STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted 12/27/2022 through 12/28/2022. One complaint VA00057212 (substantiated with deficiency) was investigated during the survey. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The census in this 125 certified bed facility was 117 at the time of the survey. The survey sample consisted of one current resident review (Resident #2) and one closed record review (Resident #1).	F 000		
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g)	F 580		1/30/23

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

Electronically Signed | 01/10/2023

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F 580	Continued From page 1 (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is- (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. (iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s). §483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9). This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined the facility staff failed to notify the physician when a medication was not available for one of two residents in the survey sample, Resident #1 (R1). The findings include: For R1, the facility staff failed to notify the physician when a medication, Ozempic (used	F 580	The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility□s allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated. F580	

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F 580	Continued From page 2 along with a diet and exercise program to control blood sugar levels in adults with type 2 diabetes) (1), was not available to administer from the pharmacy. The physician order dated, 11/30/2022, documented, "Ozempic 1 MG/DOSE (milligram per dose) Solution pan-injector 2 MG/1.5 ML (2 milligrams per 1.5 milliliters) inject 1 mg (milligram) subcutaneously one time a day every 7 day for diet." The December MAR (medication administration record) documented the above order. The medication was scheduled to be administered on 12/5/2022. There was a "9" documented in the block for administration. A "9" indicated to "see progress notes." The nurse's note dated, 12/5/2022 at 2:34 p.m. documented, "Ozempic 1 MG/DOSE Solution pan-injector 2 MG/1.5 ML inject 1 mg subcutaneously one time a day every 7 day for diet. New order: Medication haven't arrived to facility." There was no documentation the physician was notified of the medication not being available and not administered. An interview was conducted with RN (registered nurse) #1, the assistant director of nursing, on 12/28/2022 at 9:05 a.m. When asked what a "9" on the MAR indicated, RN #1 stated the medication was not given and to see the nurse's note. RN#1 further stated the nurse should call the doctor that the medication was not given. An interview was conducted with ASM (administrative staff member) #1, the director of nursing, on 12/28/2022 at 9:28 a.m. The MAR	F 580	1-Residents #1 is no longer a resident in the facility. 2-All residents are at risk for deficient practice related to the Physician not being notified of medications not available for administration. The DON or designee will review the Medication Administration record and progress notes to ensure that the physician is notified of medications not available. 3-The DON, or designee will educate the Licensed Nurses on the process to follow to obtain medications from the Pharmacy, utilize the STAT medication box and review of the House Stock medication list to obtain medications and notification to the physician of medications not available for administration. 4-The DON, or designee will complete weekly audits of the Medication Administration Record report and Progress notes to determine any issues with medications not available for Administration and that the physician was notified appropriately. 5-Results of the audit will be presented to the QAPI committee for review and recommendations. 6- Completion date: 1/30/2023 The Admin/DON are responsible for implementation of the plan of correction.	

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F 580	Continued From page 3 with the order for Ozempic was reviewed with ASM #1. When asked what is a nurse to do if a medication was not given, ASM #1 stated the nurse needs to call the doctor and the RP (responsible party). The facility policy, "Medication Management/Medication Unavailability) documented in part, "3. If medications are determined to be unavailable for administration, licensed nurse will notify the provider of unavailability. Licensed nurse will document notification to the provider of the unavailability in the medical record. Licensed nurse will notify provider of the unavailability of medication and request an alternate treatment if possible." ASM #1, ASM #2, the regional director of clinical services, and ASM #3, the vice president of operations, were made aware of the above concern on 12/28/2022 at 12:10 p.m. No further information was provided prior to exit. (1) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a618008.html.	F 580		
F 656 SS=D	Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)(3) §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's	F 656		1/30/23

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F 656	Continued From page 4	F 656		

medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following -
(i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and
(ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6).
(iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its rationale in the resident's medical record.
(iv)In consultation with the resident and the resident's representative(s)-
(A) The resident's goals for admission and desired outcomes.
(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.
(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.
§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-
(iii) Be culturally-competent and trauma-informed.
This REQUIREMENT is not met as evidenced by:

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F 656	Continued From page 5 Based on staff interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined the facility staff failed to develop a care plan for the use of an LVAD (left ventricular assist device), for one of two residents in the survey sample, Resident #1(R1). The findings include: For R1, the comprehensive care plan failed to evidence documentation related to the care of a resident with an LVAD. On the most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 12/2/2022, the resident scored a 12 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired for making daily decisions. The comprehensive care plan dated, 12/1/2022, documented in part, "Focus: The resident is at risk for cardiac complications secondary to congestive heart failure." The "Interventions" documented, "Administer medications as ordered. Observe for signs and symptoms of cardiac complications. Observe for signs and symptoms of fluid overload including pulmonary or lower extremity edema and shortness of breath and notify MD (medical doctor) as indicated. Vital signs as needed." Further review of the comprehensive care plan failed to evidence documentation related to the care of a resident with an LVAD. An interview was conducted with LPN (licensed practical nurse) #1 on 12/28/2022 at 7:30 a.m.	F 656	F656 1- Resident #1 is no longer a resident in the center. 2- All residents are at risk for deficient practice related to not having a comprehensive care plan developed to address the use of an LVAD (left ventricular assist device). Current residents with an LVAD will be reviewed by the DON, or designee to ensure that the LVAD is addressed on the resident care plan. 3-The DON, or designee will educate Licensed Nurses on including a focus area, goal and interventions on the resident care plan to address the use of an LVAD. 4-The DON, or designee will complete weekly audits of residents admitted with an LVAD to ensure that the LVAD is addressed appropriately on the care plan. 5-Results of the audits will be presented to the QAPI Committee for review and recommendation 6- Completion date 1/30/23. The Admin/DON are responsible for implementation of the plan of correction.	

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F 656	Continued From page 6	F 656		

When asked who creates the care plans, LPN #1 stated the unit manager helps, but the MDS nurse finalizes it. LPN #1 stated she only updates the care plan for any incidents, such as a fall. She stated she does sometimes do the admission care plan. When asked if a resident has a LVAD should that be addresses on the care plan, LPN #1 stated, yes.

An interview was conducted with ASM (administrative staff member) #1, the director of nursing, on 12/28/2022 at 9:28 a.m. When asked the purpose of the care plan, ASM #1 stated it's basically how to provide care for the resident, it's an individualized plan for that resident. ASM #1 was asked to review the care plan for R1. When asked does the care plan document how to care for a resident with an LVAD, ASM #1 stated, no and that it should.

The facility policy, "Resident Assessment & Care Planning" documented in part, "A licensed nurse in coordination with the interdisciplinary team, develops and implements an individualized care plan for each patient in order to provide effective, person-centered care, and the necessary health-related care and services to attain or maintain the highest practical physical, mental and psychosocial well-being of the patient."

ASM #1, ASM #2, the regional director of clinical services, and ASM #3, the vice president of operations, were made aware of the above concern on 12/28/2022 at 12:10 p.m.

No further information was provided prior to exit.

Complaint deficiency.

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F 658	Continued From page 7	F 658		
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review and in the course of a complaint investigation, it was determined the facility staff failed to follow professional standards of practice to clarify a physician order for one of two residents in the survey sample, Resident #2 (R2). The findings include: For R2, the facility staff failed to clarify physician orders for the same dressing change. The physician order dated 12/3/2022, documented, "Change LVAD (left ventricular assist device) drive line dressing to right lower abdomen every day shift every 3 days." A physician order dated, 12/5/2022, documented, "Driveline dressing, change every 3 days, one time a day every 3 days." The December 2022 TAR (treatment administration record) documented both of the above orders as being current orders. The dates marked for the first order of 12/3/2022 were for dressing changes on 12/3/2022, 12/6/2022, 12/9/2022, 12/12/2022, 12/15/2022, 12/18/2022, 12/21/2022, 12/24/2022 and 12/27/2022. The second order dated 12/5/2022 had the dates	F 658	F658 1-Resident #2 is no longer a resident in the center. 2- All residents with an LVAD are at risk for deficient practice related to not having properly written wound care orders. The DON, or designee will review current residents with LVAD wound care orders to ensure that the wound care orders are transcribed correctly. 3-The DON, or designee will educate Nurses on the process for following physician orders for dressing changes, performing dressing changes for residents with an LVAD, proper transcription of orders, clarifying physician orders and providing documentation related to the clarification of physician dressing change orders. 4-The DON, or designee will complete weekly audits of residents with new dressing change orders to ensure that the order is followed, performed with completion of documentation. 5-Results of the audits will be presented to the QAPI Committee for review and recommendation. 6-Completion date 1/30/23.	1/30/23

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F 658	Continued From page 8 marked for the dressing to be changed on 12/5/2022, 12/8/2022, 12/11/2022, 12/14/2022, 12/17/2022, 12/20/2022, 12/23/2022, and 12/26/2022. An interview was conducted with ASM (administrative staff member) #1, the director of nursing, on 12/28/2022 at 9:28 a.m. ASM #1 was asked to review the December 2022 TAR for R2. When asked if there is a conflict in the orders for the dressing change, ASM #1 stated, the orders needed to be clarified. The facility policy, "Physician Orders" failed to evidence documentation related to the clarification of physician orders. According to Potter and Perry's, Fundamentals of Nursing, 7th edition, page 268 documents the following statements: "Clarifying an order is competent nursing practice, and it protects the client and members of the health care team. When you carry out an incorrect or inappropriate intervention, it is as much your error as the person who wrote or transcribed the original order." ASM (administrative staff member) #1, the director of nursing, ASM #2, the regional director of clinical services, and ASM #3, the vice president of operations, were made aware of the above concern on 12/28/2022 at 12:10 p.m. No further information was obtained prior to exit.	F 658	The Admin/DON are responsible for implementation of the plan of correction.	
F 684 SS=E	Quality of Care CFR(s): 483.25 § 483.25 Quality of care	F 684		1/30/23

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F 684	Continued From page 9 Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined the facility staff failed to follow the physician orders for the monitoring of a LVAD (left ventricle assist device), and administration of medications and treatments for two of two residents in the survey sample, Residents #1 (R1) and Resident #2 (R2). The findings include: 1. a. For Resident #1, the facility staff failed to monitor the LVAD per the physician orders (Left Ventricular assist devices [VADs] help the heart pump blood from one of the main pumping chambers to the rest of the body or to the other side of the heart. These pumps are implanted in the body. In most cases they are connected to machinery outside the body) (1). On the most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 12/2/2022, the resident scored a 12 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired for making daily decisions.	F 684	F684 1-Residents # 1 and #2 are no longer resident in the center. 2- All residents with an LVAD are at risk for deficient practice related to physician orders not followed for monitoring of the LVAD, and documentation of the monitoring of the LVAD is not documented properly All residents receiving medications are at risk for deficient practice if medications and blood sugars are not provided or obtained correctly or not documented as to why the medication or blood sugar was not obtained. 3-The DON, or designee will educate Licensed Nurses on the Rights of Medication Administration and the process of obtaining medications from the STAT medication box, house stock supply and notifying the pharmacy of the need for medications, notification to the physician if medications are not available and documentation to explain medication omissions. The licensed nurses will also be educated on the process for the management, monitoring, obtaining doppler blood pressures, following physician orders and completion of documentation of the care for the resident	

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F 684	Continued From page 10 The physician order dated 12/1/2022, documented, "LVAD monitoring MAP (mean arterial pressure), RPM (revolutions per minute) every shift for LVAD monitoring." The physician order dated 12/2/2022 documented, "Vital signs - Please obtain BP (blood pressure) using doppler every shift." The December 2022 MAR (medication administration record) documented the above two orders. For the order, "LVAD monitoring MAP (mean arterial pressure), RPM (revolutions per minute) every shift for LVAD monitoring," there were check marks documented in some of the boxes for each shift. There was no documentation of the RPM readings on the MAR. On the following dates and shifts, the boxes were blank: 12/2/2022 - evening shift, 12/4/2022 - night shift, 12/7/2022 - evening and night shifts, 12/9/2022 and 12/20/2022 - day shift, 12/12/2022 - day shift, 12/14/2022 - day shift, 12/15/2022 - day shift. For the order for the BP using the doppler every shift, there were blanks on the following dates and shifts: 12/2/2022 - day and evening shifts, 12/6/2022 - day shift, 12/7/2022 - evening shift, 12/8/2022, 12/9/2022 and 12/10/2022 - days shift, 12/12/2022 - day shift, and 12/14/2022 and 12/15/2022 - day shift. There was a third entry on the MAR dated 12/1/2022 documented, "Vital signs - Please obtain BP with doppler every shift." The MAR documented a box for BP, Temperature, Pulse, Respirations and O2 (oxygen) saturation level. Out of 35 opportunities for documentation of the doppler BP, there were 27 documented full blood pressure readings, indicating a systolic and diastolic blood pressure, taken with a normal blood pressure cuff were taken.	F 684	with ventricular devices. 4-The DON, or designee will complete weekly audits of the Medication Administration report to ensure that medications are available for administration, that there is documented evidence why medications are not administered, and that the physician is notified when medications are not available. The residents with LVADs will be reviewed to ensure that the physician orders are followed correctly for the monitoring of the LVAD 5-Results of the audits will be presented to the QAPI Committee for review and recommendation. 6-Completion date 1/30/23. The Admin/DON are responsible for implementation of the plan of correction.	

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F 684	Continued From page 11	F 684		

Review of the nurse's notes failed to evidence the documentation of the RPM.

The comprehensive care plan dated 12/1/2022, failed to evidence documentation of the care of the LVAD device.

An interview was conducted with LPN (licensed practical nurse) #2 on 12/27/2022 at 3:51 p.m. The above physician orders and MAR were reviewed with LPN #2. When asked when she is signing off on the order for the LVAD monitoring, what is she signing off for that she completed, LPN #2 stated, it's to document that the machine is running with no alarms sounding, that the batteries are charged and if needed switched out. When asked what the blanks on the MAR indicated, LPN #2 stated it means it wasn't done.

On 12/28/2022 at 8:06 a.m., an interview was conducted with ASM (administrative staff member) #4, the resident's physician and the medical director of the facility. ASM #3 was asked to describe what the expectations of the nurses are to do for a resident with an LVAD. ASM #4 stated the machine has a display screen on it. It has a green light that spins to indicate the machine is running. It also has three numbers, power, speed rate (RPM) and estimated cardiac output. The nurses are supposed to look at the screen and record the RPM. When asked how often this is to be done, ASM #4 stated every shift.

An interview was conducted with RN (registered nurse) #1, the assistant director of nursing, on 12/28/2022 at 9:05 a.m. The above order for the monitoring of the LVAD was reviewed with RN #1. When asked what the order means, RN #1 stated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 12	F 684		

the MAP refers to taking the blood pressure with the doppler. The RPM - you push a button on the monitor and get the RPM and other readings, such as watts. The December MAR was reviewed by RN #1 and when asked if the nurses are to record the RPM, RN #1 stated, yes; it not being documented. The order for the blood pressure by doppler was reviewed with RN #1. RN #1 stated the machine only gives you one number, not two like a normal blood pressure reading. When asked if the nurses documenting a two number blood pressure, are following the physician order, RN #1 stated she would have to say no.

An interview was conducted with ASM (administrative staff member) #1, the director of nursing, on 12/28/2022 at 9:38 a.m. The above orders were reviewed with ASM #1. When asked what the order for the monitoring of the LVAD meant, ASM #1 stated the RPM is on the device screen and the MAP is to check the blood pressure using the doppler. The doppler reading gives one number and the nurse is supposed to record the RPM. The December MAR was reviewed with ASM #1 which was confirmed by ASM #1 that the RPM was not documented. ASM #1 stated by the nurse's making a checkmark, they are monitoring the LVAD but not documenting the RPM. When asked what the blanks on the MAR indicated, ASM #1 stated if it is not documented, it was not done. The blood pressure readings with two numbers were reviewed with ASM #1. When asked how many numbers does the nurse get when doing the blood pressure with the doppler, ASM #1 stated one, and confirmed that the documentation showed the physician order was not being followed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 13	F 684		

The facility policy, "Ventricular Assist Device Standards of Practice" documented in part, "G Documentation: 1. Licensed nurses utilize the nursing progress note to document the patient's response to interventions/education/outcomes related to return demonstration (as indicated) every shift. 2. Licensed nurses will document physical assessment findings every shift. 3. Licensed nurses will document pertinent care giving communication and guidance that is provided by the hospital VAD Coordinator, VAD Clinic Coordinator and/or device manufacturer educator. 4. Licensed nurses will document VAD parameters utilizing the VAD Flow Sheet Record."

The facility book titled, "LVAD" documented in part, "Pump Parameters: Speed (RPM)= set speed for pump to run, determined by Provider. Should not fluctuate, (if change is noted, contact provider)."

ASM #1, ASM #2, the regional director of clinical services, and ASM #3, the vice president of operations, were made aware of the above concern on 12/28/2022 at 12:10 p.m.

No further information was provided prior to exit.

(1) This information was obtained from the following website: https://medlineplus.gov/ency/article/007268.htm.

1. b. For R1, the facility failed to administer the following medications per the physician order: Ropinirole (used to treat Parkinson's disease and restless leg syndrome) (1), Atorvastatin (used to decrease fatty substances in the blood) (2), Cetirizine (an antihistamine used to treat allergies) (3), Memantine (used to treat

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 14	F 684		

symptoms of Alzheimer's disease) (4), and Ozempic (used to control blood sugar levels in adults with type 2 diabetes) (5).

The physician orders all dated 11/30/2022, documented, "Ropinirole HCL (hydrochloride) tablet 2 MG (milligrams); Give 1 tablet by mouth three times a day for pain. Atorvastatin Calcium Tablet 40 MG; Give 1 tablet by mouth in the evening for cholesterol, avoid grapefruit juice. Cetirizine HCL Tablet 10 MG; Give 1 tablet by mouth at bedtime for allergies. Memantine HCL Tablet 10 MG; Give 1 tablet by mouth one time a day for dementia, Ozempic (1MG/Dose) (milligram per dose) Solution Pen-injector 2 MG/1.5 ML (2 milligrams per 1.5 milliliters), Inject 1 mg subcutaneously one time a day every 7 days for diet."

The December MAR (medication administration record) documented the above orders. The following medications were not documented as administered on the following dates and times:
Ropinirole - 12/7/2022 at 5:00 p.m.
Atorvastatin - 12/2/2022 and 12/7/2022 at 7:00 p.m.
Cetirizine - 12/2/2022 and 12/7/2022 at 9:00 p.m.
Memantine - 12/2/2022 and 12/7/2022 at 9:00 p.m.
Ozempic - 12/5/2022 and 12/9/2022 at 9:00 a.m.

For the Ozempic, the nurse's note dated 12/5/2022 at 2:35 p.m., documented, "New order: Medication haven't (sic) arrived to facility." The nurse's note dated 12/12/2022 at 1:19 p.m. documented, "Nurse contacted pharmacy, was informed medication meds (medication) to be changed to Trulicity (used to control blood sugar levels in adults with type 2 diabetes) (6). NP

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 15	F 684		

(nurse practitioner) aware via phone."

Review of the nurse's notes failed to evidence documentation for the why the other medications were not given.

The comprehensive care plan dated 11/30/2022 documented in part, "Focus: the resident has a risk for pain related to left pelvic fracture." The "Interventions" documented in part, "Administer medications as ordered. Notify MD (medical doctor) as indicated. Focus: The resident is at risk for complications and blood sugar fluctuations related to diagnosis of diabetes mellitus." There were no interventions for this section of the care plan. Further review of the care plan failed to evidence any documentation related to the other above medications.

An interview was conducted with LPN (licensed practical nurse) #3, on 12/27/2022 at 4:08 p.m. LPN #3 was asked to review the December MAR for R1. When asked what a blank on a MAR is indicative of, LPN #3 stated, it means they [the medications] haven't been given.

An interview was conducted with RN (registered nurse) #1, the assistant director of nursing, on 12/28/2022 at 9:05 a.m. RN #1 was asked to review the entire December MAR for R1. Once reviewed and asked what the blanks are indicative of, RN #1 stated, "Blanks to me, it wasn't given. If it wasn't documented, it wasn't given."

ASM #1, ASM #2, the regional director of clinical services, and ASM #3, the vice president of operations, were made aware of the above concern on 12/28/2022 at 12:10 p.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 16	F 684		

No further information was provided prior to exit.

(1) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a698013.html.
(2) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a600045.html
(3) This information was obtained from the following website: https://medlineplus.gov/ency/patientinstructions/000549.htm
(4) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a604006.html.
(5) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a618008.html.
(6) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a614047.html

1. c. For R1, the facility staff failed to check the resident's blood sugar as ordered by the physician.

The physician order dated, 12/1/2022, documented, "Check blood sugar before meals for diabetes."

The December 2022 MAR (medication administration record) documented the above order. On the following dates there were blanks

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 17	F 684		

on the spaces to document it was done and record the reading: 12/2/2022 and 12/7/2022 at 4:30 p.m. and 12/14/2022 at 6:30 a.m.

The comprehensive care plan dated 11/30/2022 documented in part, "Focus: The resident is at risk for complications and blood sugar fluctuations related to diagnosis of diabetes mellitus." There were no interventions for this section of the care plan.

An interview was conducted with LPN (licensed practical nurse) #3, on 12/27/2022 at 4:08 p.m. LPN #3 was asked to review the December MAR for R1. When asked what a blank on a MAR is indicative of, LPN #3 stated, it means it wasn't done.

An interview was conducted with RN (registered nurse) #1, the assistant director of nursing, on 12/28/2022 at 9:05 a.m. RN #1 was asked to review the entire December MAR for R1. Once reviewed and asked what the blanks are indicative of, RN #1 stated, blanks to me, it wasn't done. If it wasn't documented, it wasn't done.

ASM #1, ASM #2, the regional director of clinical services, and ASM #3, the vice president of operations, were made aware of the above concern on 12/28/2022 at 12:10 p.m.

No further information was provided prior to exit.

2. a. For R2, the facility staff failed to monitor the LVAD per the physician orders.

On the most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 12/6/2022,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 18	F 684		

the resident scored a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is not cognitively impaired for making daily decisions.

The physician order dated, 11/30/2022, documented, "LVAD monitoring MAP (mean arterial pressure), RPM (revolutions per minute) every shift for monitoring." The physician order dated, 12/1/2022, documented, "Vital sings Please obtain BP using doppler every shift."

The December 2022 MAR documented the above orders. For the order "LVAD monitoring MAP, RPM every shift for monitoring," there were check marks documented in some of the boxes for each shift. There was no documentation of the RPM readings on the MAR. On the following dates and shifts, the boxes were blank: 12/2/2022 - day shift; 12/4/2022 - night shift; 12/7/2022 - evening and night shift; 12/9/2022 and 12/10/2022 on day shift; 12/14/2022 and 12/15/2022 on day shift; 12/19/2022 on day shift; on 12/25/2022 on evening shift; and on 12/26/2022 on day shift. For the order for the BP using the doppler every shift, there were blanks on the following dates and shifts: 12/1/2022 on night shift;12/2/2022 on day shift; 12/6/2022 on day shift; 12/7/2022 on evening and night shift; on 12/7/2022, 12/8/2022 and 12/9/2022 on day shift; 12/13/2022, 12/14/2022, 12/15/2022 and 12/16/2022 on day shift; 12/18/2022, 12/19/2022 and 12/20/2022 on day shift; 12/23/2022 and 12/24/2022 on day shift; and 12/25/2022 on day and evening shift.

The comprehensive care plan dated, 12/21/2022, documented in part, "Focus: CARDIAC: the resident is at risk for cardiac complications

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 19	F 684		

secondary to congestive heart failure requiring an LVAD, cardiomyopathy." The "Interventions" documented in part, "Administer medications as ordered. Consults as ordered. Observe for signs and symptoms of cardiac complications. Observe for signs and symptoms of fluid overload including pulmonary or lower extremity edema and shortness of breath and notify MD as indicated. Rotate batteries for LVAD as directed. Vital signs as needed. Blood pressure checks on thigh. "

An interview was conducted with LPN (licensed practical nurse) #2 on 12/27/2022 at 3:51 p.m. The above physician orders and MAR were reviewed with LPN #2. When asked when she is signing off on the order for the LVAD monitoring, what is she signing off for that she completed, LPN #2 stated, it's to document that the machine is running with no alarms sounding, that the batteries are charged and if needed switched out. What do the blanks on the MAR indicated, LPN #2 stated it means it wasn't done.

An interview was conducted with ASM (administrative staff member) #4, the resident's physician and the medical director of the facility, on 12/28/2022 at 8:06 a.m. ASM #3 was asked to describe what the expectations of the nurses to do for a resident with an LVAD. ASM #4 stated the machine has a display screen on it. It has a green light that spins to indicate the machine is running. It also has three numbers, power, speed rate (RPM) and estimated cardiac output. The nurses are supposed to look at the screen and record the RPM. How often is this to be done, ASM #4 stated every shift.

An interview was conducted with RN (registered

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 20	F 684		

nurse) #1, the assistant director of nursing, on 12/28/2022 at 9:05 a.m. The above order for the monitoring of the LVAD was reviewed with RN #1. When asked what the order means, RN #1 stated the MAP refers to taking the blood pressure with the doppler. The RPM - you push a button on the monitor and get the RPM and other readings, such as watts. The December MAR was reviewed by RN #1. Are the nurses to record the RPM, RN #1 stated, yes. Where is the RPM recorded, RN #1 stated, it not being documented.

An interview was conducted with ASM (administrative staff member) #1, the director of nursing, on 12/28/2022 at 9:38 a.m. The above orders were reviewed with ASM #1. When asked what the order for the monitoring of the LVAD meant, ASM #1 stated the RPM is on the device screen and the MAP is to check the blood pressure using the doppler. When asked if the nurse is supposed to record the RPMs? ASM #1 stated, yes. The December MAR was reviewed with ASM #1. ASM #1 stated, it's [RPMs] not documented. When asked if that was following the physician order, ASM #1 stated by the nurse's making a checkmark, they are monitoring the LVAD but not documenting the RPM. When asked what the blanks on the MAR indicated, ASM #1 stated if it is not documented, it was not done.

ASM #1, ASM #2, the regional director of clinical services, and ASM #3, the vice president of operations, were made aware of the above concern on 12/28/2022 at 12:10 p.m.

No further information was provided prior to exit.

2. b. For R2, the facility staff failed to administer

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 21	F 684		

the following medications per the physician orders: Calcium Carbonate (is a dietary supplement used when the amount of calcium taken in the diet is not enough) (1), Docusate Sodium (used on a short-term basis to relieve constipation by people who should avoid straining during bowel movements because of heart conditions, hemorrhoids, and other problems) (2), Flovent HFA (used to prevent difficulty breathing, chest tightness, wheezing, and coughing caused by asthma in adults and children) (3), Pantoprazole Sodium (used to treat damage from gastroesophageal reflux disease [GERD]) (4), and Nystatin Suspension (used to treat fungal infections of the inside of the mouth and lining of the stomach and intestines) (5).

The physician orders dated, 11/30/2022, documented, "Calcium Carbonate Tablet 600 MG (milligrams); Give 1 tablet by mouth two times a day for supplementation. Docusate Sodium Capsule 100 MG; Give 1 capsule by mouth two times a day for constipation for 10 days. Flovent HFA Aerosol 44 MCG/ACT (micrograms per activation); 1 puff inhale orally two times a day for SOB (shortness of breath) rinse mouth afterwards do not swallow. Pantoprazole Sodium Tablet Delayed Release 40 MG; Give 1 tablet by mouth two times a day for ulcer. Nystatin Suspension 100000 UNIT/ML(milliliters); Give 5 ML by mouth four times a day for antifungal for 10 days swish and swallow."

The December 2022 MAR documented the above orders. The following medications were not administered on the dates and times documented below:
Calcium Carbonate Sodium - 12/7/2022 at 5:00 p.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 22	F 684		

Docusate Sodium - 12/2/2022 and 12/7/2022 at 9:00 p.m.
Flovent HFA - 12/2/2022 and 12/7/2022 at 9:00 p.m.
Pantoprazole Sodium - 12/7/2022 at 5:00 p.m.
Nystatin Suspension - 12/2/2022 at 9:00 p.m. and 12/7/2022 at 5:00 p.m. and 9:00 p.m.

Review of the nurse's notes failed to evidence documentation for why the medication were not given.

The comprehensive care plan dated, 12/21/2022, documented in part, "Focus: RESPIRATORY: the resident is at risk for respiratory complications related to COPD (chronic pulmonary disease), respiratory failure, pulmonary edema, supplemental oxygen requirement." The "Interventions" documented in part, "Administer medications as ordered." The care plan dated 12/1/2022, documented in part, "Focus: the resident is at risk for constipation related to impaired mobility." The "Interventions" documented in part, "Administer medications as ordered." The other medications were not addressed in the care plan.

An interview was conducted with LPN (licensed practical nurse) #3, on 12/27/2022 at 4:08 p.m. LPN #3 was asked to review the December MAR for R1. When asked what a blank on a MAR is indicative of, LPN #3 stated, it means they [the medications] haven't been given.

An interview was conducted with RN (registered nurse) #1, the assistant director of nursing, on 12/28/2022 at 9:05 a.m. RN #1 was asked to review the entire December MAR for R1. Once reviewed and asked what the blanks are

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 23	F 684		

indicative of, RN #1 stated, blanks to me, it wasn't given. If it wasn't documented, it wasn't given.

ASM #1, ASM #2, the regional director of clinical services, and ASM #3, the vice president of operations, were made aware of the above concern on 12/28/2022 at 12:10 p.m.

No further information was provided prior to exit.

(1) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a601032.html
(2) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a601113.html
(3) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a601056.html
(4) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a601246.html.
(5) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a682758.html

2. c. For R2, the facility staff failed to change an abdominal dressing per the physician orders.

Observation was made of R2's dressing on their abdomen on 12/27/2022 at 3:15 p.m. The dressing was dated 12/24/2022. A second observation was made on 12/28/2022 at 8:50 a.m., with the same dressing and date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 24	F 684		

The physician order dated, 12/1/2022, documented, "Change LVAD drive line dressing to right lower abdomen every day shift every 3 days."

The December 2022 TAR (treatment administration record) documented the above order. There was a blank on the TAR for the dressing change of 12/27/2022.

The comprehensive care plan dated, 12/21/2022, documented in part, "Focus: CARDIAC: the resident is at risk for cardiac complications secondary to congestive heart failure requiring an LVAD, cardiomyopathy." The "Interventions" documented in part, "Administer medications as ordered. Consults as ordered. Observe for signs and symptoms of cardiac complications. Observe for signs and symptoms of fluid overload including pulmonary or lower extremity edema and shortness of breath and notify MD as indicated. Rotate batteries for LVAD as directed. Vital signs as needed. Blood pressure checks on thigh. " The care plan did not address the dressing changes to the drive line which is the line that goes into the resident's heart.

An interview was conducted with the resident (R2) on 12/28/2022 at 8:50 a.m. When asked who does their dressing changes, R2 stated there is one nurse that normally does it. R2 stated they would have to see if that nurse is on duty today.

An interview was conducted with RN(registered nurse) #1, the assistant director of nursing on 12/28/2022 at 9:05 a.m. The December TAR was reviewed with RN #1. How often are the line drive dressing changed, RN #1 stated every three

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 684	Continued From page 25	F 684		

days. Shared the observation on 12/28/2022 with RN #1. Why should the dressing be changed as ordered, RN #1 stated to prevent infection and notify if there are any changes seen.

An interview was conducted with administration staff member (ASM) #1, the director of nursing, on 12/28/2022 at 9:28 a.m. How often are the dressings on the LVAD drive line to be changed, ASM #1 stated on Mondays, Wednesday, and Fridays. When asked who does the dressings, ASM #1 stated the floor nurse assigned to the resident. Why are the dressing changed? ASM #1 stated to look at the site, check for drainage and any sign and symptoms of infection. The above observation was shared with ASM #1.

The facility "LVAD" book, documented in part, "Monitoring/Assessment of VAD patients. Monitor VAD parameters on controller. Patients may NOT have a palpable pulse - good to assess each time with vitals. BP obtained with Doppler (see video). Driveline dressing change per routine - standard every 3 days or weekly. If active infection or concern routine will be modified per patient."

The facility policy, "Ventricular Assist Device Sterile Dressing Change" documented in part, "It is the center's policy to establish general guidelines regarding sterile dressing changes to the Ventricular Assist Device (VAD) drive line/exit site. Sterile dressing changes will be performed in accordance with physician orders."

ASM #1, ASM #2, the regional director of clinical services, and ASM #3, the vice president of operations, were made aware of the above concern on 12/28/2022 at 12:10 p.m.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 684	Continued From page 26 No further information was provided prior to exit. Complaint deficiency.	F 684		
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, facility document review, clinical record review and in the course of a complaint investigation, it was determined the facility staff failed to provide respiratory care and services in a manner to prevent infection for one of two residents in the survey sample, Resident #2 (R2). The findings include: For Resident #2, the facility failed to store a nebulizer mask in a manner to prevent infection. On the most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 12/6/2022, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is not cognitively impaired for making daily decisions.	F 695	F 695 1-Resident #2 is no longer a resident in the center. 2-All current residents receiving nebulizer treatments are at risk for deficient practice related to e improper storage of nebulizer equipment. 3- The DON or designee will educate all licensed nurses on the process for storage of nebulizer and/or oxygen supplies are placed in a storage bag when not in use. 4-The DON or designee will conduct weekly audits of residents receiving nebulizer treatments to verify in storage bag when not in use. 5- Results of the audits will be presented to the QAPI Committee for review and recommendation. 6- Completion date 1/30/23.	1/30/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

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F 695	Continued From page 27 Observation was made on 12/27/2022 at 2:30 p.m. and again at 3:15 p.m. of the nebulizer mask, sitting next to the nebulizer machine on the bedside table, uncovered, not stored in any type of container. When asked, R2 stated she does get nebulizer treatments on a daily basis. The physician order dated 12/14/2022, documented, "Ipratropium-Albuterol Solution (used to prevent wheezing, difficulty breathing, chest tightness, and coughing in people with chronic obstructive pulmonary disease) (1) 0.5-2.5 (3) MG/3ML;1 vial inhale orally via nebulizer every 6 hours for shortness of breath." The December MAR (medication administration record) documented the above order. The medication was documented as given since it was ordered on 12/14/2022. The comprehensive care plan dated, 12/21/2022, "Focus: The resident is at risk for respiratory complications secondary to COPD (chronic obstructive pulmonary disease), respiratory failure, pulmonary edema, supplemental oxygen requirement." The "Interventions" documented in part, "Administer medication as ordered." An interview was conducted with LPN (licensed practical nurse) #2 on 12/27/2022 at 4:09 p.m. When asked how nebulizer masks are to be stored when not in use, LPN #2 stated, in a bag. When asked why are they stored in a bag when not in use, LPN #2 stated, to protect it from germs. The facility policy, "Respiratory/Oxygen Equipment" documented in part, "Medicated Nebulizer Treatment:5. Rinse out nebulizer	F 695	The Admin/DON are responsible for implementation of the plan of correction.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE AVE RICHMOND, VA 23226

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F 695	Continued From page 28 reservoir with tap water, dry, and place in a plastic bag when not in use. Nebulizer bags must be changed every Monday, Wednesday and Friday and dated." ASM (administrative staff member) #1, the director of nursing, ASM #2, the regional director of clinical services, and ASM #3, the vice president of operations, were made aware of the above concern on 12/28/2022 at 12:10 p.m. No further information was obtained prior to exit. References: (1) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a601063.html	F 695		
F 760 SS=D	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on staff interview, facility document review, clinical record review and in the course of a complaint investigation, it was determined the facility staff failed to ensure two of two residents were free from significant medication errors, Resident #1 (R1) and Resident #2 (R2). The findings include: 1. For R1, the facility staff failed to administer Lantus insulin (used to treat diabetes) (1) and	F 760	F 760 1-Residents #1 and #2 are no longer residents in the center. 2- All current residents are at risk for deficient practice related to significant medication errors. The DON or designee will review current resident receiving Insulin and Warfarin to ensure that the medications are administered per the physician□s orders. 3-The DON or designee will educate all	1/30/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE AVE RICHMOND, VA 23226

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F 760	Continued From page 29 Warfarin (used to prevent blood clots from forming or growing larger in your blood and blood vessels) (2). On the most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 12/2/2022, the resident scored a 12 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired for making daily decisions. The physician order dated 12/1/2022, documented, "Insulin Glargine (Lantus) Solution 100 UNIT/ML (milliliter); Inject 50 units subcutaneously at bedtime for diabetes." The physician order dated 12/5/2022, documented, "Warfarin Sodium Tablet 1 MG (milligram); Give 0.5 (half) tablet orally one time a day every Mon (Monday), Wed (Wednesday) Sat (Saturday) for anticoagulation." The December 2022 MAR (medication administration record) documented the above orders. For the Insulin Glargine, on 12/2/2022 at 12/7/2022 at 9:00 p.m., the boxes for documenting the administration of the medication were blank. For the Warfarin, on 12/7/2022 at 8:00 p.m., the box for documenting the administration of the medication was blank. The comprehensive care plan dated 11/30/2022 documented in part, "Focus: The resident is at risk for complications and blood sugar fluctuations related to diagnosis of diabetes mellitus." There were no interventions for this section of the care plan. The care plan further documented, dated 12/1/2022, "Focus:	F 760	licensed nurses on the Rights of Medication administration and documentation of medication administration. 1-4-The Unit Manager, or designee will complete weekly audits of residents receiving Insulin and Warfarin to ensure that the medications are administered correctly according to the physician orders. 5 -Results of the audits will be presented to the QAPI Committee for review and recommendation. 6-Completion date 1/30/23. The Admin/DON are responsible for implementation of the plan of correction.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE AVE RICHMOND, VA 23226

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F 760	Continued From page 30	F 760		

ANTICOAGULANT: the resident is at risk for bleeding, hemorrhage, excessive bruising and complications related to anticoagulant use secondary to A fib (atrial fibrillation) and SAH (subarachnoid hemorrhage)." The "Interventions" documented in part, "Administer medications as ordered."

An interview was conducted with RN (registered nurse) #1, the assistant director of nursing) on 12/28/2022 at 9:05 a.m. RN #1 was asked to review the December 2022 MAR for R1. When asked what the blanks on the MAR were indicative of, RN #1 stated the blanks to her mean it wasn't given, if it isn't documented, it not done. RN #1 stated the Warfarin is an anticoagulant and the Lantus is for diabetes. And when asked if they are significant medications for that resident, RN #1 stated, yes.

An interview was conducted with ASM (administrative staff member) #1, the director of nursing, on 12/29/2022 at 9:28 a.m. ASM #1 was asked to review the December 2022 MAR for R1. Once reviewed, was asked what the blanks on the MAR are indicative of, ASM #1 stated, not documented, not given. When asked if Warfarin and Lantus are significant medications for a resident, ASM #1 stated, yes.

The facility, "LVAD" book documented in part, "Standard medications for patients with VAD (ventricular assist device): Warfarin - ALL patients." The policy on "Medication Administration" provided by the facility did not address administration of medications. R1 had an LVAD.

"After the nurse administers the medication, the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

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F 760	Continued From page 31	F 760		

medication administration record (MAR) is completed per agency policy to verify that the medication was given as ordered. Accurate documentation serves as a way for health care providers to communicate with each other." (3)

ASM #1, ASM #2, the regional director of clinical services, and ASM #3, the vice president of operations, were made aware of the above concern on 12/28/2022 at 12:10 p.m.

No further information was provided prior to exit.

(1) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a600027.html.
(2) This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a682277.html
(3) Perry & Potter, Fundamentals of Nursing, 6th edition, page 843.

2. For R2, the facility staff failed to administer Warfarin per the physician's orders.

On the most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 12/6/2022, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is not cognitively impaired for making daily decisions.

The physician order dated, 12/3/2022, documented, "Warfarin Sodium Tablet 3 MG; Give 1 tablet by mouth one time a day for blood thinner." A second order dated 12/23/2022,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 32	F 760		

documented, "Warfarin Sodium Tablet 2.5 MG; Give 1 tablet by mouth one time a day for blood thinner."

The December 2022 MAR documented the above orders. For the Warfarin 3 MG dose on 12/7/2022, there was a blank where it should have been documented as given. For the Warfarin 2.5 MG dose on 12/24/2022 there was a blank where it should have been documented as given.

The comprehensive care plan dated, 12/21/2022, documented in part, "Focus: CARDIAC: the resident is at risk for cardiac complications secondary to congestive heart failure requiring an LVAD, cardiomyopathy." The "Interventions" documented in part, "Administer medications as ordered." R2 had an LVAD.

An interview was conducted with RN (registered nurse) #1, the assistant director of nursing) on 12/28/2022 at 9:05 a.m. RN #1 was asked to review the December 2022 MAR for R1. Once reviewed, was asked what the blanks on the MAR are indicative of, RN #1 stated the blanks to her mean it wasn't given, if it isn't documented, it not done. RN #1 stated the Warfarin is an anticoagulant and the Lantus is for diabetes. When asked if they are significant medications for that resident, RN #1 stated, yes.

An interview was conducted with ASM (administrative staff member) #1, the director of nursing, on 12/29/2022 at 9:28 a.m. ASM #1 was asked to review the December 2022 MAR for R1. Once reviewed, was asked what the blanks on the MAR are indicative of, ASM #1 stated, not documented, not given. When asked if Warfarin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 760	Continued From page 33 and Lantus are significant medications for a resident, ASM #1 stated, yes. ASM #1, ASM #2, the regional director of clinical services, and ASM #3, the vice president of operations, were made aware of the above concern on 12/28/2022 at 12:10 p.m. No further information was provided prior to exit.	F 760		
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5) §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized §483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is- (i) To the individual, or their resident representative where permitted by applicable law;	F 842		1/30/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 34 (ii) Required by Law; (iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506; (iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512. §483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use. §483.70(i)(4) Medical records must be retained for- (i) The period of time required by State law; or (ii) Five years from the date of discharge when there is no requirement in State law; or (iii) For a minor, 3 years after a resident reaches legal age under State law. §483.70(i)(5) The medical record must contain- (i) Sufficient information to identify the resident; (ii) A record of the resident's assessments; (iii) The comprehensive plan of care and services provided; (iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State; (v) Physician's, nurse's, and other licensed professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by:	F 842		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE AVE RICHMOND, VA 23226

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F 842	Continued From page 35 Based on observation, resident interview, facility document review, clinical record review, and in the course of a complaint investigation, it was determined the facility staff failed to maintain a complete and accurate clinical record for one of two residents in the survey sample, Resident #2 (R2). The findings include: For R2, the facility staff failed to document the changing of an abdominal dressing per the physician orders. On the most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 12/6/2022, the resident scored a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident is not cognitively impaired for making daily decisions. Observation was made on 12/27/2022 of R2 dressing on their abdomen. The dressing was dated 12/24/2022. The physician order dated, 12/1/2022, documented, "Change LVAD (left ventricular assist device) drive line dressing to right lower abdomen every day shift every three days." The TAR (treatment administration record) for December 2022, documented the above order. On 12/9/2022. 12/15/2022 and 12/21/2022, the block for the administration documentation was blank. An interview with R2 was conducted on 12/27/2022 at 3:15 p.m. The resident stated the	F 842	F 842 1-Residents # 1and #2 are no longer residents in the center. 2- All current residents are at risk for deficient practice related to inaccurate documentation. 3- The DON or designee will educate all licensed nurses on the process for accuracy and completion of documentation of physician orders for ventricular assisted devices in the clinical record. 4-The DON or designee will complete a weekly audit to review completion of documentation for residents with ventricular assisted device physician orders to ensure that the care orders are followed and documented correctly. 5-Results of the audits will be presented to the QAP Committee for review and recommendations. 6-Completion Date 1/30/23. The Admin/DON are responsible for implementation of the plan of correction.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. BUILDING _____ B. WING _____	C 12/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENBURNIE REHAB & NURSING CENTER	1901 LIBBIE 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 842	Continued From page 36	F 842		

dressings do get done every three days. When asked if she has missed any dressing changes, R2 stated, no.

An interview was conducted with LPN (licensed practical nurse) #2, on 12/27/2022 at 4:09 p.m. When asked what a blank on the TAR indicated, LPN #2 stated, it means it wasn't done.

An interview was conducted with ASM (administrative staff member) #1, the director of nursing, on 12/28/2022 at 9:28 a.m. ASM #1 was asked to review the above TAR. When asked what the blanks on the TAR indicated, ASM #1 stated, not documented, not done.

The facility policy, "Ventricular Assist Device Sterile Dressing Change" does not address the documentation of the completion of the dressing.

ASM #1, ASM #2, the regional director of clinical services, and ASM #3, the vice president of operations, were made aware of the above concern on 12/28/2022 at 12:10 p.m.

No further information was provided prior to exit.