (i.e. briefs). skin integrity found during daily				
	(activities of daily liver revealed no docume care being provided	nt #305's March 2022 ADL ving) record for March 6, 2022, entation of bowel continence d on evening shift. There was r incontinence care being evening shift.				
	PM with LPN (licen asked what it mean documentation for i	onducted on 10/17/22 at 2:18 sed practical nurse) #2. When it if there was missing ncontinence care, LPN #2 an that the care was not done.				
	PM with CNA (certi When asked where feeding of residents stated, they log ont living) form and it h ADL's doesn't ask t change the residen	onducted on 10/17/22 at 4:06 fied nursing assistant) #1. incontinence care, baths and is documented, CNA #1 o ADL's (activities of daily as incontinent or continent, the he number of times we t, we evidence it by e ADL record. If there are evidence.				
	staff member) #1, t regional director of assistant director o of nursing, ASM #6 and ASM #7, the re	D PM, ASM (administrative the administrator, ASM #2, the clinical services, ASM #4, the f nursing, ASM #5, the director, the assistant administrator gional vice president of ade aware of the findings.				

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
		495227	B. WING		C		
	NAME OF PROVIDER OR SUPPLIER  WESTPORT REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 7300 FOREST AVE RICHMOND, VA 23226		10/19/2022 =	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 677	Incontinence-Asses policy, dated 9/10, the individual remains transient causes of initiate a toileting plassessing the categoric incontinence, the stroileting, prompted to try to manage indocument the result resident's medical responds well, the continued. A "check involves checking that is at regular intimates at regular intimates and incomplete to try to manage incomplete. The stroileting in the result in the stroileting in the stroileting that is a stroil	lity's "Urinary Continence and ssment and Management" revealed, "As indicated, and if ins incontinent despite treating incontinence, the staff will an. As appropriate, based on	F 67				
	provide evidence of daily living) care regarded H453 was 1/26/22 with diagnoral limited to: CHF (confibrillation, pneumonable most recent MI assessment, a five with an ARD (asses 1/31/22, coded the 15 on the BIMS (bri	53, the facility staff failed to f providing ADLs (activities of garding bathing.  admitted to the facility on oses that included but were not negestive heart failure), atrial nia and respiratory failure.  DS (minimum data set) day Medicare assessment, assment reference date) of resident as scoring a 09 out of ite interview for mental status) are resident was moderately					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		495227	B. WING			C <b>10/19/2022</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 7300 FOREST AVE RICHMOND, VA 23226	•	10/19/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 677	G-functional status of requiring extensive a transfer, dressing, e hygiene; total dependence of 1/28 Resident has self-callimitations, COVID 1 hypoxia, generalized deficit, anxiety and r INTERVENTIONS: grooming, dressing, needed. Assist to be Assist with ADL's (and A review of the ADL revealed bathing was 6) days, and dressin shifts and 4/6 evening (combing hair, brushface and hands) were coded as required assistance or total dependent.  A review of the ADL revealed bathing was coded independent.  A review of the ADL revealed bathing was sistance or total dependent.  A review of the ADL revealed bathing was and 5/9 evening shifts; dressing was and 8/9 evening shifts; dressing was and 8/9 evening shift, brushforms in the sistensing was and 8/9 evening shift, combing hair, brushforms in the sistensing was and 8/9 evening shift.	A review of the MDS Section coded the resident as assistance for bed mobility, ating, locomotion and idence for bathing.  Drehensive care plan with a 6/22, revealed, "FOCUS: are deficit related to physical 9, acute respiratory with d muscle weakness. Cognitive multiple health issues.  Assist with daily hygiene, oral care and eating as athe/shower as needed. Civities of daily living).  Forms for January 2022, as performed on 6/6 (6 out of 19 gwas performed for 5/5 day 19 shifts. Personal hygiene 19 performed 5/5 day shifts its. Bathing and dressing 19 iring limited/extensive 19 ependence. Personal 19 on day shift 3/5 shifts as 19 forms for February 2022, as performed 5/9 day shifts its. Personal hygiene 19 performed 5/9 day shifts its. Personal hygiene 19 performed 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its. Personal hygiene 19 performed for 5/9 day shifts its.	F 6	77		
	face and hands) well and 7/9 evening shift personal hygiene we	re performed 5/9 day shifts tts. Bathing, dressing and ere coded as requiring sistance or total dependence.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		495227	B. WING		,	C 10/19/2022
	ROVIDER OR SUPPLIER	AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	<u>'</u>	10/13/2022
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 677	Continued From pa	nge 82 0 AM, an interview was	F 67	77		
	conducted with CN #3. When asked w baths/showers and document it on the forms in PCC (poin system). When as blank spaces in the stated, it could mea or that it was not do could evidence the were blanks, CNA evidence it if there documentation.	A (certified nursing assistant) where CNA's document dressing, CNA #3 stated, we ADL (activities of daily living) t click care-electronic charting ked what it means if there are documentation, CNA #3 an that they did not document one. When asked how a CNA care being provided if there #3 stated, they could not were blank spaces and no				
	dressing and hygie CNA #1 stated, we daily living) form an hygiene places to documenting on the blanks, there is no On 10/17/22 at 5:00	When asked where bathing, ne of residents is documented, log onto ADL's (activities of ad it has bathing, dressing and document, we evidence it by e ADL record. If there are evidence.  O PM, ASM (administrative he administrator, ASM #2, the				
	regional director of assistant director of of nursing, ASM #6 and ASM #7, the reoperations were made and ASM which incontinence-Assess policy, dated 9/10, the individual rematransient causes of	clinical services, ASM #4, the f nursing, ASM #5, the director is, the assistant administrator egional vice president of ade aware of the findings.  lity's "Urinary Continence and essment and Management" revealed, "As indicated, and if ins incontinent despite treating incontinence, the staff will lan. As appropriate, based on				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED		
		495227	B. WING _			C 10/19/2022	
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		10/19/2022	
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR  (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 677	toileting, prompted to try to manage ind document the resul resident's medical responds well, the continued. A "check involves checking to status at regular intidevices or garment maintain dignity and skin."  4b. For Resident #4provide evidence or daily living) care resulting the model of the MD coded the resident assistance for eating	gory and causes of saff will provide scheduled voiding, or other interventions continence. The staff will ts of the toileting trial in the ecord. If the resident coileting program will be a and change" strategy the resident's continence ervals and using incontinence es. The primary goals are to discomfort and to protect the estate to the formula of the following the facility staff failed to formula of the following the facility staff failed to formula of the facility staff failed t	F 6				
	2/5 meals and 51-7 3 meals resident difeeding assistance meals and one persunch: resident refof food for 1 meal at the 2 meals resider feeding assistance meals and one persupper: resident refor food for 2 meals Of the 2 meals resident re	refused 2/5 meals, ate 0% 5% of food for 1 meal. Of the d not refuse to eat breakfast- was coded as set up for two son assist for one meal. used 3/5 meals, ate 51-75% and 76-100% for one meal. Of at did not refuse to eat lunch- was coded as set up for one son assist for one meal. efused 2/6 meals, ate 51-75% and 76-100% for two meals. dent did not refuse to eat sistance was coded as set up					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED		
		495227	B. WING			C <b>10/19/2022</b>	
	ROVIDER OR SUPPLIER	AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		10/19/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 677	Continued From pa	ge 84	F 67	7			
	for two meals and omeals.	one person assist for two					
	A review of the ADI revealed the follow	forms for February 2022, ing:					
	as not applicable 5, for 2/9 meals and a Of the 1 meals resi was coded as set u Lunch: resident at not applicable 4/9 r 3/9 meals and ate 5 the 2 meals resident coded one person a Supper: resident a not applicable 1/9 r meals and ate 51-7	e 2/9 meals, documented as meals, no documentation for 51-75% of food for 1 meal. Of that ate-feeding assistance was assist.  te 2/8 meals, documented as meals, resident refused for 5/8 food for 2 meals. Of that ate-feeding assistance was					
	AM, with LPN (licer unit manager. Who Resident #453, LPI	onducted on 10/17 at 11:50 nsed practical nurse) #7, the en asked if she remembered N #7 stated, yes, she was not er family asked us not to push					
	PM with CNA (certi When asked about stated, if they cann already assigned to pass out trays and When asked about assistance provided ADL's (activities of	fied nursing assistant) #1. feeding residents, CNA #1 ot feed themselves, they are o someone to feed them. We then feed the residents. documenting amount eaten or d, CNA #1 stated, we log onto daily living) form and it has of meal eaten and assistance					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		495227	B. WING _		C 10/19/2022	
	ROVIDER OR SUPPLIER	ND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		10/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION	
F 677	ADL record. If there evidence. When asl would mean regarding that does not seem to the No further information of the complaint deficiency.	nce it by documenting on the are blanks, there is no ked what not applicable ng eating, CNA #1 stated, to apply to eating.	F 6	77		
F 684 SS=E	applies to all treatmet facility residents. Bate assessment of a rest that residents received accordance with propractice, the comprescare plan, and the rest This REQUIREMENT by:  Based on staff interreview, clinical record a complaint investigation.	undamental principle that ent and care provided to sed on the comprehensive ident, the facility must ensure e treatment and care in fessional standards of hensive person-centered	F 6	F684 Quality of Care  1. Residents #61 no action take time frame has already passed. Voltained for residents #116, #17	Weights	
	for five of 78 resident Residents #61, #304 The findings include 1. For Resident #61 to follow the physicial administration of Hyd 6/5/22.	ts in the survey sample, I, #116, #171, and #167. : (R61), the facility staff failed		Resident #304 no longer resides center.  2. Current residents have the pbe affected.  3. The Staff Development Coordinator/designee will educat certified and licensed nurses on process for obtaining weekly weighted documentation in clinical record.	te all the ghts with	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С		
		495227	B. WING _		<del></del>	10	/19/2022	
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE			
WESTBOI	OT DELIABILITATION AS	UD NUIDCING CENTER		7	300 FOREST AVE			
WESTPOR	RT REHABILITATION A	ND NORSING CENTER		R	RICHMOND, VA 23226			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 684	Continued From pag	ge 86 nt with an ARD (assessment	F 6	584	Licensed nurse□s education will include	Α.		
		12/22, R61 was coded as			medication administration of blood	E		
	having scored 15 ou	act for making daily decisions, t of 15 on the BIMS (brief status). R61 was coded as			pressure medications, performing wou care and treatments with documentation completed in the E-MAR and E-TAR.			
	I .	rvices during the look back			4. The DON or designee with audit			
	·	led as having high blood			weekly clinical record to validate blood			
	pressure.				pressure medication, wound care documentation is complete and weekly	,		
		nical record revealed the			weights were obtained and documenta			
		d 4/13/22: "Hydralazine HCl ams). Give 2 tablets by			complete. 5. The results of the review will be			
		day for HTN (hypertension).			discussed at the monthly QAPI meeting	g.		
	Last dose before 6P				Once the QAPI committee determines			
	recommended for m	unipie doses/day.			problem no longer exists, the reviews was be completed on a random basis. The			
		ne 2022 MARs (medication			Administrator/Director of Nursing are			
	I .	ds) revealed that on 6/1, 6/2, if received the third dose of			responsible for implementation of the p of correction.	lan		
		p.m., as evidenced by nurse			6. Date of Compliance: 11/15/2022			
	I -	or Hydralazine and the time of						
	2200 (10:00 p.m.) oı	n all five dates.						
	revised 8/15/22 reve nursing care needs	re plan dated 2/4/22 and caled, in part: "[R61] has basic r/t (related to)HTN minister medicationsas						
		ordered R61's Hydralazine r interview at the time of the						
	nurse) #16 was inter Hydralazine order ar stated the Hydralazi	a.m., LPN (licensed practical rviewed. She reviewed R61's and June 2022 MARs. She are was not given as ordered 2 for the evening dose.						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  A. BUILDIN		MULTIPLE CONSTRUCTION JILDING			(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			1	C <b>19/2022</b>	
	ROVIDER OR SUPPLIER	ND NURSING CENTER		7300	ET ADDRESS, CITY, STATE, ZIP CODE FOREST AVE IMOND, VA 23226	1 10/	13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 684	interviewed. She recorder and June 202 Hydralazine was not through 6/5/22 for the On 10/18/22 at 10:4 member) #14, a phat When asked about dose of Hydralazine stated there is a chapressure might drop doses of this medicate a concern with a dropping too low, ar side effects like dizz damage.  On 10/18/22 at 2:55 manager, was interved a stated the Hydralazine order a stat	a.m., LPN #17 was viewed R61's Hydralazine 2 MARs. She stated the t given as ordered 6/1/22 ne evening dose.  1 a.m., OSM (other staff armacist, was interviewed. the scheduling of the final before 6:00 p.m., OSM #14 ance that a resident's blood o'drastically with multiple ation in one day. There could resident's blood pressure nd potentially causing harmful tiness or further kidney  5 p.m., LPN #7, R61's unit viewed. She reviewed R61's nd June 2022 MARs. She ine was not given as ordered 22 for the evening dose.  5 p.m., ASM (administrative ne administrator, ASM #2, the clinical services, ASM #3, the gator, ASM #4, the assistant ASM #5, the director of e assistant administrator, and esident of operations, were oncerns.  ity policy, "Administering led, in part: Medications must accordance with the orders,	F	584				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		495227	B. WING		10/19/2022	
	ROVIDER OR SUPPLIER	AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	,	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION	
F 684	pressure. Hydralaz called vasodilators vessels so that blood through the body." the website https://medlineplustml.  Complaint deficient 2. For Resident #30 failed to apply physical powder to the resident's left medito 5/6/22 and 5/7/22.  On the most recent admission assessing reference date) of out of 15 on the Blistatus), indicating the impaired for making R304's comprehent documented, "(R30 present on admission GROIN-IRRITATIO treatment per physician's order dipowder to be applied ay and evening slipping the source of the status of the sta	used to treat high blood ine is in a class of medications. It works by relaxing the blood od can flow more easily. This information is taken from a gov/druginfo/meds/a682246.h  Cy. 04 (R304) the facility staff sician ordered Nystatin (1) lent's groin on 4/9/22 and a ordered treatment to the all lower leg arterial wound on the MDS (minimum data set), an ment with an ARD (assessment 4/1/22, the resident scored 13 MS (brief interview for mental he resident was not cognitively gradily decisions.  Sive care plan dated 3/28/22 (24) has actual skin breakdown on.  N/REDNESSAdminister ician order"  clinical record revealed a lated 3/28/22 for Nystatin led to the resident's groin every nift and a wound care nurse	F 684			
	practitioner note da erythema to R304's	ated 3/31/22 that documented s groin. Review of R304's April ation administration record)				

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			C 10/19/2022	
	ROVIDER OR SUPPLIER	AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP C 7300 FOREST AVE RICHMOND, VA 23226		0/13/2022	
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 684	applied to the res shift on 4/9/22 (as the MAR). A revie failed to reveal every completed.  Further review of a physician's order area of eschar (deleave the area op wound care nursed documented an amedial lower leg. TAR (treatment areveal evidence the painted with betand 5/6/22 and 5/7/22 on the TAR). A reand 5/7/22 failed treatment was conformed with LFL LPN #8 stated that medication adminated and administration recepts of did not do done that day and done.  On 10/17/22 at 1: conducted with LFL evidence wound of initialing the dress off on the TAR. Lewhat a blank space	idence Nystatin powder was ident's groin during the evening sevidenced by a blank space on ew of nurses' notes for 4/9/22 idence that this treatment was ident's clinical record revealed er dated 4/30/22 to paint a small ead tissue) with betadine (2) and en to air every day shift. A practitioner note dated 5/3/22 retrial wound on R304's left Review of R304's May 2022 ideninistration record) failed to nat R304's arterial wound was dine and left open to air on (as evidenced by blank spaces eview of nurses' notes for 5/6/22 to reveal evidence that this impleted.  2:36 p.m., an interview was PN (licensed practical nurse) #8. At if there is a hole on the istration record or the treatment word then the hole means the cument that the treatment was it cannot say th	Fé	684			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '			(X3) DATE SURVEY COMPLETED		
		495227	B. WING _			C <b>10/19/2022</b>		
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	<u> </u>	10/13/2022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
F 684	Continued From pag	e 90	F6	84				
	staff member) #1 (the	p.m., ASM (administrative e administrator) and ASM #5 ng) were made aware of the						
	facility did not have a physician's orders ex the administration of	orders, including any						
	I .	a.m., ASM #5 stated the standard of practice for orders.						
	No further informatio	n was presented prior to exit.						
	Complaint deficiency							
	This information was	o treat fungal infections. obtained from the website: ov/druginfo/meds/a682758.h						
	information was obta	tiseptic solution. This ined from the website: ov/ency/article/001958.htm						
		(R116), the facility staff cian ordered weekly weights nd October 2022.						
		/IDS (minimum data set), an vith an ARD (assessment						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			, ,	(X3) DATE SURVEY COMPLETED	
		495227	B. WING_			C <b>10/19/2022</b>	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 7300 FOREST AVE RICHMOND, VA 23226	P CODE	10/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE	
F 684	reference date) of 9/1 out of 15 on the BIMS status), indicating the impaired for making of R116's comprehensive documented, "(R116) risk r/t (related to) sig weights as ordered' record revealed a phy for weekly weights on the dietician on 9/16/2 significant weight characteristic days; goal is to maint Monitoring: weights clinical record, including progress notes, meding records and treatment September 2022 and revealed a weight on a weight on 10/3/22 (  On 10/17/22 at 12:13 conducted with LPN (LPN #4 stated physics should show up as an administration record write the weights that on the CNA's (certification assignment sheet and weights. LPN #4 statemissed, the CNAs or weight on the next should 10/17/22 at 5:03 pustaff member) #1 (the	0/22, the resident scored 15 (brief interview for mental resident was not cognitively laily decisions.  e care plan dated 12/28/20 is at potential for nutritional nificant weight loss. Obtain 'A review of R116's clinical visician's order dated 9/9/22 Tuesday. A note signed by 22 documented, "No nge is noted x30/90/180 ain weight stability.  " Further review of R116's ng the weight summary, cation administration tadministration tadministration records for October 2022, only 9/13/22 (186.2 pounds) and 180.6 pounds).  p.m., an interview was licensed practical nurse) #4. ian ordered weekly weights a order on the medication. LPN #4 stated the nurses are needed to be obtained do nursing assistants) of the CNAs obtain the led that if a weekly weight is nurses can obtain the	F	684			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION	, , ,	(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			C 10/19/2022
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 7300 FOREST AVE RICHMOND, VA 23226		10/13/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 684	4. The facility staff fai orders for weekly weights son 9/23/22 orded the resident is at increase secondary to requirin ESRD. INTERVENT and symptoms of corrincluding but not limit hemorrhage, infection hypotension, respirat and notify MD as indicated "Weekly we every day shift every Admission for 3 Wee weekly weights shoul 9/29/22, 10/6/22 and A review of weights son 9/23/22=100 pour	n was presented prior to exit. led to follow physician ghts x 3 for Resident #171.  dmitted to the facility on es that included but not d stage renal disease).  6 (minimum data set) are five day assessment, ment reference date) of sident as scoring a 15 out of finterview for mental status) resident was not cognitively  rehensive care plan dated in part, "DIALYSIS: the ed risk for complications g hemodialysis secondary to IONS: Observe for signs nplications related to ESRD ed to fluid overload, n to the access site, ory and / or cardiac distress cated."  cian orders dated 9/22/22, ight x 3 after admission Thursday for Baseline ks." Per physician orders, d have been obtained on	F 6	84		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495227	B. WING			C	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 7300 FOREST AVE RICHMOND, VA 23226		10/19/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 684	An interview was con PM with LPN (license asked the process for LPN #4 stated, week assignment for the C then the next shift carorder on the MAR. Wordered weights are rorders followed, LPN not."  On 10/17/22 at 5:00 I staff member) #1, the regional director of classistant director of rof nursing, ASM #6, the and ASM #7, the regional director of rof nursing, and a state of the process of accility did not have a physician's orders.  On 10/19/22 at 9:15 affacility did not have a following physician's facility defers to their standard of practice.  The facility standard Manual of Nursing Process of the	ducted on 10/17/22 at 12:03 and practical nurse) #4. When are obtaining weekly weights, by weights are on the NA to obtain. If it is missed, an get it. It comes up as an and then asked if the physician and done, are the physic	F	584			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
	495227	B. WING _			C <b>10/19/2022</b>	
NAME OF PROVIDER OR SUPPLIER  WESTPORT REHABILITATION AN	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP COI 7300 FOREST AVE RICHMOND, VA 23226	DE	10/10/2022	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BI E APPROPRIA	DATE	N
major salivary glands  The most recent MDS assessment, a Medic with an ARD (assessi 9/26/22, coded the re 15 on the BIMS (brief score, indicating the rimpaired.  A review of the comp 9/20/22 documented risk for complications enteral tube feeding swith the inability to ta INTERVENTIONS:  A review of the physic with a start date of 9/2 weight x 3 after admis Tuesday for Baseline Per physician orders, been obtained on 9/2  A review of weights s 9/26/22=203 pounds, weight on 10/4/22, ar An interview was con PM with LPN (license asked the process for LPN #4 stated, weekl assignment for the Cl then the next shift car order on the MAR. Wordered weights are residued.	neoplasm of mouth and a and Parkinson's disease.  S (minimum data set) hare five day assessment, ment reference date) of esident as scoring a 15 out of a interview for mental status) resident was not cognitively rehensive care plan dated in part, "The resident is at related to the need for an esecondary to tracheostomy ke in food by mouth. Weights per order."  Cian orders dated 9/20/22 27/22, revealed "Weekly sion every day shift every Admission for 3 Weeks." weekly weights should have 7/22, 10/4/22 and 10/11/22. howed admission weight on no weight on 9/27/22, no and no weight on 10/11/22 at 12:03 and practical nurse) #4. When re obtaining weekly weights,	Fé	584			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION  G	COMPLETED		
		495227	B. WING		C 10/19/2022	
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	10/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 684		ge 95  PM, ASM (administrative ne administrator, ASM #2, the	F 68	4		
	regional director of assistant director of of nursing, ASM #6, and ASM #7, the reg	clinical services, ASM #2, the rursing, ASM #5, the director the assistant administrator gional vice president of the aware of the findings.				
		a a.m., ASM #5 stated the a specific policy for following				
	facility did not have following physician's	a.m., ASM #5 stated the a standard of practice for s orders. ASM #5 stated the ir policies if there is not a				
		d of practice is the Lippincott Practice, 11th Edition.				
		on was provided prior to exit. Prevent/Heal Pressure Ulcer I)(i)(ii)	F 68	6	11/15/22	
	resident, the facility (i) A resident receive professional standa pressure ulcers and ulcers unless the ine demonstrates that the (ii) A resident with p necessary treatment	sure ulcers. rehensive assessment of a				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,			(X3) DATE SURVEY COMPLETED		
		495227	B. WING _			10/1	; 19/2022	
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, Z	ZIP CODE	,		
WESTROE	T DELLA DIL ITATIONI ANI	D MUDOING OFNED		7300 FOREST AVE				
WESTPOR	RT REHABILITATION AN	D NURSING CENTER		RICHMOND, VA 23226				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED		<b>I</b>	(X5) COMPLETION DATE	
F 686	Continued From page	e 96 vent infection and prevent	F 6	86				
	new ulcers from dever This REQUIREMENT by: Based on staff interv	eloping. is not met as evidenced iew, facility document		F686 Treatment/Svcs t	to Prevent/Heal			
	review, clinical record complaint investigation provide care and serv pressure injuries for t	d review and in the course of ons, the facility staff failed to vices for the treatment of wo of 78 residents in the dents #304 and #404.		Pressure Ulcer 1. Residents #304 an reside in center. 2. Current residents v orders have the potentia. 3. Staff Development	with wound care al to be affected	:		
	failed to perform physical the resident's left posinjury on 3/29/22, 3/3 5/6/22 and to the resion 3/29/22, 3/30/22, 5/13/22.  On the most recent Nadmission assessme reference date) of 4/3 out of 15 on the BIMS	(R304), the facility staff sician ordered treatments to sterior lower leg pressure 0/22, 4/15/22, 4/16/22 and dent's sacral pressure injury 4/15/22, 4/16/22 and dent's more management of the facility of the		designee will educate a on the process for performer physician orders for includes complete docuvalidation.  4. DON or designee validates to ensure complete treatments to validate warded and documentation.  5. The results of the radiscussed at the month Once the QAPI committed problem no longer exists be completed on a random the completed on a random the completed on a random the problem of the problem of the completed on a random the problem of the p	all licensed nurse orming wound car or pressure ulcers umentation for will audit weekly h current pressu- etion of wound wound care was ion is complete. review will be ly QAPI meeting tee determines its, the reviews w	are s ure g. the		
	impaired for making of R 304's comprehensing documented, "(R304) present on admission INJURY, LLE (left low POSTERIORAdmir physician order"  A wound care nurse part of 3/31/22 documented of the sum of th	daily decisions.  ve care plan dated 3/28/22 ) has actual skin breakdown a: SACRUM- PRESSURE ver extremity) hister treatment per  practitioner note dated an unstageable pressure eft posterior lower leg		Administrator/Director of responsible for implement of correction.  6. Date of Compliance	of Nursing are entation of the p			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		DNSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495227	B. WING				C 1 <b>19/2022</b>
	ROVIDER OR SUPPLIER	ND NURSING CENTER		7300	EET ADDRESS, CITY, STATE, ZIP CODE D FOREST AVE HMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 686	following physician's resident's left poster -A physician's order left posterior lower left posterior lower left posterior lower left posterior lower left posterior (dead skin) was olution), apply mediated aspect of the pressure injury, apply distal aspect of the pressure injury with every day shift. This 3/31/22.  -A physician's order left posterior lower left po	clinical record revealed the sorders regarding the ior lower leg pressure injury: dated 3/28/22 to cleanse the eg with Dakin's (cleansing the periwound, paint the with betadine (antiseptic lihoney (medical grade honey) /medial aspect of the ly Dakin's soaked 4x4 to the pressure injury, cover the a boarder foam dressing sorder was discontinued on dated 3/31/22 to cleanse the eg with Dakin's, skin prep the eechar with betadine, apply the distal aspect of the er the pressure injury with a ng every day shift. This order	F	686			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING		_	(X3) DATE SURVEY COMPLETED				
		495227	B. WING _			C 10/1	9/2022
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, S 7300 FOREST AVE RICHMOND, VA 23226		1 10/1	5/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD BI RENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 686	Continued From pag	e 98	F 6	86			
		practitioner note dated ted a stage two pressure cacrum (present on					
	following physician's resident's sacral pres-A physician's order of sacrum with normal speriwound, apply me injury and cover with every day shift. This 4/23/22.  -A physician's order of the sacrum three time. A review of R304's May 2022 TARs faile above treatment order 3/29/22, 3/30/22, 4/1 (as evidenced by bla review of nurses' not 4/15/22, 4/16/22 and evidence that the treatment order than the treatment or t	ssure injury: dated 3/28/22 to cleanse the saline, apply zinc to the dihoney to the pressure a boarder foam dressing order was discontinued on dated 4/23/22 to apply zinc to					
	conducted with LPN LPN #8 stated that if medication administr administration record the person did not do	(licensed practical nurse) #8. there is a hole on the ation record or the treatment then that the hole means becoment that the treatment and cannot say the treatment					
	conducted with LPN evidence wound care initialing the dressing	p.m., an interview was #10. LPN #10 stated nurses is done by dating and and marking the treatment ment administration record).					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	PLE CONSTRUCTION  G		DATE SURVEY COMPLETED
		495227	B. WING			C
	ROVIDER OR SUPPLIER	AND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	l	10/19/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 686	LPN #10 stated she space on the TAR r the treatment done TAR.  On 10/18/22 at 4:36 staff member) #1 (t (the director of nursabove concern.  The facility policy tid documented, "The provide guidelines to promote healing." steps for providing the s	e was not sure what a blank meant but she could not say if there were no initials on the period of p.m., ASM (administrative he administrator) and ASM #5 sing) were made aware of the steed, "Wound Care" purpose of this procedure is to for the care of wounds to The policy documented the wound care.  It is not a presented prior to exit.  Ey.  It is not a presented prior to exit.  Ey.  It is obscured by slough or exit is obscured by slough or exit.  It is obscured by slough or exit.	F 6	·		
	Partial-thickness lost dermis. The wound moist, and may also ruptured serum-fille was obtained from https://cdn.ymaws.c	ss of skin with exposed bed is viable, pink or red, o present as an intact or d blister." This information				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONS	STRUCTION	' '	E SURVEY MPLETED
		495227	B. WING				C
NAME OF PI	ROVIDER OR SUPPLIER	100221		STREET	ADDRESS, CITY, STATE, ZIP CODE	1 1	0/19/2022
WESTBOR	T DELLA DIL ITATIONI A	AND MUDDING OFNITED		7300 FC	DREST AVE		
WESTPOR	RI REHABILITATION A	AND NURSING CENTER		RICHM	IOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 686	Continued From pa	ge 100	F	686			
		04 (R404), the facility staff essure ulcer treatments as					
	quarterly assessmented reference date) of 9 to 5 out of 15 on the E status) assessmented from the severely impaired from the severely impaired from the severely impaired from the severely assessmented from the severel	t MDS (minimum data set), a ent with an ARD (assessment 6/25/2021, the resident scored BIMS (brief interview for mental t, indicating the resident was for making daily decisions.  Inted R404 having one Stage 4					
	part; - "House Barrier Cr area & Buttocks as episodes. Order D - "Consults: Wound treat. Order Date: - "Right Buttock and (normal saline), ap with border foam. A day shift for wound 06/24/2021." - "SACRUM: cleans dakins soaked roll of bilateral sides of the periwound, cover woonly for wound care soilage AND every Order Date: 07/15/2 - "SACRUM: cleans dakins soaked roll of bilateral sides of the periwound, cover woonly for soilage AND one	d Consult eval (evaluation) and 06/18/2021." d Sacrum: cleanse with NS ply medihoney (2), and cover Apply zinc to periwound. every care. Order Date: se with dakins (3), pack with gauze, apply medihoney to e wound, apply zinc to the with a sacral foam one time of for 1 Day AND as needed for day shift for wound care.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	11		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		10/19/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 686	Continued From pag	e 101	F 6	86			
	evening shift for wou 08/03/2021."	nd care. Order Date:					
	"6/26/2021 11:33 (11 Complaint: Compreh evaluation for Right buttock-DT sacrum-DTIFactors has frequent incontinhealing rate of woun incontinence care as Increased moisture a poor prognosis of wo	for R404 documented in part; :33 a.m.) Skin note Chief ensive skin and wound  If (deep tissue injury) (4), so Affecting Healing: Patient lence which can decrease d. Recommend providing needed, PRN (as needed). It wound site can promote learned healing. Please keep and avoid contamination with					
	documented in part, Suspected DTI" an ulcer- Suspected DT The wound evaluated documented in part, sacral ulcer have me ulcerworsening" The wound evaluated documented in part, "Sacrumworsening" Additional wound evaluates: 7/15/2021, 7/8/12/2021, 8/17/2022, 9/13/2021, 9/20/2022 10/18/2021, and 10/2	In dated 7/2/2021 for R404 "Right buttock ulcer and urged and is now one In dated 7/21/2021 for R404 IngPressure ulcer- Stage Iduations were completed by citioner on the following 27/2021, 8/2/2021, 1, 8/30/2021, 9/6/2021, 1, 9/27/2021, 10/11/2021, 25/2021.					
		care plan for R404 "Skin: [R404] with actual skin pressure ulcer sacrum and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	ND NURSING CENTER		7300	EET ADDRESS, CITY, STATE, ZIP CODE D FOREST AVE HMOND, VA 23226	1 10,	10/2022	
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F 686	impaired mobility, ir oxygen. Created of 11/02/2021" Und documented in part Created on: 09/28/2 09/08/2022"  Review of the eTAF administration recordialed to evidence provided to R404 or shift on 7/9/2021 ar administration recordialed to evidence provided to R404 or shift on 8/12/2021, 8/29/2021 and 8/31 8/11/2021, 8/13/202 treatment administration recordialed to evidence provided to R404 or shift on 8/12/2021, 8/13/202 treatment administration recordialed to evidence provided to R404 or shift on 9/1/2021, 9/1/2021	on in skin integrity related to acontinence, malnutrition, in: 06/21/2021. Revision on: er "Interventions" it , "Treatments as ordered. 2021. Revision on: et (electronic treatment and for 7/1/2021-7/31/2021 ressure ulcer treatment and the following dates. On day and 7/25/2021. The treatment and was blank for these dates. Et (electronic treatment and for 8/1/2021-8/31/2021 ressure ulcer treatment and for 8/1/2021-8/31/2021 ressure ulcer treatment and the following dates. On day 8/25/2021, 8/28/2021, 8/28/2021, 8/28/2021. The ation record was blank for extending the following dates. On day 1/2021-9/30/2021 ressure ulcer treatment and for 9/1/2021-9/30/2021 ressure ulcer treatment and following dates. On day 1/2021, 9/25/2021 and 1/2021, 9/25/2021	F	686	DEFICIENCY)			
	administration recording failed to evidence provided to R404 or shift on 10/4/2021,	R (electronic treatment rd) for 10/1/2021-10/31/2021 ressure ulcer treatment n the following dates. On day 10/6/2021, and 10/10/2021. 10/10/2021, 10/12/2021 and						

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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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF  (EACH CORRECTIVE ACT  CROSS-REFERENCED TO T  DEFICIENCE	TION SHOULD B THE APPROPRIA		(X5) COMPLETION DATE
F 686	On 10/17/2022 at 12: conducted with LPN (LPN #8 stated that the evidenced by signing completion. LPN #8 eTAR meant that the document that it was could not say that the LPN #8 reviewed the R404 for incontinence that there was no evidence with the blanks.  On 10/17/2022 at 1:1 conducted with LPN stated that wound car completed by signing reviewed R404's eTA were not sure what be they could not say the provided if there were it was done.  On 10/19/2022 at approvided if there were it was done.  On 10/19/2022 at approvided if there were it was done.  On 10/19/2022 at approvided if there were it was done.	atment administration record lates.  36 p.m., an interview was (licensed practical nurse) #8. eatment documentation was off on the eTAR after stated that blanks on the staff member did not done that day and they e treatment was completed. ADL documentation for e care and eating and stated dence to support that it was  2 p.m., an interview was #10, wound nurse. LPN #10 re was evidenced as it off on the eTAR. LPN #10 R's and stated that they lanks were on the eTAR but at the treatments were e no initials documenting that	F	586			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILD	_			
		495227	B. WING			10/	19/2022
	ROVIDER OR SUPPLIER	ID NURSING CENTER		7:	TREET ADDRESS, CITY, STATE, ZIP CODE 300 FOREST AVE RICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 686	down when somethin against the skin. Pre the severity of sympt stage. Stage IV is the painful area on the swhen pressed. This is forming. The skin soft. Stage II: The ssore. The area arour irritated. Stage III: Topen, sunken hole cobelow the skin is dar see body fat in the copressure ulcer has be damage to the must to tendons and joints obtained from the we https://medlineplus.go/00740.htm.  (2) Medihoney Applying honey prepusing dressings contimprove healing. Hol and pus, help clean reduce pain, and decinformation was obtained tribus.go/(3) Dakin's solution is us and tissue infections scrapes and pressur was obtained from the skin is dar see healing. Hol and pus, help clean reduce pain, and decinformation was obtained from the scrapes and pressur was obtained from the skin is series.	n area of the skin that breaks are keeps rubbing or pressing essure sores are grouped by coms. Stage I is the mildest es worst. Stage I: A reddened, kin that does not turn white is a sign that a pressure ulcer may be warm or cool, firm or kin blisters or forms an open and the sore may be red and the sore may be red and the skin now develops an alled a crater. The tissue maged. You may be able to rater. Stage IV: The ecome so deep that there is the and bone, and sometimes is. This information was ebsite: ov/ency/patientinstructions/0 arrations directly to wounds or aining honey seems to ney seems to reduce odors the wound, reduce infection, crease time to healing. This sined from the website: ov/druginfo/natural/738.html	F	686			

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
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	DER OR SUPPLIER  EHABILITATION ANI	D NURSING CENTER		7:	TREET ADDRESS, CITY, STATE, ZIP CODE 300 FOREST AVE	10/	19/2022
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Probe The man type or obe htt oo Constant of the probability of the pr	low the skin. This is e area may be darl ay be a blood-filled be of skin injury car IV pressure sore. Itained from the welps://medlineplus.go/740.htm  Implaint deficiency. See of Accident Hazar (R(s): 483.25(d)(1)(1)(83.25(d)(1)) The result of accident has a size of accident has a size of accident has a size on observation and assist cidents. It is REQUIREMENT: It is assed on observation erview, facility document of the surve of the surve of the surve of the size of the size of the surve of the size of the surve of the size of the surve of the size of the size of the surve of the size of the size of the surve of the size of the surve of the size	evelop in the tissue deep is called a deep tissue injury. It is information was besite:  Dov/ency/patientinstructions/0  ards/Supervision/Devices (2)   are that - sident environment remains in it is possible; and it is is not met as evidenced in, resident interview, staff aument review, and clinical determined the facility staff is environment for four of 78 by sample, Residents #108,  (R108), the facility staff it is supervision per the safe and failed to store the		686	F689 Free of Accident Hazards/Supervision/Devices 1. Resident #108 , #60 smoking assessments completed and indicates residents do not require assistance witl smoking. Residents #108, #60, #86 cigarettes are stored with nursing department. Resident #86 had a smoki care plan initiated. Resident #120 and was educated and MVI was removed for bedside with order obtained for administration from nursing staff. 2. An audit was conducted of resident that smoke to review smoking	ng RP rom	11/15/22

OLIVILIV	O I OIT MEDIO/ ITE &	WEDIO/ ND OEI (VIOLO				OIVID IV	0. 0000 0001
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	` '	E SURVEY PLETED
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WESTPOR	RT REHABILITATION AN	D NURSING CENTER		R	ICHMOND, VA 23226		
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F 689	annual assessment v reference date) of 9/2 having no cognitive in decisions, having soo BIMS (brief interview resident was coded a locomotion off the un On 10/12/22 at 10:54 sitting at a picnic tabl facility and an adjace was surrounded by treath leading from the was cleared of debris and uneven segment cigarette. R108 state again. We were out hast year, weren't we multiple cigarettes even spend a great deal of R108 pulled cigarette stated they keep the room.  On 10/11/22 at 11:35 staff member) #1, the provide a list of residestated the facility is sof residents who smolist did not include R1  A review of R108's cl Smoking - Safety Scr most recent smoking	MDS (minimum data set), an with an ARD (assessment 1/22, R108 was coded as impairment for making daily ored 15 out of 15 on the for mental status). The as needing oversight for it.  4 a.m., R108 was observed the in an area between the ent building. The picnic table the seand bushes. The dirt of facility to the picnic table the seand set of the end of	F	689	assessments with education to the resident for storage of smoking materia in designated area. An observation aud was conducted for medications at bedside.  3. The Staff Development Coordinator/designee will educate all licensed nurses and the facility staff or the process for residents that smoke, smoking assessments performed by licensed nurse and care plan initiated or revised by MDS or licensed nurses and storage of smoking materials in designated area and staff will report ar findings of medications in a resident roto the nurse.  4. The Unit Managers or designee we conduct a weekly audit to verify no medications are in the resident room a weekly audits will be conducted for new identified smokers to verify smoking assessment and care plan completed a smoking material are stored in designate area.  5. The results of the review will be discussed at the monthly QAPI meetin Once the QAPI committee determines problem no longer exists, the reviews of the completed on a random basis. The Administrator/Director of Nursing are responsible for implementation of the pof correction.  6. Date of Compliance: 11/15/2022	or d ny om ill nd w and ated g. the will	
	"Patient demonstrate	s safe smoking techniques:					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED		
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F 689	holding cigarette, lig	ge 107 hting cigarette, extinguishing I cigarette after use and	F 6	89			
	disposal of ashes: N Patient remains aler	lo t [while] smoking: No					
	(cigarettes, lighters,	that smoking accessories matches, etc.) must be tunder the control of the of in use: Yes					
		sk smoker: Requires staff, hysical support or supervision					
	heart issues and no	s/information: Resident has n-compliant and does smoke sident smells of smoke. lity is smoke free."					
	updated 9/30/22, rev smokingEducate to smoking policy and smoking cessation	care plan dated 1/13/20 and vealed, in part: "Safe o interventions and center procedures Offer/encourage .Secure smoking materials s, lighters) at nursing station."					
	practical nurse) #8, interviewed. He stat the facility property tomplete a safe smoresident. He stated assessment. He stated asked about smokin admission, but many not be truthful. He stated that R108 was going	6 p.m., LPN (licensed R108's unit manager, was ed if resident wants to go off to smoke, the facility needs to oking assessment for that any nurse can complete this ted residents were previously g habits at the time of y times, the residents would tated he had not been aware g outside to smoke until a few ted he did not know where					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
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F 689	Continued From pag		F 68	39				
	resident this question become more familia	es, and had not asked the n. He stated he needs to ir with R108's care plan. LPN is should store cigarettes with						
	the past. She stated with the resident, she was smoking outside would tell her when t stated if a resident exshe informs the supershould not have any rooms. She stated: "	ted she took care of R108 in the whole time she worked was not aware the resident so the stated the resident hey were going outside. She expresses a desire to smoke, ervisor. She stated residents smoking materials in their lused to do safe smoking dents, but we are now a						
	regional director of coregional nurse navigation director of nursing, Anursing, ASM #6, the ASM #7, the vice preinformed of these core	p.m., ASM #1, ASM #2, the linical services, ASM #3, the ator, ASM #4, the assistant SM #5, the director of assistant administrator, and esident of operations, were necerns.						
	"This facility shall est resident smoking pra	ablish and maintain safe						
	be informed of the fa including designated	on admission, residents shall cility smoking policy, smoking areas, and the acility can accommodate their						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NITIMBED		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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F 689	resident smoking are outside of the buildin permitted inside in do Otherwise, smoking facility under any circ 8. A resident's abili re-evaluated quarter (physical or cognitive staff.  9. Any smoking-rel and concerns (for exmonitoring) shall be all personnel caring fallerted to these issue 11. Any resident wit privileges requiring number, visitor or vowhile smoking.  12. Residents who have privileges are permitted e-cigarettes, pipes, the articles in their posses safety lighters are pellighters, including mathal 13. Residents witho privileges may not have articles, including cigarettes, i	permitted in designated as, which are located g. Cigarettes may be esignated areas only. It is not allowed inside the cumstances It is to smoke safely will be y, upon a significant change it is and as determined by the ated privileges, restrictions, ample, need for close noted on the care plan, and for the resident shall be es In restricted smoking monitoring shall have the a staff member, family plunteer worker at all times are independent smoking end to keep cigarettes, obacco, and other smoking ession. Only disposable ermitted. All other forms of atches, are prohibited. In the promitted to give smoking ents. In the provided prior to exit.  In was provided prior to exit.  (R60), the facility staff failed	F 6	89			
		upervision per the safe t, and failed to store the in a safe location.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 689	quarterly assessmen reference date) of 8/s having no cognitive in decisions, having soo BIMS (brief interview resident was coded a locomotion off the un On 10/12/22 at 10:48 #5 was asked the wh stated the resident haminutes before. She leaves independently outside during the da On 10/12/22 at 10:50 the sidewalk towards R60 stated he had be resident off facility pr picnic table in an are adjacent building. The surrounded by trees leading from the facil cleared of debris, and uneven segments. Rarea multiple times a cigarettes out of his publication to the facility.  On 10/11/22 at 11:35 staff member) #1, the provide a list of resid stated the facility is significant to state the facility is significant to s	MDS (minimum data set), a t with an ARD (assessment 6/22, R60 was coded as mpairment for making daily ored 15 out of 15 on the for mental status). The as needing oversight for it.  8 a.m., RN (registered nurse) pereabouts of R60. She ad just left the unit a few stated the resident normally and spends a lot of time by.  9 a.m., R60 was walking up the front door of the facility. Peen smoking with another operty. R60 walked back to a a between the facility and an	F 6	89			

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	D NURSING CENTER		7300 F	T ADDRESS, CITY, STATE, ZIP CODE  OREST AVE  MOND, VA 23226	1 10/	13/2022		
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F 689	A review of R60's clir Smoking - Safety Sci recent smoking safet entrance. A review of the following:  "Patient is free of phy with the ability to per techniquesable to glighter, or matches w NoDetermination: A staff, family or friend supervision to smoke of smoking."  A review of R60's car updated 5/4/22 reveatigarettes/lighter not history [of] tobacco a strategiesProvide in groups or addiction transpersion as indicated on 10/17/22 at 2:11 assistant) #6 was intresident goes out to shad been going out to resident was admitted idea" where R60 stores.	reen dated 6/16/22, the most by screening prior to a fithis assessment revealed by sical limitations interfering form safe smoking grasp and handle cigarette, ithout assistance: At risk smoker: Requires for physical support or eResident has long history are plan dated 9/28/21 and alled, in part: "Possession of allowed on premises. Has a buseDiscuss coping afformation on support reatmentSmoking ated."  p.m., CNA (certified nursing perviewed. He stated R60 do he was aware that the smoke. CNA #6 stated R60 o smoke since the time the d. CNA #6 stated he had "no	F	689					
	director of nursing, A nursing, ASM #6, the	ator, ASM #4, the assistant SM #5, the director of assistant administrator, and assident of operations, were neerns.							

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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F 689	nurse) #16 was intervusually signs out, and the building. She stat smoked.  No further information 3. For Resident #86 to ensure safe storage by the resident.  On the most recent Mannual assessment was reference date) of 8/2 15 out of 15 on the Benetal status) assess resident was cognitive decisions. Section Justice to the section of 10/12/2022 at 9:5 conducted with R86 smoker but was not a facility property. R86 the property to the section of the sect	a.m., LPN (licensed practical riewed. She stated R60 detells her when they leave led she was not aware R60 detells her was provided prior to exit. (R86), the facility staff failed le of smoking materials used detells det	F	689			
	CVIDENCE a SHOKING (	σαιο γιατι.					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING		DNSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	ND NURSING CENTER		7300	EET ADDRESS, CITY, STATE, ZIP CODE FOREST AVE HMOND, VA 23226	1 10/	13/2322
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 689	8/28/2022 document understands that single (cigarettes, lighters, returned to and kept center staff when not independent Smoke requires no supervision 10/17/2022 at 10 conducted with LPN LPN #7 stated that completed quarterly were updated at the residents who smoke each time they left the #7 stated that smoke to be kept on the mover of the state of the s	Evaluation for R86 dated ted in part, "Patient noking accessories matches, etc.) must be a under the control of the of in use. YesDetermination: er: Capable and independent, sion to smoke"  1:50 a.m., an interview was (licensed practical nurse) #7. smoking assessments were for residents and care plans to time. LPN #7 stated that the digned out on their units the property to smoke. LPN ing supplies were supposed edication carts when they the residents unit.	F	689			
	conducted with LPN residents who smok assessment to be of they were aware the smoke. LPN #8 state where the smoking thought that the resismoking materials to the conducted with LPN they cared for R86 always told the building but never to when they left.	40 p.m., an interview was #11. LPN #11 stated that often. LPN #11 stated that m when they were leaving the old them what they were doing opproximately 4:59 p.m., ASM					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	\ , ,	(X3) DATE SURVEY COMPLETED		
		495227	B. WING _			C 0/19/2022		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 7300 FOREST AVE RICHMOND, VA 23226		0/13/2022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE		
F 689	clinical services, ASM nursing, ASM #5, the the assistant adminis president of operation concern.  No further information 4. For Resident #120 failed to ensure a bot was not left at the reshad not been assess self-administration.  On the most recent M quarterly assessment reference date) of 9/3 out of 15 on the BIMS status), indicating the cognitively impaired for 10/11/22 at approplastic bottle of multivobserved on R120's of a friend brought the gammies remained of A review of R120's cliphysician's order date gummies- one gumm Further review of R12 reveal a medication is assessment or a physical-administration.	2, the regional director of 1 #4, the assistant director of director of nursing, ASM #6, trator and ASM #7, the vice is were made aware of the in was provided prior to exit. (R120), the facility staff the of multivitamin gummies sident's bedside; the resident ed for safe medication.  IDS (minimum data set), a with an ARD (assessment action) as with an ARD (assessment action) as with an ARD (assessment action) are sident was moderately for making daily decisions.  IDS (brief interview for mental are resident was moderately for making daily decisions.  IDS (minimum data set), a material are sident was moderately for mental are sident was moderately for making daily decisions.  IDS (brief interview for mental are sident was moderately for mental are sident was moderately for making daily decisions.  IDS (minimum data set), a material for mental are sident was moderately for mental are sident was moderately for mental are sident was moderately for making daily decisions.	F 6	89				

A 495227   B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTIONS	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  WESTPORT REHABILITATION AND NURSING CENTER  (A4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  (EACH OBRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE  F 689  Continued From page 115  On 10/17/22 at 12:13 p.m., an interview was conducted with LPN (licensed practical nurse) #4.  LPN #4 stated a multivitamin is considered a medication and should be locked in the medication at the bedside and the resident has demonstrated he or she is capable to self-administer the medication. LPN #4 the nurses have an assessment that should be completed.  On 10/17/22 at 5:03 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #5 (the director of nursing) were made aware of the above concern.  The facility policy titled, "Self-Administration of Medications" documented, "1. As part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical			495227	B. WING				
F 689  Continued From page 115 On 10/17/22 at 12:13 p.m., an interview was conducted with LPN (licensed practical nurse) #4. LPN #4 stated a multivitamin is considered a medication and should be lecked in the medication cart. LPN #4 stated a medication should not be left in a resident's room unless the physician has written an order to keep the medication at the bedside and the resident has demonstrated he or she is capable to self-administer the medication. LPN #4 the nurses have an assessment that should be completed.  On 10/17/22 at 5:03 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #5 (the director of nursing) were made aware of the above concern.  The facility policy titled, "Self-Administration of Medications" documented, "1. As part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical			11		7300 FOREST A	VE	1 10/	13/2022
On 10/17/22 at 12:13 p.m., an interview was conducted with LPN (licensed practical nurse) #4. LPN #4 stated a multivitamin is considered a medication and should be locked in the medication cart. LPN #4 stated a medication should not be left in a resident's room unless the physician has written an order to keep the medication at the bedside and the resident has demonstrated he or she is capable to self-administer the medication. LPN #4 the nurses have an assessment that should be completed.  On 10/17/22 at 5:03 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #5 (the director of nursing) were made aware of the above concern.  The facility policy titled, "Self-Administration of Medications" documented, "1. As part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical	PRÉFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFI	PREFIX (EACH CORRECTIVE ACTION SHOWN TAG CROSS-REFERENCED TO THE APPR			COMPLETION
medications is clinically appropriate for the resident. 2. In addition to general evaluation of decision-making capacity, the staff and practitioner will perform a more specific skill assessment, including (but not limited to) the resident's:  a. Ability to read and understand medication labels; b. Comprehension of the purpose and proper dosage and administration time for his or her medications; c. Ability to remove medications from a container and to ingest and swallow (or otherwise administer) the medication; and d. Ability to recognize risks and major adverse consequences of his or her medications."  No further information was presented prior to exit.	F 689	On 10/17/22 at 12:13 conducted with LPN LPN #4 stated a mul medication and shou medication cart. LPI should not be left in a physician has writter medication at the be demonstrated he or self-administer the murses have an assecompleted.  On 10/17/22 at 5:03 staff member) #1 (th (the director of nursinabove concern.  The facility policy title Medications" documoverall evaluation, the assess each resident abilities to determine medications is clinical resident. 2. In additing decision-making cap practitioner will perform assessment, includir resident's:  a. Ability to read and labels; b. Comprehel proper dosage and a her medications; c. A from a container and otherwise administer Ability to recognize reconsequences of his	Ill personal practical nurse) #4. tivitamin is considered a lid be locked in the N #4 stated a medication a resident's room unless the an order to keep the diside and the resident has she is capable to nedication. LPN #4 the resident hat should be p.m., ASM (administrative e administrator) and ASM #5 mg) were made aware of the led, "Self-Administration of the ented, "1. As part of their restaff and practitioner will t's mental and physical whether self-administering ally appropriate for the long to general evaluation of acity, the staff and orm a more specific skilling (but not limited to) the understand medication insion of the purpose and administration time for his or ability to remove medications to ingest and swallow (or b) the medication; and d. sisks and major adverse or her medications."	F	589			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED		
		495227	B. WING _			C 10/19/2022		
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	<b>'</b>	10/10/2022		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 692 SS=D	S483.25(g) Assisted (Includes naso-gast both percutaneous endosenteral fluids). Base comprehensive assensure that a reside §483.25(g)(1) Maint of nutritional status, desirable body weigh balance, unless the demonstrates that the preferences indicate §483.25(g)(2) Is offer maintain proper hydroxider orders at the tripreferences in the second provider orders at the	Inutrition and hydration.  In nutrition and hydration.  In and gastrostomy tubes, endoscopic gastrostomy and scopic jejunostomy, and ed on a resident's essment, the facility must entains acceptable parameters such as usual body weight or ght range and electrolyte resident's clinical condition his is not possible or resident e otherwise;  Pered sufficient fluid intake to dration and health;  Pered a therapeutic diet when problem and the health care erapeutic diet.  IT is not met as evidenced erview, resident interview, view and clinical record mined the facility staff failed to for strict intake and output (I & idents, Resident #171.	F 6	F692 Nutrition/Hydration Stat Maintenance  1. Resident #171 is now have output monitored as per physical orders for strict output was reviewed to ensure compliance with the order.  3. The Staff Development Coordinator/designee will edulicensed nurses on the procest transcribing physician of docution for intake output and completion of docution for intake and output monitoring the state output and completion of docution for intake and output monitoring the state output and completion of docution for intake and output monitoring the state output and completion of docution intake and output monitoring the state output and completion of docution intake and output monitoring the state output and completion of docution intake and output monitoring the state output and completion of docution intake and output monitoring the state output monitoring the state output and completion of docution intake and output monitoring the state output monitoring	ving intake cian orders. ne center Intake and e cate all es for ke and umentation	11/15/22		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495227	B. WING _				C <b>19/2022</b>
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	13/2022
				7	300 FOREST AVE		
WESTPOR	RT REHABILITATION AN	D NURSING CENTER		R	RICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 692	with an ARD (assessing 9/28/22, coded the results of the BIMS (brief score, indicating the results of the comparison of G-functional status of the requiring supervision. A review of the comparison of the compar	S (minimum data set) are five day assessment, ment reference date) of sident as scoring a 15 out of interview for mental status) resident was not cognitively the MDS Section oded the resident as for eating.  rehensive care plan dated in part, "DIALYSIS: the ed risk for complications g hemodialysis secondary to IONS: Observe for signs inplications related to ESRD ed to fluid overload, in to the access site, iory and/or cardiac distress cated."  cian orders dated 10/7/22 measurement one time only is to be measured each shift."  #171's MAR (medication ), TAR (treatment ) and ADL (activities of daily ed no evidence of strict I&O  PM, ASM (administrative	F	692	physician order.  4. The Unit Managers or designee w complete weekly audits to verify reside with physician orders for intake and ou have documentation completed for inta and output monitoring.  5. The results of the review will be discussed at the monthly QAPI meeting Once the QAPI committee determines problem no longer exists, the reviews were completed on a random basis. The Administrator or Director of Nursing are responsible for implementation of the profice correction.  6. Date of Compliance: 11/15/2022	ents tput ake g. the will	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		495227	B. WING _			C 1 <b>0/19/2022</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		0/13/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 692	I&O being captured for On 10/17/22 at 5:00 F staff member) #1, the regional director of cli assistant director of no finite of nursing, ASM #6, the and ASM #7, the regionerations were maded. A review of the facility Recording dated 10/2 this procedure is to an amount of liquid a resident and recorded. Document of the procedure is to an amount of liquid a resident and time the resident and recorded. 2. The individual who measuresident's fluid intake milliliters) of liquid consumed (i.e., etc.). 5. If the resider reason(s) why and the	PM, ASM (administrative administrator, ASM #2, the nical services, ASM #4, the ursing, ASM #5, the director he assistant administrator onal vice president of a aware of the findings.  P's "Intake Measuring and 10, reveals "The purpose of occurately determine the ident consumes in a amentation: The following recorded in the resident's accility guidelines: 1.The date is fluid intake was measured aname and title of the red and recorded the	F 6	92		
F 695 SS=E	Respiratory/Tracheos CFR(s): 483.25(i) § 483.25(i) Respirato tracheostomy care ar The facility must ensu- needs respiratory car care and tracheal suc-	ry care, including at tracheal suctioning.  Ire that a resident who be, including tracheostomy etioning, is provided such professional standards of	F 6	95		11/15/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			C <b>10/19</b> /	/2022
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	<u> </u> DE	10/13/	72022
				7300 FOREST AVE			
WESTPOF	RT REHABILITATION AN	D NURSING CENTER		RICHMOND, VA 23226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIA	_	(X5) COMPLETION DATE
F 695	Continued From page	e 119	F 6	595			
	practice, the compreheare plan, the resider and 483.65 of this su This REQUIREMENT by:	nensive person-centered nts' goals and preferences, bpart. is not met as evidenced					
	Based on observation interview, clinical record document review it was facility staff failed to provide services consistent was practice for four of 78 sample, Resident #89.  The findings include:  1. For Resident #89 to store a nebulizer (12 when not in use.)	n, resident interview, staff ord review and facility as determined that the provide respiratory care and ith professional standards of residents in the survey 9, #64, #50, and #167.  (R89), the facility staff failed I) mask in a sanitary manner IDS (minimum data set), a swith an ARD (assessment)		F695 Respiratory/Tracheost and Suctioning  1. Resident #89 nebulizer rand stored in bag when not in Resident #64 oxygen cannula and stored when not is use; to cannister was removed from Resident #50 nebulizer mask and stored in bag when not is oxygen rebreather discarded 167 the ambu bag placed at 2. Current residents in the receiving respiratory therapy oxygen, nebulizer treatments orders for ambu bag have the be affected.	mask replanuse. a replaced he oxygen room. a replaced suse and the suse and the bedside. center including a or physici	the t #	
	reference date) of 8/2 15 out of 15 on the B mental status) assess resident was cognitive decisions.	25/2022, the resident scored IMS (brief interview for		3. The Staff Development Coordinator/designee will edulicensed nurses on the proce obtaining orders for use of oxide sanitary storage of oxygen as supplies when not in use, and storage of oxygen cannisters	ess for kygen, nd nebulize d proper	ər	
	made of R89 in their medication delivery of tubing were observed oxygen concentrator. The nebulizer mask was uncovered. At that the conducted with R89, received nebulizer tremask located on the organization.	room. A nebulizer up with a mask attached and I to be sitting on top of an to the right of R89's bed. was observed to be me an interview was		holder. A physician order for bedside must ensure the aml the resident room at bedside 4. The Unit Managers or deconduct weekly audits on reserving oxygen and nebuliz to verify in storage bag when verify physician order for aml bedside, 10 % audit of reside verify oxygen cannister are in when in room.	ambu bag bu is bag ii esignee wil sidents cer treatme not in use bu bag is a ent⊟s room	n II ents e,	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(2	(X3) DATE SURVEY COMPLETED	
		495227	B. WING_			C	
NAME OF PE	ROVIDER OR SUPPLIER	400221	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP	CODE	10/19/2022	
	10 113 211 011 001 1 21211			7300 FOREST AVE	0022		
WESTPOR	RT REHABILITATION ANI	O NURSING CENTER		RICHMOND, VA 23226			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHO		(X5) COMPLETION DATE	
F 695	Continued From page	÷ 120	F 6	95			
	p.m. and 4:12 p.m. re described above.			5. The results of the revidiscussed at the monthly Once the QAPI committee problem no longer exists,	QAPI meeting. e determines th the reviews wi		
	part,	s for R89 documented in ol Solution 0.5-2.5 (3) MG		be completed on a randor Administrator/Director of N responsible for implement of correction.	Nursing are	an	
	(tracheostomy) two tir (chronic obstructive p	mes a day for COPD ulmonary disease).		6. Date of Compliance:	11/15/2022		
	Document abnormal lung sounds. Order Date: 08/09/2022." - "Normal Saline Flush Solution (Sodium Chloride						
	,	wo times a day for Trachea ılizer over trach stoma site. 20."					
	record) dated 10/1/20	e medication administration 22-10/31/2022 for R89 re medications administered /2022.					
	9/6/2020 documented is at risk for respirator COPD, chronic hypox (shortness of breath) flat, suctioning neede	d oxygen, with trach stoma.					
	conducted with LPN ( LPN #7 stated that ne dated plastic Ziploc b #7 stated that the pur	50 a.m., an interview was licensed practical nurse) #7. subulizers were stored in ags when not in use. LPN pose of the bag was for eep the nebulizer clean.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		495227	B. WING _			C 10/19/2022		
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	<u> </u>	10/13/2022		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETION DATE		
F 695	conducted with LPN nebulizers were sto bedside with the res not in use. LPN #8 changed every Satu nebulizer's were sto control purposes.  The facility policy "I Therapy)- Preventic November 2011 do purpose of this proof infection associat tasks and equipmer among residents ar Considerations Rela Nebulizers/Continuorircuit in plastic bag resident's name, be On 10/17/2022 at a (administrative staff administrator, ASM clinical services, AS nursing, ASM #5, the assistant admin president of operatic concern  No further information Reference:  (1) nebulizer	2:35 p.m., an interview was I #8. LPN #8 stated that red in Ziploc bags at the sidents name on them when stated that the bags were urday. LPN #8 stated that the bred in the bags for infection  Departmental (Respiratory on of Infection Level" dated cumented in part, "The redure is to guide prevention ted with respiratory therapy ont, including ventilators, and staffInfection Control ated to Medication ous Aerosol:5. Store the land, marked with date and tween uses"  Poproximately 4:59 p.m., ASM in member) #1, the #2, the regional director of the director of nursing, ASM #6, iistrator and ASM #7, the vice ons were made aware of the	Fé	695				
	medicine into a mis breathe in through a	all machine that turns liquid t. You sit with the machine and a connected mouthpiece. This ained from the website:						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X:		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIF IDENTIFICATION NUMBER: A. BUILDING			ISTRUCTION	(X3) DATE SURVEY COMPLETED		
		495227	B. WING _				C 1 <b>9/2022</b>	
	ROVIDER OR SUPPLIER	D NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226			1 10/	13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE	
F 695			F	895				
	https://medlineplus.g 00006.htm	ov/ency/patientinstructions/0						
	to store oxygen in a s	(R64), the facility staff failed safe manner and failed to ipment in a sanitary manner.						
	assessment, a quarte assessment reference resident scored a 15 interview for mental s resident was not cog daily decisions. In Se	MDS (minimum data set) erly assessment, with an e date of 8/12/2022, the out of 15 on the BIMS (brief status) score, indicating the nitively impaired for making ection O - Special Treatment, grams, R64 was not coded						
	unsecured oxygen ta resident's dresser, no oxygen tank was obs was stored in a stand oxygen tubing with a	nimately 12:30 p.m. An nk was observed next to the ot in a stand. A second erved under the window but I. This oxygen tank had nasal cannula attached to ered or stored in anything,						
	at 4:17 p.m. accompa practical nurse) #1, tl asked what was wron to the dresser, LPN # stand. When asked v it's a hazard. When a tubing hanging off the the window, LPN #1 stored in a bag when why, LPN #1 stated f	n was made on 10/11/2022 anied by LPN (licensed ne unit manager. When ng with the oxygen tank next t1 stated it should be in a why, LPN #1 stated because sked about the oxygen te other oxygen tank, under stated the tubing should be not in use. When asked or infection control reasons. long the oxygen tanks have						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		TE SURVEY MPLETED
		495227	B. WING_			C 0/40/2022
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 7300 FOREST AVE RICHMOND, VA 23226		0/19/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 695	Continued From pag	e 123	F 6	95		
	been in his room, the	ey stated it's been about a e brought in. When asked if				
	Review of the physic an order for oxygen.	ian orders failed to evidence				
		rehensive care plan dated evidence the use of oxygen.				
	Therapy) - Preventio documented in part,	Departmental (Respiratory on of Infection Level," "8. Keep the oxygen cannula N (as needed) in a plastic bag				
		Oxygen Administration" "1. Portable oxygen cylinder "				
	administrator, ASM # clinical services, ASI navigator, and ASM	staff member) #1, the #2, the regional director of M # #3, regional nurse #4, the assistant director of aware of the above findings 63 p.m.				
	No further information	n was provided prior to exit.				
		(R50), the facility staff failed d oxygen mask equipment in				
	assessment, a signif with an assessment the resident scored a (brief interview for m	MDS (minimum data set) icant change assessment, reference date of 8/1/2022, a 10 out of 15 on the BIMS ental status) score, indicating derately cognitively impaired				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		495227	B. WING _			C 0/19/2022		
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 7300 FOREST AVE RICHMOND, VA 23226	•	0/13/2022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETION DATE		
F 695	Continued From page	e 124 sions. In Section O - Special	F 6	95				
	Treatments, Procedu	res and Programs, the as using oxygen while in the						
	resident was in bed v nasal cannula. Sitting was a nebulizer macl an oxygen mask with	n.m. of R50's room. The with their oxygen on via a g on a chair next to the bed hine, a nebulizer mask and a rebreather bag attached, Neither of the masks were						
	practical nurse) #1, o When asked how nel equipment are stored stated they should be observation was shall stated she was award oxygen and nebulize	nducted with LPN (licensed on 11/12/2022 at 1:36 p.m. bulizer masks and oxygen d when not in use, LPN #1 e stored in a bag. The above red with LPN #1. LPN #1 e of the resident being on r treatments but was unsure h a rebreather bag was in						
	Review of the physic documented an orde order for nebulizer tre	r for oxygen therapy and an						
	documented in part, '(R50) Has/At risk for related to PNA (pneu admission w/respirate of breath), nebulizers "Interventions" docur	mented in part, "Administer nts as ordered. Administer						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED		
		495227	B. WING _				C <b>19/2022</b>
	ROVIDER OR SUPPLIER	D NURSING CENTER	,	STREET ADDRESS, CITY, STATE, ZIP CC 7300 FOREST AVE RICHMOND, VA 23226	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BI HE APPROPRIA		(X5) COMPLETION DATE
F 695	The facility policy, "D Therapy) - Prevention documented in part, 'Considerations Relat Nebulizer/Continuous (device used to admi in plastic bag, markename, between uses ASM (administrative administrator, ASM # clinical services, ASM navigator, and ASM # nursing, were made a on 10/12/2022 at 3:5:  No further information  4. The facility staff faitherapy as ordered for #167 was observed wheelside on 10/11/22  Resident #167 was a 9/20/22 with diagnost limited to: trach (trace neoplasm of mouth a and Parkinson's diseasessment, a Medic with an ARD (assess 9/26/22, coded the rest on the BIMS (brief score, indicating the impaired. A review of G-functional status or requiring total dependence of the score in the status of the property of the score in the status of the score in the	epartmental (Respiratory of of Infection Level," Infection Control ed to Mediation is Aerosol: Store the circuit hister nebulizer medications) di with date and resident's "  staff member) #1, the 2, the regional director of 1 # #3, regional nurse 14, the assistant director of 1 aware of the above findings 13 p.m.  In was provided prior to exit.  Ited to provide respiratory or Resident #167. Resident without an ambu bag at 10/12/22.  Idmitted to the facility on 10 as that included but were not 10 heostomy), malignant 10 major salivary glands, 10 ase.  So (minimum data set) 11 are five day assessment, 12 ment reference date) of 13 interview for mental status) 12 resident was not cognitively 13 the MDS Section	F6	95			

		IDENTIFICATION NUMBER:		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED		
		495227	B. WING				C <b>19/2022</b>		
	ROVIDER OR SUPPLIER	ID NURSING CENTER	1	73	TREET ADDRESS, CITY, STATE, ZIP CODE 300 FOREST AVE ICHMOND, VA 23226	1 10/	13/2022		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
F 695	transfers, dressing/h A review of the comp 9/20/22 documented risk for complications tracheostomy. INTE needed. Tracheosto Tracheostomy tie ch A review of the phys revealed "Ambu-bag bedside."  On 10/12/22 at approcare was observed to #167. After trach ca (licensed practical not to show the trach co ties and ambu bag. of all of the above with bag. LPN #2 stated, bag in the room. We we need it." When as included "Ambu bag the physician orders stated, "No, they wo check on the order." keep ambu bag at be On 10/17/22 at 5:00 staff member) #1, the regional director of cassistant director of of nursing, ASM #6, and ASM #7, the reg operations were made	orehensive care plan dated in part, "The resident is at a secondary to a RVENTIONS: Suction as amy care per order."  Ician orders dated 9/20/22, and trach collar to be kept at example performed on Resident are was performed by LPN curse) #2, the LPN was asked llar, inner cannula's, trach LPN #2 revealed the location the exception of the ambute have it in the supply closet if sked if the physician orders to be kept at bedside", were being followed, LPN #2 and not be followed. Let me The order was identified to	F	695					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495227	B. WING		C 10/19/2022	
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	10/10/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 698 F 698 SS=E	Continued From page Dialysis CFR(s): 483.25(I) Separate S	ure that residents who we such services, consistent indards of practice, the on-centered care plan, and and preferences.  T is not met as evidenced on, staff interview, facility inical record review, and in plaint investigation, it was acility failed to maintain a figram for two of 78 residents, Residents #11 and #61.  (R11), the facility staff failed of the assessment of the is access site in March 2 through 4/12/22; and failed cation with the dialysis tes between 6/2/22 and	F 698	F698 Dialysis  1. Residents #11 and #61 remain in center. Resident #11 new order for monitoring dialysis access site. New dialysis communication books establis for resident #11 and #61.  2. Current residents in the center whreceive dialysis services have the potential to be affected.  3. The Staff Development Coordinat designee will educate all licensed nurs on the process that residents receive dialysis as physician order to monitor dialysis access site and utilization of communication books for dialysis residents.  4. The Unit Managers/designees will	shed no tor or ses	
	quarterly assessmen reference date) of 7/being severely cognidally decisions, having the BIMS (brief interwas coded as received the look back period.  A review of R11's clir	MDS (minimum data set), a t with an ARD (assessment 11/22, R11 was coded as tively impaired for making ag scored five out of 15 on view for mental status). R11 ag dialysis services during  nical record revealed the 5/7/21: "Hemodialysis		complete a weekly audit of residents worders for dialysis to verify physician of for monitoring dialysis access sites with completed documentation and utilization of dialysis communication books.  5. The results of the review will be discussed at the monthly QAPI meeting Once the QAPI committee determines problem no longer exists, the reviews be completed on a random basis. The Administrator/Director of Nursing are	order th on ng. s the will	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		(X3) DATE SURVEY COMPLETED		
		495227	B. WING _				C <b>19/2022</b>
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	10/2022
WESTPOR	RT REHABILITATION AN	D NURSING CENTER		73	300 FOREST AVE		
				R	ICHMOND, VA 23226		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 698	Continued From page	e 128	F	598			
	Diagnosis: ESRD (en	id stage renal disease)			responsible for implementation of the p	lan	
	Dialysis Days and Tir	ne: Tues (Tuesday) -Thurs			of correction.		
	(Thursday) -Sat (Satu	ırday)."			6. Date of Compliance: 11/15/2022		
		ical record failed to reveal a					
		ssess R11's dialysis access					
		igh 4/12/22. The review					
		vidence that the staff was					
	assessing RTTs acce	ess site on those days.					
	Additionally, the clinic	cal record review failed to					
	reveal evidence of an	y communication with the					
		1's dialysis communication					
		dates in 2022: 6/2, 6/4, 6/7,					
		7/2, 7/4, 7/9, 7/14, 7/21,					
	7/23, 7/26, 8/9, 8/13, 9/2/22 through 10/10/	8/16, 8/25, 8/27, 8/30; and /22.					
	A review of R11's car	e plan dated 10/4/21 and					
		aled, in part: [R11] has renal					
		o chronic kidney disease on					
		check bruit and thrill q shift					
		edConfer with physician					
	and/or dialysis treatm						
	changes in medicatio times/dosage pre-dia						
	umes/dosage pre-dia	iysis as needed.					
	On 10/17/22 at 12:15	p.m., LPN (licensed					
		as interviewed. She stated				ĺ	
	_	regarding dialysis would					
		r from a physician. She				ĺ	
	-	the physician will order an				ĺ	
		sident's dialysis site each					
		site should be monitored for					
		dence that the site remains					
		he stated the primary form of					
		een the facility and the				ĺ	
		dialysis communication h resident's dialysis book					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		495227	B. WING _				C <b>19/2022</b>
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 7300 FOREST AVE RICHMOND, VA 23226	ODE	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD B HE APPROPRIA		(X5) COMPLETION DATE
F 698	facility staff and the con the form, exchange regarding the resider stated the information medication administre important facts.  On 10/17/22 at 5:00 staff member) #1, the regional director of content of the regional nurse navigation of the recognized of the recognized standards residents with ESRD receiving dialysis cartrained in the care arresidents. Education includesthe type of be gathered about the daily or per shift basifistulasAgreements contracted ESRD fact how the resident's calincludinghow inform between the facilities.  No further information	ach dialysis day. Both the lialysis center staff document ging pertinent information nt's care with each other. She in includes vital signs, ation, and any other  p.m., ASM (administrative eadministrator, ASM #2, the inical services, ASM #3, the ator, ASM #4, the assistant SM #5, the director of eassistant administrator, and sident of operations, were incerns.  by policy, "End-Stage Renal esident with," revealed, in end-stage renal disease for according to currently so of care Staff caring for including residents e outside the facility, shall be ad special needs of these and training of staff assessment data that is to be resident's condition on a sethe care of grafts and a between this facility and the cility include all aspects of the will be managed, mation will be exchanged	F6	598			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IPLE CONSTRUCTI	СОМІ	(X3) DATE SURVEY COMPLETED		
		495227	B. WING_			ı	C / <b>19/2022</b>
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRE 7300 FOREST A		,	110/2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EA	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOUL ISS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 698	Continued From pag	ge 130	F	698			
		nication with the dialysis ates between 6/28/22 and					
	quarterly assessme reference date) of 8 being cognitively int having scored 15 ou interview for mental	MDS (minimum data set), a nt with an ARD (assessment /12/22, R61 was coded as act for making daily decisions, at of 15 on the BIMS (brief status). R61 was coded as ervices during the look back					
	following order date Diagnosis: CKD (ch	inical record revealed the d 6/9/22: "Hemodialysis ronic kidney disease) Stage V and Time: Tuesday,					
	reveal evidence of a dialysis center via R book on the followin	nical record review failed to any communication with the 261's dialysis communication ag dates in 2022: 6/28, 6/30, 12, 7/14, 7/16, 7/19, 7/21; and 10/22.					
	revised 10/8/22 reve has renal insufficien failureConfer with treatment center reg	are plan dated 2/4/22 and ealed, in part: "Dialysis: [R61] acy related to chronic renal physician and/or dialysis garding changes in medication s/dosage pre-dialysis as					
	practical nurse) #4 the primary form of facility and the dialy	5 p.m., LPN (licensed was interviewed. She stated communication between the sis center is the dialysis k. She stated each resident's					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495227	B. WING			l	C 19/2022
	ROVIDER OR SUPPLIER	D NURSING CENTER		730	REET ADDRESS, CITY, STATE, ZIP CODE O FOREST AVE CHMOND, VA 23226		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)			(X5) COMPLETION DATE
F 712 SS=D	day. Both the facility staff document on the information regarding each other. She state vital signs, medication other important facts.  On 10/17/22 at 5:00 pstaff member) #1, the regional director of clargional nurse navigadirector of nursing, Asmursing, ASM #6, the ASM #7, the vice presinformed of these cornormed	s a form for each dialysis staff and the dialysis center of form, exchanging pertinent the resident's care with did the information includes in administration, and any so.m., ASM (administrative eadministrator, ASM #2, the inical services, ASM #3, the ator, ASM #4, the assistant SM #5, the director of assistant administrator, and sident of operations, were incerns.  In was provided prior to exit.  Supply of physician visits sidents must be seen by a see every 30 days for the first on, and at least once every dician visit is considered later than 10 days after the		712			11/15/22

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X A. BUILDING			X3) DATE SURVEY COMPLETED			
		495227	B. WING _		1	C 0/19/2022
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	- 1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ( (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 712	alternate between per and visits by a physic practitioner or clinical accordance with para This REQUIREMENT by: Based on resident in facility document review, the facility staphysician visits were residents in the surver the findings include: For Resident #94 (Resensure the resident virequired, since 5/25/2) R94 was admitted to the most recent MDS quarterly assessment reference date) of 8/2 out of 15 on the BIMS status), indicating the impaired for making on 10/11/22 at approximate for making of 10/11/22 at approximate f	Fs, after the initial visit, may presonal visits by the physician cian assistant, nurse I nurse specialist in agraph (e) of this section.  T is not met as evidenced afterview, staff interview, iew and clinical record aff failed to ensure required conducted for one of 78 by sample, Resident #94.  94), the facility staff failed to was seen by a physician as 22.  the facility on 3/25/21. On 6 (minimum data set), a the with an ARD (assessment 29/22, the resident scored 15 of (brief interview for mental eresident was not cognitively daily decisions.  10 (a) p.m., an object of the with R94. R94 stated at see a doctor that often.  11 (a) p.m., an object of the with R94. R94 stated at see a doctor that often.  12 (a) p.m., an object of the with R94. R94 stated at see a doctor that often.  13 (a) p.m., an object of the with R94. R94 stated at see a doctor that often.	F 7	F712 Physician Visits-Frequency/Timeliness/Alt N 1. Resident #94 was seen by phon 10/19/2022. 2. Current residents have the probe affected. 3. The Administrator or designe educate all Physicians and Nurse Practitioners on the centers policy regarding frequency of required prisits. 4. The Director of Medical Recordesignee will complete a weekly a residents to verify compliance with recertification and physician visits maintained. 5. The results of the review will discussed at the monthly QAPI monce the QAPI committee determination of the completed on a random basis. Administrator/Director of Nursing responsible for implementation of of correction. 6. Date of Compliance: 11/15/26	nysician otential to e will hysician ords or ordit of n is be eeting. oines the ews will The are the plan	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495227	B. WING		C 10/19/2022
	ROVIDER OR SUPPLIER		-	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	10/19/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 712	member) #5 (the direstated the physicians the first 30 days of addays then every 60 daperiod. ASM #5 state alternate every other practitioner if they decon 10/18/22 at 12:26 could not find evidence since May 2022.  On 10/18/22 at 4:36 padministrator) and AST the above concern.  The facility policy title Responsibilities document and federal requirement individual's medical simedical history, and to conditions or problem readily by phone. a. The stevery 30 days for admission, and then at the eafter. b. After the Practitioner or other in the Physician's super	ctor of nursing). ASM #5 should see a resident within mission then monthly for 90 ays with a 10 day grace d the physician can 60 day visit with a nurse em that to be appropriate. p.m., ASM #5 stated she se that a physician saw R94  b.m., ASM #1 (the em #5 were made aware of  d, "Attending Physician umented, "Resident Visits sician will visit residents in a tent with applicable state ents, and depending on the tability, recent and previous the presence of medical s that cannot be handled the visit schedule will be at or the first 90 days after	F 712		
F 755 SS=D	Pharmacy Srvcs/Proc CFR(s): 483.45(a)(b)( §483.45 Pharmacy So	ervices	F 755		11/15/22
	The facility must prov	ide routine and emergency			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495227	B. WING		1	C <b>0/19/2022</b>	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 7300 FOREST AVE RICHMOND, VA 23226		10/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 755	them under an agree §483.70(g). The faci personnel to adminis permits, but only und a licensed nurse.  §483.45(a) Procedur pharmaceutical servithat assure the accur dispensing, and adm biologicals) to meet to §483.45(b) Service Comust employ or obtain pharmacist who-  §483.45(b)(1) Provide aspects of the provisithe facility.  §483.45(b)(2) Establication and §483.45(b)(3) Determined to a supplemental to encreconciliation; and	it to its residents, or obtain ment described in lity may permit unlicensed ter drugs if State law er the general supervision of es. A facility must provide ces (including procedures rate acquiring, receiving, inistering of all drugs and the needs of each resident.  Consultation. The facility in the services of a licensed es consultation on all ion of pharmacy services in shes a system of records of an of all controlled drugs in able an accurate	F 7				
	This REQUIREMENT by: Based on resident in interview, facility doc record review, it was staff failed to provide	is not met as evidenced		F755 Pharmacy 1 Resident #124 physician of the documentation regardir medication during the timefral medication was discontinued 9/13/2022. 2 All residents have the potaffected.	ng the me. The on		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	\ \ '	PLE CONSTRUCTION  G		E SURVEY IPLETED
		495227	B. WING		1	C 0/19/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		0/19/2022
				7300 FOREST AVE		
WESTPOR	RT REHABILITATION AN	ND NURSING CENTER				
				RICHMOND, VA 23226		1
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 755	Continued From pag	ge 135	F 75		O a audio atau au	
	to provide Sarvella (ordered by the physis September and Octor On the most recent I quarterly assessmer reference date) of 9/1 being cognitively into 15 on the BIMS (bries She was coded as his frequently during the On 10/13/22 at 9:05 bed. R124 stated the due to fibromyalgia. facility has not always medication the way the following order dated mg (milligrams) (Millig	MDS (minimum data set), a ant with an ARD (assessment 12/22, R124 was coded as act, having scored 15 out of ef interview for mental status). aving experienced pain e look back period.  a.m., R124 was sitting up in ey have almost constant pain The resident stated the ys administered fibromyalgia the doctor ordered.  clinical record revealed the da 8/21/22: "Savella Tablet 25 nacipran HCI) Give 1 tablet by ay for		3 The Staff Development designee will educate all lice on the process for accuracy documentation and process manage process when medinot available.  4 The Unit Managers or docomplete a weekly audit of donnew medications initiated available with accurate docustory.  5 The results of the review discussed at the monthly QA Once the QAPI committee doproblem no longer exists, the becompleted on a random by Administrator/Director of Nurresponsible for implementation of correction.  6 Date of Compliance: 11/	ensed nurses of to secure or cations are esignee will ocumentation to verify mentation. w will be API meeting. etermines the e reviews will basis. The ersing are on of the plan	
	following: "8/23/2022 18:12 (6: Administration Note					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495227	B. WING		C <b>10/19/2022</b>	
	ROVIDER OR SUPPLIER	AND NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		10/13/2022	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 755	"8/24/2022 09:21 (!Administration Note Give 1 tablet by me fibromyalgia/depresent of the company	ession. Not available,"  9:21 a.m.) Orders - e Text: Savella Tablet 25 MG. buth two times a day for ession. Not available."  7:42 p.m.) Orders - e Text: Savella Tablet 25 MG buth two times a day for ession. Not available."  9:43 a.m.) Orders - e Text: Savella Tablet 25 MG. buth two times a day for ession. Medications unavailable bharmacy."  6:25 p.m.) Orders - e Text: Savella Tablet 25 MG. buth two times a day for ession. Spoke to pharmacy ion from facility to send."  8:36 a.m.) Orders - e Text: Savella Tablet 25 MG. buth two times a day for ession. Ordered from  1:34 a.m.) Orders - e Text: Savella Tablet 25 MG. buth two times a day for ession. Ordered from  1:34 a.m.) Orders - e Text: Savella Tablet 25 MG. buth two times a day for ession. Ordered from  1:34 a.m.) Orders - e Text: Savella Tablet 25 MG. buth two times a day for ession. Medication unavailable	F 755			
	fibromyalgia/ depre awaiting pharm del A review of R124's (medication admini	ession. Medication unavailable				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		OATE SURVEY COMPLETED
		495227	B. WING _			C 10/19/2022
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	· · · · · · · · · · · · · · · · · · ·	10/13/2022
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F 755	A review of R124's updated 9/3/22 reversion for increased pain of painAdminister particular and painAdminister particular and painAdminister particular and particular and particular day) the pharmacy to fait the pharmacy faxes she (or whomever if that particular day) the physician and grated she would may rogress note detaincluding filling out physician.  On 10/18/22 at 9:54 interviewed. She stemployee and does facility. She stated for a resident, she software to reorder progress note sayin stated she could not done.	on 9/3, 9/4, 9/11, and 9/12.  care plan dated 8/3/22 and ealed, in part: [R124] is at risk	F 7	,		
	member) #14, a ph She stated Sarvella and is rarely ordere She stated this med	armacist, was interviewed.  I is an unusual medication,  d in the long term care setting.  dication is expensive, and  es frequently require a special				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	, , ,	(X3) DATE SURVEY COMPLETED	
		495227	B. WING			C <b>10/19/2022</b>	
	ROVIDER OR SUPPLIER	AND NURSING CENTER	•	STREET ADDRESS, CITY, STATE, ZIP 7300 FOREST AVE RICHMOND, VA 23226		3/13/2022	
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F 755	Sarvella required the stated the pharmacists the medication before The pharmacy sensinstructing them to fill out the authorizate to the physician to happen. If not, the pharmacy the assure for the medication is reviewed the pharmacy only disp R124. She stated the facility new the resident work stated the facility new the required sparsella.  On 10/18/22 at 2:5 manager, was intermedication is not at the pharmacy, and that the medication the nurse should fir what is going on with described the same as OSM #14.  On 10/18/22 at 4:3 staff member) #1, to regional director of regional nurse navidirector of nursing, nursing, ASM #6, the same as ASM #6, the state of the pharmacy is the same as OSM #14.	et they will pay for it. She stated his prior authorization. She by billing team communicated that they should not dispense ore getting the authorization. It is a fax to the facility, have the attending physician ation form. She stated it is uportation facility has to give the rance that the facility will pay if the pharmacy will not. She hacy's records, and verified the pensed a total of 12 tablets for the pharmacy dispensed these all have a minimal supply. She ever provided the pharmacy becial authorization for the pharmacy dispensed these available, the nurse should call should notify the physician is not available. She stated and out where the drug is, and the the medication. She is process for preauthorization and the administrator, ASM #2, the clinical services, ASM #3, the gator, ASM #4, the assistant ASM #5, the director of the assistant administrator, and resident of operations, were	F	755			

NAME OF PROVIDER OR SUPPLIER  WESTPORT REHABILITATION AND NURSING CENTER  WESTPORT REHABILITATION AND NURSING CENTER  WESTPORT REHABILITATION AND NURSING CENTER  IGACH DESCRIPTION WIST TRESERVED OF DEFICIENCIES (IGACH DESCRIPTION WISTS TRESERVED OF DEFICIENCIES (IGACH DESCRIPTION AND ORDING NORMATION)  F755  Continued From page 139  A review of the facility policy, "Unavailable Medications," revealed, in part: "Medications used by residents in the nursing facility may be unavailable for dispensing from the pharmacy on occasion. This situation may be due to the pharmacy being temporarily out of stock of a particular product, a drug recall, manufacturer's shortage of an ingredient, of the situation may be permanent because the drug is no longer being made. The facility must make every effort to ensure that medications are available to meet the needs of each resident The pharmacy staff shall:  1) Call or notify nursing staff that the ordered product(s) is/are unavailable.  2) Notify nursing when it is anticipated that the drug(s) will become available.  3) Suggest alternative, comparable drug(s) and dosage of drug(s) that is/are available, which is covered by the resident's insurance.  B. Nursing staff shall:  1) Notify the attending physician of the situation and explain the circumstances, expected availability and optional therapyleis) that are available.  a. If the facility nurse is unable to obtain a response from the attending physician, the nurse should notify the nursing supervisor and contact the facility Medical Director for orders and/or direction.  2) Obtain a new order and cancel/discontinue the order for the non-available medication.  3) Notify the pharmacy of the replacement order.*  No further information was provided prior to exit.		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		OATE SURVEY OMPLETED
MANE OF PROVIDER OR SUPPLIER  WESTPORT REHABILITATION AND NURSING CENTER  (A) ID (EACH DEPICIENCY MUST SER PROCEDED BY FILL REGULATORY OR LSC IDENTIFYING INFORMATION)  FOR THE PROPERTY AND THE PROPERTY OF SERVICE AND THE PROPERTY AND THE PROPER			495227	B. WING _			
FREENT TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 755  Continued From page 139  A review of the facility policy, "Unavailable Medications," revealed, in part: "Medications used by residents in the nursing facility may be unavailable for dispensing from the pharmacy on occasion. This situation may be due to the pharmacy being temporarily out of stock of a particular product, a drug recall, manufacturer's shortage of an ingredient, or the situation may be permanent because the drug is no longer being made. The facility must make every effort to ensure that medications are available to meet the needs of each residentThe pharmacy staff shall:  1) Call or notify nursing staff that the ordered product(s) is/are unavailable.  2) Notify nursing when it is anticipated that the drug(s) will become available.  3) Suggest alternative, comparable drug(s) and dosage of drug(s) that is/are available, which is covered by the resident's insurance.  B. Nursing staff shall:  1) Notify the attending physician of the situation and explain the circumstances, expected availability and optional therapy(ies) that are available.  a. If the facility nurse is unable to obtain a response from the attending physician, the nurse should notify the nursing supervisor and contact the facility Medical Director for orders and/or direction.  2) Obtain a new order and cancel/discontinue the order for the non-available medication.  3) Notify the pharmacy of the replacement order."			.ND NURSING CENTER		7300 FOREST AVE		10/13/2022
A review of the facility policy, "Unavailable Medications," revealed, in part: "Medications used by residents in the nursing facility may be unavailable for dispensing from the pharmacy on occasion. This situation may be due to the pharmacy being temporarily out of stock of a particular product, a drug recall, manufacturer's shortage of an ingredient, or the situation may be permanent because the drug is no longer being made. The facility must make every effort to ensure that medications are available to meet the needs of each resident The pharmacy staff shall:  1) Call or notify nursing staff that the ordered product(s) is/are unavailable.  2) Notify nursing when it is anticipated that the drug(s) will become available.  3) Suggest alternative, comparable drug(s) and dosage of drug(s) that is/are available, which is covered by the resident's insurance.  B. Nursing staff shall:  1) Notify the attending physician of the situation and explain the circumstances, expected availability and optional therapy(ies) that are available.  a. If the facility nurse is unable to obtain a response from the attending physician, the nurse should notify the nursing supervisor and contact the facility Medical Director for orders and/or direction.  2) Obtain a new order and cancel/discontinue the order for the non-available medication.  3) Notify the pharmacy of the replacement order."	PRÉFIX	(EACH DEFICIE)	NCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETION
Medications," revealed, in part: "Medications used by residents in the nursing facility may be unavailable for dispensing from the pharmacy on occasion. This situation may be due to the pharmacy being temporarily out of stock of a particular product, a drug recall, manufacturer's shortage of an ingredient, or the situation may be permanent because the drug is no longer being made. The facility must make every effort to ensure that medications are available to meet the needs of each residentThe pharmacy staff shall:  1) Call or notify nursing staff that the ordered product(s) is/are unavailable. 2) Notify nursing when it is anticipated that the drug(s) will become available. 3) Suggest alternative, comparable drug(s) and dosage of drug(s) that is/are available, which is covered by the resident's insurance. B. Nursing staff shall: 1) Notify the attending physician of the situation and explain the circumstances, expected availability and optional therapy(ies) that are available. a. If the facility nurse is unable to obtain a response from the attending physician, the nurse should notify the nursing supervisor and contact the facility Medical Director for orders and/or direction. 2) Obtain a new order and cancel/discontinue the order for the non-available medication. 3) Notify the pharmacy of the replacement order."	F 755	·	<u>~</u>	F 7	55		
NOTES (1) "Milnacipran (Sarvella) is used to treat fibromyalgia (a long-lasting condition that may		Medications," reveal by residents in the unavailable for dispoccasion. This situal pharmacy being ter particular product, a shortage of an ingrepermanent because made. The facility rensure that medicaneeds of each resideshall:  1) Call or notify nurproduct(s) is/are unavailable and explain the circular availability and option available.  a. If the facility nurs response from the asshould notify the nuther facility Medical direction.  2) Obtain a new ordorder for the non-availability and pharman No further information.	aled, in part: "Medications used nursing facility may be bensing from the pharmacy on ation may be due to the imporarily out of stock of a drug recall, manufacturer's edient, or the situation may be the drug is no longer being must make every effort to tions are available to meet the dent The pharmacy staff sing staff that the ordered available. The is anticipated that the equalibration and that is/are available, which is dent's insurance.  The pharmacy staff sing physician of the situation sumstances, expected onal therapy(ies) that are the is unable to obtain a mattending physician, the nurse arising supervisor and contact Director for orders and/or the replacement order."  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.  The pharmacy staff sing staff that the ordered havailable, which is dent's insurance.				

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F 755 F 758 SS=D	tiredness, and difficult asleep). Milnacipran i called selective seroto reuptake inhibitors (S increasing the amoun norepinephrine, natur the movement of pain information is taken frhttps://medlineplus.go tml.  Free from Unnec Psy CFR(s): 483.45(c)(3)(	tiffness and tenderness, ty falling asleep or staying is in a class of medications onin and norepinephrine NRIs). It works by to f serotonin and all substances that help stop is signals in the brain." This from the website by/druginfo/meds/a609016.h		755			11/15/22
	affects brain activities processes and behave but are not limited to, categories: (i) Anti-psychotic; (ii) Anti-depressant; (iii) Anti-depressant; (iii) Anti-anxiety; and (iv) Hypnotic  Based on a compreheresident, the facility management of the second of the second of the second of the second of the clinical record;  §483.45(e)(2) Reside drugs receive gradual behavioral intervention	notropic drug is any drug that associated with mental ior. These drugs include, drugs in the following  ensive assessment of a nust ensure that ints who have not used is necessary to treat a diagnosed and documented  ints who use psychotropic indose reductions, and					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G	' '	(X3) DATE SURVEY COMPLETED	
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F 758	unless that medicatic diagnosed specific or in the clinical record;  §483.45(e)(4) PRN or are limited to 14 days §483.45(e)(5), if the prescribing practition appropriate for the Prescribing practition appropriate for the Prescribing practition appropriate for the Prescribing practition indicate the duration §483.45(e)(5) PRN or drugs are limited to 12 renewed unless the appropriateness. This REQUIREMENT by:  Based on staff interview, and clinical redetermined that the fresident on psychoacoprevent unnecessary.	ents do not receive foursuant to a PRN order on is necessary to treat a condition that is documented and orders for psychotropic drugs is. Except as provided in cattending physician or cer believes that it is is. RN order to be extended or she should document their cent's medical record and for the PRN order.  orders for anti-psychotic led days and cannot be cattending physician or cer evaluates the resident for of that medication.  To is not met as evidenced  view, facility document ecord review, it was facility staff failed to monitor a crive medication, in order to or medication administration tes in the survey sample,	F 7	F758 Free from Unnecessar Psychotropic Meds/PRN Use 1. Resident #96 remains in physician orders updated to i monitoring of side effect and while on psychotropic medica 2. Current residents receiving psychotropic medication have potential to be affected.	y center. The nclude behavior ation. ing e the		
	monitor for the prese	96), the facility staff failed to ence of targeted behaviors ects while the resident was ctive medication.		<ol> <li>The Staff Development ( and designee will educate all nurses on the process for the side effect and behavior mon resident orders receiving psy medication utilization to supp</li> </ol>	licensed e initiation of itoring for all chotropic		

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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F 758	quarterly assessme reference date) of 8 being cognitively inthaving scored 14 or interview for mental receiving psychoact look back period.  A review of R96's cl following orders: "Buspirone HCI (1) Give 1 tablet by moanxiety." This order "Citalopram Hydrob 1 tablet by mouth in dated 8/15/22.  "Lorazepam (3) Tab mouth every 6 hour Days. May cause did This order was date.  A review of R96's Madministration record October 2022 revealed and Citalopram as a received Lorazepan review of these MAI evidence R96 was a behaviors and side medications.  A review of R96's carevealed, in part: [R	MDS (minimum data set), a nt with an ARD (assessment 1/26/22, R96 was coded as act for making daily decisions, at of 15 on the BIMS (brief status). R96 was coded as tive medications during the inical record revealed the Tablet 10 mg (milligrams) at the times a day for was dated 8/14/22.  Tomide (2) Tablet 20 mg Give the morning." This order was olet 0.5 MG Give 1 tablet by a sa needed for Anxiety for 14 rowsiness. Avoid alcohol." and 9/15/22.  MARs (medication reds) for September 2022 and alled R96 received Buspirone scheduled, and the resident in multiple times. Further Rs failed to reveal any being monitored for targeted effects of these psychoactive are plan dated 4/22/22 96] is at risk for adverse	F 75	and prevent unnecessary psymedication usage.  4. The Unit Mangers or desiconduct weekly audits of all nepsychotropic medication order initiation of monitoring side eff behaviors od psychotropic metalers medication utilization.  5. The results of the review discussed at the monthly QAF Once the QAPI committee detaler problem no longer exists, the becompleted on a random bata Administrator/Director of Nurs responsible for implementation of correction.  6. Date of Compliance: 11/1	ignee will ew rs to ensure fects and edication ssary will be PI meeting. termines the reviews will asis. The ing are n of the plan		
	evidence R96 was behaviors and side medications.  A review of R96's carevealed, in part: [R effects related to us medication, use of a	peing monitored for targeted effects of these psychoactive are plan dated 4/22/22					

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F 758	medication useEva effects of medication decrease/elimination  On 10/17/22 at 12:15 practical nurse) #4 w sometimes nurses have residents for side effected she was not at the monitor residents' stated she was aware psychoactive medical MAR, she stated she places to document psychoactive medical side effects.  On 10/17/22 at 5:00 staff member) #1, the regional director of cregional nurse navig director of nursing, A	aluate effectiveness and side is for possible of psychotropic drugs."  5 p.m., LPN (licensed ras interviewed. She stated and orders to monitor ects of medications. She ware of specific procedures targeted behaviors. She	F	758				
	informed of these co had recently entered monitored for targets of psychoactive med she did this, she stat been re-admitted fro were not placed. She when the survey tear monitoring. She state necessary to make s managed properly the A review of the facility	ure the resident is being rough these medications.  y policy, "Administering ed, in part: "As required or						

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F 758	resident's medical a. The date and tim administered; b. The dosage; c. The route of adn d. The injection site e. Any complaints of drug was administe  No further informat  NOTES (1) "Buspirone is us or in the short-term anxiety. Buspirone called anxiolytics. I amounts of certain brain." This informat website https://medlineplus tml.  (2) "Citalopram is us Citalopram is in a conselective serotonin works by increasing natural substance if mental balance." The website https://medlineplus tml.  (3) "Lorazepam (br relieve anxiety. Lor medications called slowing activity in terms."	nedication will record in the record: ne the medication was ninistration; e (if applicable); or symptoms for which the	F 75	58	

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F 758	Continued From pa	age 145 .gov/druginfo/meds/a682053.h	F 75	58		
F 759 SS=D	tml.	Error Rts 5 Prcnt or More	F 75	59		11/15/22
	§483.45(f) Medicate The facility must en					
	percent or greater; This REQUIREME by: Based on observation document review, is staff failed to maint less than five percent the medication adr. Resident #87 (R87 25 opportunities.  The findings include For R87, the facility medications per the check a blood sugar On the most recent assessment, a qual assessment references ident scored a Sinterview for mental resident was mode making daily decis.	tion, staff interview, facility t was determined the facility tain a medication error rate of ent for one of four residents in ministration observation, ). There were two errors within  e:  y staff failed to administer e physician order and failed to ar per physician order.  t MDS (minimum data set) interly assessment, with an ince date of 8/24/2022, the o out of 15 on the BIMS (brief all status) score, indicating the erately cognitively impaired for		F759 Free of Medication Err Prcnt or More  1. Resident #87 remains in physician notified of medication administered outside of schedwith no new orders.  2. Current residents have the affected.  3. The Staff Development Codesignee will educate all licer on the process for medication specific scheduled administrate before meals will be administrate before meals will be administrate the scheduled time and process to the scheduled time with do to the scheduled time and process to the scheduled time and process to the scheduled time and process to the scheduled time with do to the scheduled time and process to	center. The ons duled time he potential to Coordinator or nsed nurses his that have ation times ered during less for administered administered acumentation. Esignees will he eekly ensure ed time per	

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F 759	breakfast tray in front checked the resident' proceeded to perform the resident. LPN #2 Metoclopramide 5 mg relieve heartburn and and sores in the esop. The physician orders documented in part, "(hydrochloride Tablet mouth two times a dabefore eating. Check meals) &HS (bedtime doctor) if blood sugar greater than 300 before Diabetes."  The comprehensive of documented in part, "MANAGEMENT: (R8 related to Insulin Dep Type 2." The "Interve "Obtain glucometer reabnormalities as order (R87) has the following gaseous abdominal of (small bowel obstruct infarction."  An interview was con 10/12/2022 at 1:22 p. blood sugars to be do a.m. When asked when was observed, LPN # didn't know who need pulled the resident's I administration record	s of them. LPN #2 first s blood pressure. She then in the blood sugar check on proceeded to administer in (milligram) tablet (used to a speed the healing of ulcers shagus) (1).  I dated 6/17/2022, 1/2 Metoclopramide HCL 5 mg; Give 1 tablet by any for Gerd. Take 30 minutes and Blood Sugars AC (before 1/2). Notify MD (medical 1/2) is lower than 60, and one meals and at bedtime for the series are plan dated, 7/21/2022, 1/2 Focus: DIABETES 1/2) has endocrine system bendent Diabetes Mellitus intions and report and series are needs: CVA (stroke), listension, recent SBO ion) following cerebral ducted with LPN #2 on m. When asked when are one, LPN #2 stated, 7:30 by wasn't it done until she 1/2 stated she guessed she 1/2 stated	F	759	be completed on a random basis. The Administrator/Director of Nursing are responsible for implementation of the p of correction.  6. Date of Compliance: 11/15/2022		

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F 759	#2 stated, "No, it wasked about the Medispensing card door meals, LPN #2 state meal. When asked i physician order, LPI was a 7:30 a.m. me 8:00 a.m. When state given before meals, what to say, I have medications to and window for administratime to get it all don.  The facility policy, "Adocumented in part, administered in accommodate in a control of the prescribed time, unlexample, before and ASM (administrative administrator, ASM clinical services, AS navigator, and ASM nursing, were made on 10/12/2022 at 3:10.  No further information (1) (used to relieve the healing of ulcers and [tube that connects people who have gardisease [GERD]; conflow of acid from the	if they did it as ordered, LPN as after the meal." When toclopramide, and the umented 30 minutes before ad it was not given before his if it was administered per the N #2 stated, she didn't think it dication. It's scheduled for ted it was supposed to be LPN #2 stated, "I don't know 30 residents to give I know I am out of my time ration. There isn't enough the within the time."  Administering Medications within the orders, and time frame. 4. Medications and within one (1) hour of their tess otherwise specified (for the difference of after meal orders)."  The staff member of the above findings	F 75		

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	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		
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F 759	website: https://medlineplus.g tml	tments.). obtained from the following ov/druginfo/meds/a684035.h	F 75			
F 760 SS=E	CFR(s): 483.45(f)(2)  The facility must ensigned system of the facility must ensigned from the facility must ensigned from the facility staff failed a manner free of signer residents in the survey.  The findings include:  For Resident #61 (Readminister Clonidine resident's systolic blothan 160 mm Hg (mill times during May 202)  On the most recent from the facility assessment reference date) of 8/2 being cognitively intal having scored 15 out interview for mental shaving high blood presidents.	ris not met as evidenced riew, facility document d review, and in the course of tion, it was determined that to administer medications in difficant errors for one of 78 ey sample, Resident #61.  61), the facility staff failed to (1) as ordered when the bod pressure (2) was greater limeters of mercury) eleven 22.  MDS (minimum data set), a t with an ARD (assessment 12/22, R61 was coded as ct for making daily decisions, of 15 on the BIMS (brief status). R61 was coded as	F 76	F760 Residents are Free of Significated Med Errors  1. Resident #61 remains in the cent The physician was notified of the medication and parameters during the timeframe. Medication discontinued physician order.  2. Current residents have the poter be affected.  3. The Staff Development Coordinatesignee will educate all licensed nur on the process for PRN medication of with parameter orders must be follow and notify physician when not within a parameters with documentation.  4. The Unit Managers or designees complete a weekly audit of residents PRN orders with parameters to ensur compliance with administration when within the parameters.  5. The results of the review will be discussed at the monthly QAPI meeting Once the QAPI committee determine problem no longer exists, the reviews be completed on a random basis. The	ter.  e e per atial to ator or sees rders ed the will with re not  ng. s the s will	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION		E SURVEY MPLETED
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F 760	mouth every 12 ho (blood pressure) g was dated 4/22/22  A review of R61's administration recordilowing blood pressure) g to 183/100; 5/8/22 at 4:30 p.m. 178/84; 5/13/22 at 6:30 a.m. 177/9 180/100; 5/23/22 (6:30 a.m. 178/89).  Further review of the no evidence that Control these dates and timpressure readings  A review of R61's revised 8/15/22 resures d	blet 0/1 MG. Give 1 tablet by burs as needed for systolic B/P reater than 160." This order c.  MARs (medication ords) for May 2022 revealed the essures: 5/7/22 at 6:30 a.m. 6:30 a.m. 178/82; 5/8/22 at 5/11/22 at 6:30 a.m. 188/100; m. 169/110; 5/14/22 at 4:30 22 at 4:30 p.m. 185/90; 5/16/22 8; 5/22/22 at 4:30 p.m. 20 4:30 p.m. 190/91; 5/29/22 at the May 2022 MARs revealed clonidine was given on any of mes when R61's systolic blood	F 7		of Nursing are entation of the plan	
	of such a high bloo On 10/18/22 at 9:5 interviewed. She r	s over 160. She stated the risk od pressure is a stroke.  44 a.m., LPN #17 was eviewed R61's Clonidine order, blood pressures. She stated				

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		495227	B. WING			C 10/19/2022
	ROVIDER OR SUPPLIER	ND NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226		10/13/2022
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F 760	every time R61's sy over 160.  On 10/18/22 at 2:55 manager, was intercolonidine order, and pressures. She state been given each an blood pressure was medication error, ar receiving the medication error, ar receiving the medication that a stroke on 10/18/22 at 4:33 staff member) #1, the regional director of regional nurse navig director of nursing, ASM #6, the ASM #7, the vice prinformed of these controls.	d have been given each and stolic blood pressure was bp.m., LPN #7, R61's unit viewed. She reviewed R61's dethe May 2022 blood led the Clonidine should have devery time R61's systolic lover 160. She stated this is a led stated the risk for R61's not lation was that the resident lead and stated the risk for R61's had stated the resident had stated the r	F 76			
	Medications," reveate be administered in a including any require (1) "Clonidine tablet or in combination whigh blood pressure (long-acting) tablets combination with other attention deficit hypmore difficulty focus remaining still or quireless administered in a still or quireless and included in a still or	is (Catapres) are used alone ith other medications to treat it. Clonidine extended-release are used alone or in her medications as part of a control symptoms of eractivity disorder (ADHD; sing, controlling actions, and iet than other people who are ildren. Clonidine is in a class				

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	ROVIDER OR SUPPLIER	ID NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	1 10/10/2022
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F 760	treats high blood preheart rate and relaxiful blood can flow more Clonidine extended-IADHD by affecting the controls attention an information is taken https://medlineplus.gtml.  (2) "Systolic pressure ventricles pump blood pressure is the pressure is the pressure is the pressure adults, a normal blood over 80 millimeters of written as your systolyour diastolic pressure have consistent systomatical pressure have consistent systomatical pressure in the pressure with the pressure in the pressure is the pressure in the presure in the pressure in the pressure in the pressure in the pressu	ensive agents. Clonidine ssure by decreasing your ng the blood vessels so that easily through the body. The elease tablets may treat ne part of the brain that d impulsivity." This	F 76	60	
F 791 SS=D	website https://www.nhlbi.nih ure#:~:text=Systolice 20pressure,day%20l ivities.  Complaint deficiency Routine/Emergency CFR(s): 483.55(b)(1  §483.55 Dental Serv The facility must ass	Dental Srvcs in NFs )-(5) ices ist residents in obtaining emergency dental care.	F 79	91	11/15/22

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	ID NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 FOREST AVE RICHMOND, VA 23226	10/13/2022	
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F 791	outside resource, in of this part, the follow the needs of each ref (i) Routine dental se under the State plan (ii) Emergency dental \$483.55(b)(2) Must, assist the resident-(i) In making appoint (ii) By arranging for the dental services located \$483.55(b)(3) Must presidents with lost or dental services. If a state of dental services and the extremely services and the ex	provide or obtain from an accordance with §483.70(g) wing dental services to meet isident: rvices (to the extent covered ); and al services; if necessary or if requested, ments; and ransportation to and from the ions; promptly, within 3 days, refer admaged dentures for referral does not occur within just provide documentation of the resident could still eat an awaiting dental enuating circumstances that the loss or damage of the loss or	F 79	1		
	by: Based on observation	on, staff interview, clinical		F791 Routine/Emergency Dental Srv	cs in	

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F 791	determined that the routine dental services the survey sample. The findings included for R54, the facility dental services.  R54's most recent quarterly assessment reference date) of 8 out of 15 on the status) assessment moderately impaired Section K docume more in the last mechanically alterno mouth pain or compart of R54 in the made of R54 in the made of R54 in the made to interview cognitive status the Observation of R5 protruding from the The comprehensive 11/16/2017 documents Dental or oral several missing nather than the made of R53/2022." If documented in part of evaluation/recent for evaluation/recent for evaluation/recent for R54 in the made to interview cognitive status the Observation of R54 in the made to interview cognitive status the Observation of R55 protruding from the C5/2017 documented in part of evaluation/recent for evaluation/recent for evaluation/recent for R54 in the made to interview cognitive status the Observation of R54 protruction of R54 protruction of R55 protructions of R54 in the made to interview cognitive status the Observation of R55 protructions of R54 in the made to interview cognitive status the Observation of R55 protructions of	I facility document review it was e facility staff failed to provide vices for one of 78 residents in provide vices for one of 8,000 provide vices failed to offer routine vices for making daily decisions. In the day of 10% or more in and R54 receiving a fed diet. Section L documented dentures.  8:38 a.m., an observation was seir room. An attempt was R54, however due to their e interview was not completed. 4 revealed a single visible tooth	F 7	NFs 1. Resident #54 remains Resident #54 scheduled for services and has declined this time. 2. Current residents have be affected. 3. The Staff Development will educate all licensed nut service staff on the process to Social Services for sche residents requiring dental of the service at the monthly of the service of the reviolation of the service of the residents requiring dental of the service of the reviolation of the the service of the reviolation of the service o	or dental participation e the potential of the potential participation of the potential participation of the potential of the	at al to r cial ion  of . he rill	

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F 791	The physician order "Consults: Dental consults: Dental consults: Dental consults: Dental consults: Dental consults: Dental consults: Dental consults and provided the straw for Nutrition.  Review of R54's clind documentation of	rs for R54 documented in part, are as needed. Order Date: ortified Foods diet Pureed consistency. Must drink by Order Date: 08/23/2022."  Inical record failed to evidence ental consults or notes re provided.  33 a.m., a request was made tive staff member) #1, the 54's dental notes.  34 p.m., ASM #5, the director at they did not have evidence to provide for R54.  0:20 a.m., an interview was a licensed practical nurse) ed that they had a dentist who by to see residents. LPN #12 of a list and they saw anyone tooth pain or needed dental ed that they were not sure of ine dental exams and do not remember if the dentist were in the building the last.	F7	91			
	the process for rout cleanings and could saw R54 when they time or not.  On 10/19/2022 at 7 conducted with LPN assessed residents during oral care and as needed. LPN #8 who came into the legal to the	ine dental exams and donot remember if the dentist were in the building the last :51 a.m., an interview was N #8. LPN #8 stated that staff for dental pain or bleeding					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION  G	' '	(X3) DATE SURVEY COMPLETED		
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F 791	should have access On 10/19/2022 at 9- conducted with ASA member) #5, the dir stated that they hav comes to the facility schedule yet. ASM came in August or S back in December. referral was needed the facility they wou facility for a consult. had a dental hygien cleaning and exams schedule yet. ASM for the dental hygier month. ASM #5 sta	ge 155 #8 stated that all residents to routine dental services.  12 a.m., an interview was 1 (administrative staff ector of nursing. ASM #5 e a dental provider who but there was not a set #5 stated that the dentist september and plans to come ASM #5 stated that if a prior to the dentist coming to ld send residents out of the ASM #5 stated that they also ist that does the routine but there was not a set #5 stated that the plan was nist to come every other ted that all the residents dental services offered to	F 7	91			
	December 2016 doc and emergency den meet the resident's accordance with the plan of careAll der recorded in the resident's der facility to which the On 10/19/2022 at al #1, the administrato director of clinical sed director of nursing, 2	cental Services" dated cumented in part, "Routine tal services are available to oral health services in resident's assessment and natal services provided are dent's medical record. A copy natal record is provided to any resident is transferred."  Deproximately 9:29 a.m., ASM r, ASM #2, the regional ervices, ASM #4, the assistant ASM #5, the director of the concern.					

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F 791	Continued From pag	ge 156	F 79	1		
F 842 SS=D	Resident Records -	on was provided prior to exit. Identifiable Information 1, 483.70(i)(1)-(5)	F 84	2	11/15/22	
	(i) A facility may not resident-identifiable (ii) The facility may resident-identifiable accordance with a cagrees not to use or	elease information that is				
	professional standar	ordance with accepted ords and practices, the facility cal records on each resident nented;				
	all information conta regardless of the for records, except when (i) To the individual, representative when (ii) Required by Law (iii) For treatment, poperations, as perm with 45 CFR 164.50 (iv) For public health neglect, or domestic activities, judicial an	or their resident e permitted by applicable law; ; ayment, or health care itted by and in compliance				

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F 842	medical examiners, a serious threat to h by and in compliance §483.70(i)(3) The farecord information a unauthorized use.  §483.70(i)(4) Medicator- (i) The period of time (ii) Five years from the there is no requirem (iii) For a minor, 3 years legal age under State §483.70(i)(5) The modification of the record	purposes, or to coroners, funeral directors, and to avert ealth or safety as permitted e with 45 CFR 164.512.  cility must safeguard medical gainst loss, destruction, or al records must be retained e required by State law; or the date of discharge when ent in State law; or ears after a resident reaches e law.  edical record must containtion to identify the resident; esident's assessments; sive plan of care and services by preadmission screening evaluations and fucted by the State; e's, and other licensed	F 84	2	
	by: Based on resident i facility document review, it was deterr failed to maintain an	nterview, staff interview, view, and clinical record nined that the facility staff accurate clinical record for in the survey sample,		F842 Resident Records - Identifiabl Information 7. Resident #124 the physician wa notified of medication not administer The medication was discontinued or 9/13/2022. 1. All residents have the potential affected.	es red.

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NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 10/	19/2022
	101.52.1.01.100.1.2.2.1				300 FOREST AVE		
WESTPOR	RT REHABILITATION AN	D NURSING CENTER					
					RICHMOND, VA 23226		
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F 842	Continued From page	e 158 k124), the facility staff failed	F 8	342	The Staff Development or will edu all licensed nurses on the process for	cate	
	to maintain an accura	ite MAR (medication			accuracy of medication documentation	of	
		) in September 2022 for the			administration and process to secure of		
		medication, Sarvella (1).			manage process when medications are not available.		
	On the most recent M	IDS (minimum data set), a			3. The Unit Managers or designee w	ill	
		with an ARD (assessment			complete a weekly review of		
	, ,	2/22, R124 was coded as			documentation on new medications		
	being cognitively inta	ct, having scored 15 out of			initiated to verify available and accurate	Э	
	15 on the BIMS (brief	interview for mental status).			medication documentation of administration.		
	On 10/13/22 at 9:05 a	a.m., R124 was sitting up in			4. The results of the review will be		
		y have almost constant pain			discussed at the monthly QAPI meeting	a.	
		he resident stated the			Once the QAPI committee determines	-	
		s administered fibromyalgia			problem no longer exists, the reviews v	vill	
	medication the way th				be completed on a random basis. The Administrator/Director of Nursing are		
		nical record revealed the 8/21/22: "Savella Tablet 25			responsible for implementation of the p	lan	
	_	acipran HCl) Give 1 tablet by			5. Date of Compliance: 11/15/2022		
	mouth two times a da				o. Bate of Gomphanice. 11/10/2022		
	fibromyalgia/depressi						
	revealed the facility re 8/25/22, and another to the evening dose of had been dispensed	six tablets on 8/28/22. Prior on 8/28/22, only six tablets to the facility from the cation was documented as					
	revealed nurses' initia administered at 5:00 a.m. and 5:00 p.m. or and at 8:00 a.m. on 9	AR for September 2022 als, indicating Sarvella was p.m. on 9/21, and at 8:00 n 9/22, at 8:00 a.m. on 9/23, /25. However, no additional d to the facility after 8/28/22					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		OATE SURVEY OMPLETED
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F 842	nurse) #16 was intenurse administers a initials the MAR to ingiven. She stated a that he/she administ they did not. When was accurate for the she stated: "No. It is on 10/18/22 at 9:54 interviewed. She stated a nurse show medication as admigiven to the resider clinical record was of Sarvella, she stated on 10/18/22 at 2:55 manager, was intenshould not ever door given unless the nuthe medication, and receiving the medic R124's MAR and the stated: "I don't know administered a med She stated the nurs professional standar."	B a.m., LPN (licensed practical erviewed. She stated when a medication, she (or he) indicate the medication was nurse should never document stered in a medication when asked if R124's clinical record e administration of Sarvella, sn't."  4 a.m., LPN #17 was ated she places her initials on e a medication is given. She all d not falsely document a sinistered if it was not actually it. When asked if R124's accurate for the administration	F	342		
	On 10/18/22 at 4:33 staff member) #1, t regional director of regional nurse navi director of nursing,	B p.m., ASM (administrative he administrator, ASM #2, the clinical services, ASM #3, the gator, ASM #4, the assistant ASM #5, the director of he assistant administrator, and				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 842	informed of these condition A review of the facility Documentation," review "Documentation in the objective, complete No further information NOTES (1) "Milnacipran (Sarfibromyalgia (a long-cause pain, muscle stiredness, and difficulty asleep). Milnacipran called selective seroir reuptake inhibitors (Sincreasing the amount orepinephrine, nature the movement of pail information is taken that the m	esident of operations, were necerns.  y policy, "Charting and ealed, in part: the medical record will be to, and accurate."  In was provided prior to exit.  I	F 84		11/15/22
	diseases and infection §483.80(a) Infection program.	nsmission of communicable ons.  prevention and control  ablish an infection prevention			

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				<del></del>		С	
		495227	B. WING _	· · · · · · · · · · · · · · · · · · ·		10/19/2022	
	ROVIDER OR SUPPLIER	D NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP ( 7300 FOREST AVE RICHMOND, VA 23226	CODE		
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F 880	and control program a minimum, the follow §483.80(a)(1) A systereporting, investigatir and communicable d staff, volunteers, visit providing services un arrangement based uconducted according accepted national states §483.80(a)(2) Writter procedures for the procedure for the proc	(IPCP) that must include, at ving elements:  em for preventing, identifying, and controlling infections is eases for all residents, ors, and other individuals der a contractual upon the facility assessment to §483.70(e) and following indards;  a standards, policies, and ogram, which must include,  Illance designed to identify ble diseases or a can spread to other;  em possible incidents of se or infections should be used for a lat not limited to: atton of the isolation, infectious agent or organism at the isolation should be the	F	380			
	circumstances.  (v) The circumstance must prohibit employ disease or infected si contact with residents contact will transmit t	s under which the facility ees with a communicable kin lesions from direct s or their food, if direct he disease; and procedures to be followed					

AND DI AN OF CORRECTION INTERPRETATION NUMBERS		` '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			C 0/19/2022
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	•	0/13/2022
				7300 FOREST AVE		
WESTPOF	RT REHABILITATION AN	D NURSING CENTER		RICHMOND, VA 23226		
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F 880	Continued From pag	e 162	F 8	880		
	by staff involved in di	rect resident contact.				
	§483.80(a)(4) A systematic identified under the factorizative actions take	-				
		lle, store, process, and s to prevent the spread of				
	IPCP and update the	view. uct an annual review of its ir program, as necessary. Γ is not met as evidenced				
	document review, an was determined that follow transmission b	on, staff interview, facility d clinical record review, it the facility staff failed to ased precautions for one of urvey sample, Resident #96.		F880 Infection Prevention &  1. RN #6 received education proper removal and disposal wound care supplies following of wound care prior to exiting  2. Current residents receiving	on regarding of PPE and g completion g room.	
	The findings include:			care have the potential to be 3. The Staff Development (	affected.	
	properly dispose of cafter providing wound			designee will educate all licer on the processes for transmis precaution rooms to gather w supplies, disposal of PPE and	nsed nurses ssion-based vound d discarding	
	quarterly assessmen reference date) of 28 being cognitively inta	MDS (minimum data set), a t with an ARD (assessment /26/22, R96 was coded as ct for making daily decisions, of 15 on the BIMS (brief status).		contaminated wound dressin- exiting room. The Staff Devel Coordinator will educate all c licensed nurses, housekeepin Rehab staff on processes for receptacles in transmission-b precaution rooms for PPE an	lopment ertified, ng staff and r placing pased	
	#6 provided wound c	a.m., RN (registered nurse) are to R96. On R96's door at all who entered the room precautions. RN #6 stated		plastic bag in a receptacle for waste and to call /ask for ass needed if additional items are while in room.	r additional sistance as	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495227	B. WING _			C 10/19/2022	
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, 2	ZIP CODE	10/13/2022	
				7300 FOREST AVE			
WESTPOR	RT REHABILITATION AN	D NURSING CENTER		RICHMOND, VA 23226			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED		D.4TE	
F 880	contagious strep bace isolation gown and glaroom. After the old drawounds cleansed, and RN #6 removed her gathered the dirty dragauze used to cleans of the items outside the ared biohazard bag attreatment cart.  A review of R96's clir following order dated Precautions."  A review of R96's car revealed, in part: [R9 breakdown and is attrelated to sacrumle hip pressure area."  On 10/17/22 at 10:52 preventionist, was intresident is on contact room should contain There should be sepacentaminated medication to prevent the process of the prevention	teria. RN #6 donned an oves before entering R96's ressings were removed, the did the new dressings applied, gown and gloves, and ressings and contaminated reset he wounds. She took all the room and placed them in attached to the wound care did he room and placed them in attached to the wound care did he room and placed the 19/30/22: "Contact did he room and fistularight did he room. In the room and placed did he room. In the room and the room an	F	4. The Infection Previdesignee will complete resident rooms on transprecautions to observe disposed of PPE and dicontaminated wound dror plastic bag to discard container prior to exiting ensure receptacles are for disposal of PPE and bag.  5. The results of the rediscussed at the month Once the QAPI commit problem no longer exist be completed on a rand Administrator or Director responsible for implement of correction.  6. Date of Compliance	weekly audits of smission-based licensed nurses iscarded ressing in red bad in a biohazard groom and will available in roord waste with plasteview will be ally QAPI meeting tee determines to tee, the reviews whom basis. The proof Nursing are entation of the plastice with plaster of the plastice with the reviews whom basis.	g m tic he ill	
		nurse, was interviewed. She ninated waste from a resident					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495227	B. WING				C <b>19/2022</b>	
NAME OF PI	ROVIDER OR SUPPLIER	1		STR	REET ADDRESS, CITY, STATE, ZIP CODE	1 10/	19/2022	
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F 880	Continued From pag	e 164	F 8	380				
	a biohazard bag in the stated no contaminate the room to prevent the state of the s	ecautions should be placed in ne resident's room. She ted materials should leave the infection spreading.						
	staff member) #1, the regional director of c regional nurse naviga	p.m., ASM (administrative e administrator, ASM #2, the linical services, ASM #3, the ator, ASM #4, the assistant SM #5, the director of						
	nursing, ASM #6, the	e assistant administrator, and esident of operations, were						
	revealed in part: "Co implemented for resi- be infected with micr transmitted by direct	nission-Based Precautions," ntact Precautions may be dents known or suspected to oorganisms that can be contact with the resident or environmental surfaces or						
	disposable gown upor remove before leaving touching potentially of clothing after gown is will wear gloves (cleat the room. While caring change gloves after leaving	and visitors will wear a on entering the room and ong the room and avoid contaminated surfaces with a removed Staff and visitors an, non-sterile) when entering ong for a resident, staff will having contact with infective e, fecal material and wound						
	drainage). Gloves wi hygiene performed b "Contact Precautions transmission of infec epidemiologically impublich are spread by	Il be removed and hand efore leaving the room."  s are intended to prevent tious agents, including portant microorganisms, direct or indirect contact with ient's environment as						

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		495227	B. WING			l	19/2022
NAME OF PR	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
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WESTPOR	RT REHABILITATION AN	D NURSING CENTER		F	RICHMOND, VA 23226		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
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					DETIGIENCY)		
F 880	Continued From page	e 165	F	880			
	described in I.B.3.a.	The specific agents and					
		ch Contact Precautions are					
	indicated are found in	n Appendix A. The					
		t Precautions for patients					
		with MDROs is described in					
	the 2006 HICPAC/CD	OC MDRO guideline.927					
	Contact Precautions	also apply where the					
	presence of excessive	e wound drainage, fecal					
	incontinence, or other	r discharges from the body					
	suggest an increased	l potential for extensive					
	environmental contan	mination and risk of					
	transmission. A single	e-patient room is preferred					
	for patients who requ	ire Contact Precautions.					
	When a single-patien	t room is not available,					
	consultation with infe	ction control personnel is					
	recommended to ass						
		patient placement options					
		ing the patient with an					
		n multi-patient rooms, =3					
		n between beds is advised					
		unities for inadvertent sharing					
		infected/colonized patient					
		ealthcare personnel caring					
	•	ct Precautions wear a gown					
	•	eractions that may involve					
	contact with the patie						
	contaminated areas in						
		g PPE upon room entry and ting the patient room is done					
	•	, especially those that have					
	been implicated in tra						
		mination (e.g., VRE, C.					
		and other intestinal tract					
		his information is taken from					
	the website	inomiation is taken nom					
		infectioncontrol/guidelines/is					
	olation/precautions.ht						
	S.auory productions.in						
	No further information	n was provided prior to exit.					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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				7300 FOREST AVE		
WESTPORT	REHABILITATION A	ND NURSING CENTER		RICHMOND, VA 23226		
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