

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495327	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/20/2023
NAME OF PROVIDER OR SUPPLIER FOREST HILL HEALTH & REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 4403 FOREST HILL AVENUE RICHMOND, VA 23225		
(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 4/20/23 through 04/20/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey (VA00058592 unsubstantiated). The census in this 174 certified bed facility was 136 at the time of the survey. The survey sample consisted of 3 resident reviews.	F 000			
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on interview, clinical record review and facility documentation review, the facility staff failed to provide adequate ADL (activities of daily living) care for 1 Resident in a survey sample of 3 Residents. The findings include: On 4/20/23 during clinical record review it was discovered that Resident #1's point of care record (the Certified Nurses Assistant documenting system), did not have any entries documented for 4/15/23. On 4/20/23 an interview with the Director of Nursing (DON) was conducted and she stated she was not aware of the care not being	F 677	F 677 SS=D ADL Care Provided for Dependent Residents Corrective Action: Resident #1 is currently in the hospital. Identify Like Residents: All residents have the potential to be affected by this deficient practice. An audit by the Director Of Nursing (DON) or designee of Point Of Care (POC) records have been completed to ensure proper ADL documentation. Systemic Changes: The DON or designee has educated all		5/5/23

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

TITLE

(X6) DATE

Electronically Signed

05/01/2023

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

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F 677	<p>Continued From page 1</p> <p>documented for 4/15/23. When asked the expectation for the nurses and Certified Nurses Assistants (CNA) when providing care she stated that it was to be documented during the shift. The DON stated that Resident #1 had a lot of behavioral issues and did refuse care at times, however she stated it is the expectation of the DON that the CNAs document the refusal of care as well.</p> <p>On 4/20/23 during the end of day meeting the Administrator was made aware of the concern and no further information was provided.</p>	F 677	<p>the Nursing Assistants on proper ADL documentation.</p> <p>Monitoring: The Unit Manager's (Um's) or designee will monitor by conducting random audits twice a week for four (4) weeks, then monthly for two (2) months. Any non-compliance will be corrected. The DON or designee will review the audits and present to the Quarterly Assurance Performance Improvement (QAPI) meeting.</p> <p>Allegation Of Compliance (AOC): May 5, 2023</p>		