PRINTED: 05/08/2023 FORM APPROVED

AND DI ANI	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	<del></del>		FOI A RMO	RM APPRO
VIAD LEWIN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION IG	(X3) DA1	IO. 0938- E SURVEY
		495142			COV	1PLETED
NAME OF	PROVIDER OR SUPPLIER	433142	B. WING			C
EVERGR	EEN HEALTH AND REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE	102	1/25/2023
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	<del></del> _	WINCHESTER, VA 22601		
TAG	1 (CACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	21.05.5-	(X5) COMPLET DATE
E 000	Initial Comments		F 00			
	and 4/24/23 through 4/2	rs for Medicare &	F 000	This Plan of Correction is respectfully submitted as evior of alleged compliance.	dence	
			F 000			
4 C C C C (V V	A/21/23 and 4/24/23 throis corrections are required for EFR Part 483 Federal Loequirements. Four comply A/00058549 - Substantia A/00058549 - Substantia A/00058640 - Substantial	ugh 4/25/23. Significant or compliance with 42 ng Term Care laints were investigated ated with deficiency; ted with deficiency; and ted with deficiency; and with deficiency).				
co clo	he census in this 176 cer 35 at the time of the survinosisted of 15 current responds record reviews.	ey. The survey sample ident reviews and five	F 658			
§44 Thi as mu (i) N This	83.21(b)(3) Comprehens e services provided or ar outlined by the compreh	ive Care Plans ranged by the facility, ensive care plan, ords of quality. t met as evidenced				

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 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. 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

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIPLI	E CONSTRUCTION	1	O. 0938-0391 E SURVEY
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILE				IPLETED
							С
		495142	B. WING			04	1/25/2023
NAME OF F	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE		-,=0,2020
EVERGR	EEN HEALTH AND REHA	BILITATION CENTER		3	880 MILLWOOD AVENUE		
				V	WINCHESTER, VA 22601		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
TAG		SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	Ξ ΔΤΕ	COMPLETION DATE
					DEFICIENCY)		ļ
= 0=0							
F 658			F	658	1. Resident #17, Resident #18,		
	review, and clinical red	cord review, the facility staff			Resident #19 have been discharge	ed	
	failed to follow profess	sional standards of quality			from the facility. Resident #20 to h	ave	
	for medication adminis				Medication error completed regard	ling	
	#18, #19, and #20.	/ sample, Residents #17,			not receiving medications on	Ū	
	#10, #15, and #20.				5/31/2022.		
	The findings include:				O All martial and Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-Sub-		
	· ·				2. All residents of the facility have	the	
	1. For Resident #17 (F	R17) the facility staff failed			potential to be affected by the alleg	jed	
	to administer multiple r	medications on 5/31/22 that			deficient practice. DON/Designee audit missed medication	:0	
	were due at 9:00 p.m.				administration audit report of curre	nt	
	A : (5.45)				residents since 5/1/2023 and notify		
	A review of R17's clinic				provider and representative of any	•	
	physician's/provider's of	orders for the following administered at 9:00 p.m.		ı	missed medications.		
	on 5/31/22: Melatonin						
		Rosuvastatin (3), Atenolol			3. Licensed nursing staff will be		
		40 mg, Linezolid (6) 600			educated on medication		
	mg, Metformin (7) 1000				administrations to be completed an	id	
	550 mg.	• •			signed off on MAR (Medication		
	D : (D)=(				Administration Record).		
	Review of R17's MARs	(medication			4. DON/Designee to audit missed		1
	to reveal evidence that	and progress notes failed			medication administrations 5x weel		ı
	administered at 9:00 p.				4weeks then weekly x4 weeks. The	X	
	administered at 5,00 p.	111. 011 5/3 1/22.			results will be reviewed and	:50	1
	A review of the facility r	nursing staff records for the			discussed by the Interdisciplinary		İ
	second shift (3:00 p.m.	through 11:00 p.m.)			Team through the Quality Assurance	ا ۾:	l
	revealed only two nurse	es were on duty at the			process and corrective action plans	.	
1	facility from 7:15 p.m. th	prough 11:00 p.m. on			put into place as indicated based or	n	
	5/31/23. No nurse was	working on R17's unit			review, along with determinations	1	
	during that time.				related to ongoing monitoring.		
	On 4/24/23 at 5:25 p.m.	ASM (administrative			E Commission data 5/00/0000		
		dministrator, ASM #2, the			5. Completion date 5/26/2023.		
	director of nursing, and	ASM #3 the assistant					
	director of nursing, were						1
		ed if a nurse administers					1
		sign it out on the MAR or				1	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
		495142	B. WING			,	C
	ROVIDER OR SUPPLIER	BILITATION CENTER		3	STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601	1 0.	4/25/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
	write a progress note been administered.  On 4/25/23 at 9:00 a.r medication has been a check it off on the MAI documenting the admitits not documented, it she was not working a could not locate any e received the medication evening.  A review of the facility failed to reveal information administering medication physician/provider.  No further information  NOTES (1) "Melatonin is a horr regulates night and day cycles. Melatonin in suin a lab." This information website https://medlineplus.gov (2) "Pregabalin capsule and extended-release (used to relieve neuropadamaged nerves) that chands, fingers, legs, fediabetes and postherpe burning, stabbing pain months or years after a information is taken fro	m., ASM #2 stated that if a given, the nurse should R or write a progress note inistration. She stated: "If 's not done." She stated at the facility on 5/31/22, and vidence that R17 had ons due at 9:00 p.m. that policy, "Medication Orders," ation related to ions as ordered by the was provided prior to exit.  mone made in the body. It y cycles or sleep-wake pplements is usually made ion was taken from the w/druginfo/natural/940.html.  es, oral solution (liquid), (long-acting) tablets are athic pain (pain from can occur in your arms, et, or toes if you have etic neuralgia (PHN; the or aches that may last for an attack of shingles)." This	F	658			

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD		CONSTRUCTION		E SURVEY PLETED
		495142	B. WING			1	С
	ROVIDER OR SUPPLIER		D. WING	38	TREET ADDRESS, CITY, STATE, ZIP CODE 30 MILLWOOD AVENUE /INCHESTER, VA 22601	1 04	/25/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 658	weight-loss, and exe heart attack and stro chance that heart surpeople who have heart of developing heart of used to decrease the as low-density lipoprocholesterol') and trigli increase the amount (HDL) cholesterol ('g blood." This informat https://medlineplus.g tml.  (4) "Atenolol is used other medications to also is used to preve improve survival after a class of medication works by relaxing bloheart rate to improve blood pressure." This the website https://medlineplus.gtml#:~:text=Atenolol? Oor,of%20medication ckers.  (5) "Prescription esort the symptoms of gas (GERD), a condition acid from the stomac possible injury of the between the throat are	used together with diet, roise to reduce the risk of ke and to decrease the rgery will be needed in art disease or who are at risk disease. Rosuvastatin is also a amount of cholesterol such otein (LDL) cholesterol ('bad ycerides in the blood and to of high-density lipoprotein ood cholesterol') in the ion is taken from the website ov/druginfo/meds/a603033.h  alone or in combination with treat high blood pressure. It not angina (chest pain) and ra heart attack. Atenolol is in as called beta blockers. It is not vessels and slowing blood flow and decrease information is taken from  ov/druginfo/meds/a684031.h 420is%20used%20alone%2 is%20called%20beta%20blo  meprazole is used to treat troesophageal reflux disease in which backward flow of h causes heartburn and esophagus (the tube and stomach) in adults and a and older." This information	F	658			
		ov/druginfo/meds/a699054.h					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495142	B. WING		-	i	C / <b>25/2023</b>	
	ROVIDER OR SUPPLIER	BILITATION CENTER		380	REET ADDRESS, CITY, STATE, ZIP CODE D MILLWOOD AVENUE NCHESTER, VA 22601			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 658	Dcounter,acid%20mach.  (6) "Linezolid is used pneumonia, and infectis in a class of antibact It works by stopping to information is taken from the information is used medications, including diabetes (condition in use insulin normally a control the amount of Metformin is in a classibiguanides. Metformin amount of glucose (see decreases the amount from your food and the by your liver. Metform body's response to inthat controls the amount This information is taken the information information is taken the information in the information in the information is taken the information in the information in the information is taken the information in the information in the information is taken the information in the information in the information is taken the information in the inf	to treat infections, including tions of the skin . Linezolid cterial called oxazolidinones. he growth of bacteria." This tom the website ov/druginfo/meds/a602004.h %20is%20used%20to%20tre 0other%20viral%20infection d alone or with other g insulin, to treat type 2 which the body does not and, therefore, cannot sugar in the blood). It it of glucose you absorb e amount of glucose made in also increases your sulin, a natural substance unt of glucose in the blood." It is of glucose in the blood. The blood in also increases your sulin, a natural substance unt of glucose in the blood. The blood in the blood. The blood in the blood	F	658				
	build-up of toxins in th	d personality caused by a ne brain in people who have s who have liver disease						

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED
		495142	B. WING	<b>:</b>		C
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZI 380 MILLWOOD AVENUE WINCHESTER, VA 22601	IP CODE	04/25/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	FIX (EACH CORRECTIVE A	ACTION SHOULD BE TO THE APPROPRIAT	
	and to treat irritable be diarrhea) in adults. Rif medications called an taken from the website https://medlineplus.go tml#:~:text=Rifaximin% the%20bacteria%20th  2. For Resident #18 (For administer a medication) and irritable be a constant of the facility physician's/provider's and (milligrams) to be a constant of the facility second shift (3:00 p.m. revealed only two nurs facility from 7:15 p.m. to 5/31/23. No nurse was during this time.  On 4/24/23 at 5:25 p.m. staff member) #1, the adirector of nursing, and director of nursing, and director of nursing, wer concerns. ASM #3 stat [medication], they either write a progress note is been administered.	bowel syndrome (with ifaximin is in a class of antibiotics." This information is the boy/druginfo/meds/a604027.h %20is%20in%20a%20class, ant%20cause%20diarrhea.  R18), the facility staff failed action on 5/31/22 due at 9:00 dical record revealed a order for Atorvastatin (1) 40 administered at 9:00 p.m.  I's MARs (medication administered at 9:00 p.m.  I's MARs (medication solution and progress notes failed be the medication was born. on 5/31/22.  The mursing staff records for the factorial through 11:00 p.m.) ses were on duty at the through 11:00 p.m. on solution on R18's unit  The matter of the medication, ASM #2, the decoration of the assistant was administrator, ASM #2, the decoration of the assistant was administrator.	F	658		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		NSTRUCTION		LETED
		495142	B. WING			1	C 25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER		380 M	ET ADDRESS, CITY, STATE, ZIP CODE ILLWOOD AVENUE CHESTER, VA 22601		
(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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 658	medication has been check it off on the MA documenting the admit's not documented, she was not working could not locate any received the medicate evening.  No further information  NOTES (1) "Atorvastatin is us loss, and exercise to attack and stroke and that heart surgery will have heart disease of developing heart diseased to decrease the such as low-density ('bad cholesterol') and and to increase the alipoprotein (HDL) choin the blood." This in website https://medlineplus.gtml.  3. For Resident #19 to administer multiple were due at 9:00 p.m.  A review of R19's cliphysician's/provider' medications, all to bon 5/31/22: Atorvast	given, the nurse should AR or write a progress note ninistration. She stated: "If it's not done." She stated at the facility on 5/31/22, and evidence that R18 had ion due at 9:00 p.m. that  In was provided prior to exit.  Sed together with diet, weight reduce the risk of heart d to decrease the chance If be needed in people who or who are at risk of ease. Atorvastatin is also e amount of fatty substances ipoprotein (LDL) cholesterol d triglycerides in the blood amount of high-density plesterol ('good cholesterol') formation is taken from the pov/druginfo/meds/a600045.h  (R19), the facility staff failed be medications on 5/31/22 that n.  Inical record revealed s orders for the following administered at 9:00 p.m. atin (1) 40 mg (milligrams), g, and Magnesium Oxide (a	F	658			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		495142	B. WING_			I	25/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 380 MILLWOOD AVENUE WINCHESTER, VA 22601	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C  X (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD B E APPROPRI		(X5) COMPLETION DATE
F 658	Further review of R1s administration record to reveal any evidence administered at 9:00. A review of the facility second shift (3:00 p.r revealed only two nutracility from 7:15 p.m 5/31/23. No nurse was during this time.  On 4/24/23 at 5:25 p staff member) #1, the director of nursing, we concerns. ASM #3 st [medication], they elt write a progress note been administered.  On 4/25/23 at 9:00 a medication has been check it off on the Madocumenting the adrit's not documented, she was not working could not locate any received the medicate evening.  No further information.  Reference: (1) "Atorvastatin is u loss, and exercise to attack and stroke an	P's MARs (medication s) and progress notes failed be that the medications were p.m. on 5/31/22.  If your nursing staff records for the m. through 11:00 p.m.)  If your nursing staff records for the m. through 11:00 p.m.)  If your nursing staff records for the m. through 11:00 p.m.)  If your nursing staff records for the m. through 11:00 p.m.)  If your nurse working on R19's unit  If your nurse informed on R19's unit  If your nurse administrative elegation and season the medication has  If your nurse administers her sign it out on the MAR or elegation that the stating the medication has  If your nurse should a progress note ministration. She stated: "If it's not done." She stated at the facility on 5/31/22, and evidence that R19 had the facility on 5/31/22, and evidence that R19 had the facility on your number of the your number of your number of the your nu	F	658			

STATEMENT OF DEFICIES AND PLAN OF CORRECTS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495142	B. WING			1	C /25/2023
NAME OF PROVIDER OF		BILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601	-	
	ACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
develop used to such as ('bad ch and to ir lipoprote in the bl website https://m tml  (2) "Traz Trazodo serotoni amount brain tha informat https://m tml.  4. For R to admin were due A review physicial medicati on 5/31// Atorvast (extende Further r administ to reveal administ A review second s	decrease the low-density lipolesterol') and crease the algen (HDL) chood." This information is used in a class in modulators. Of serotonin, at helps maintion is taken from the dimension of the facility at the company of the facility shift (3:00 p.m.) of the facility shift (3:00 p.m.)	ase. Atorvastatin is also amount of fatty substances poprotein (LDL) cholesterol describes in the blood mount of high-density lesterol ('good cholesterol') primation is taken from the pov/druginfo/meds/a600045.h describes to treat depression. The second mount of high-density lesterol ('good cholesterol') primation is taken from the pov/druginfo/meds/a600045.h describes to the describes of medications called an atural substance in the ain mental balance." This powdruginfo/meds/a681038.h describes ov/druginfo/meds/a681038.h d	F	658			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG		re survey MPLETED
		495142	B. WING		0	C 4/25/2023
	ROVIDER OR SUPPLIER	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIF 380 MILLWOOD AVENUE WINCHESTER, VA 22601	CODE	
(X4) ID PREFIX TAG	(FACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE
F 658	5/31/23. No nurse we during this time.  On 4/24/23 at 5:25 p staff member) #1, the director of nursing, concerns. ASM #3 s [medication], they ewrite a progress not been administered.  On 4/25/23 at 9:00 medication has been check it off on the Mocumenting the activity in the medication has been administered.  On 4/25/23 at 9:00 medication has been check it off on the Mocumenting the activity in the medication has been activity in the medication has been check it off on the Mocumenting the activity in the Mocumenting the activity in the Mocumenting has not working could not locate any received the medications.  No further information has been considered works by increasing natural substances maintain mental between the medication than the weather than the medication has been considered works by increasing natural substances maintain mental between the medication called works by increasing natural substances maintain mental between the medication called works by increasing natural substances maintain mental between the medication called works by increasing natural substances maintain mental between the medication called works by increasing natural substances maintain mental between the medication called works by increasing natural substances maintain mental between the medication called works by increasing natural substances maintain mental between the medication called works by increasing natural substances maintain mental between the medication called works by increasing natural substances maintain mental between the medication called works by increasing natural substances maintain mental between the medication called works by increasing natural substances maintain mental between the medication called works by increasing natural substances maintain mental between the medication called works by increasing natural substances and increasing natural	n. through 11:00 p.m. on as working on R20's unit on.m., ASM (administrative ne administrator, ASM #2, the and ASM #3, the assistant were informed of these stated if a nurse administers ither sign it out on the MAR or the stating the medication has a.m., ASM #2 stated that if a sin given, the nurse should MAR or write a progress note diministration. She stated: "If I, it's not done." She stated g at the facility on 5/31/22, and y evidence that R20 had ations due at 9:00 p.m. that dion was provided prior to exit.  Sused to treat symptoms of ortricyclic antidepressants. It g the amounts of certain in the brain that are needed to plance." This information was osite agov/druginfo/meds/a682388.h  Sused together with diet, weight to reduce the risk of heart	F	658		
	attack and stroke a	and to decrease the chance			15	shoot Page, 10 of

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495142	B. WING_		C 04/25/2023		
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601			
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F 686 SS=G	have heart disease or developing heart dise used to decrease the such as low-density li ('bad cholesterol') and and to increase the ar lipoprotein (HDL) chol in the blood." This infowebsite https://medlineplus.go tml  (3) "Metoprolol is used with other medications pressure. It also is use pain) and to improve a Metoprolol also is use medications to treat ha class of medications works by relaxing blood heart rate to improve a blood pressure." This the website https://medlineplus.go tml.  Treatment/Svcs to Pre CFR(s): 483.25(b)(1)( §483.25(b) Skin Integ §483.25(b)(1) Pressur Based on the comprel resident, the facility m (i) A resident receives professional standard pressure ulcers and dulcers unless the indiv	be needed in people who who are at risk of ase. Atorvastatin is also amount of fatty substances poprotein (LDL) cholesterol of triglycerides in the blood mount of high-density desterol ('good cholesterol') formation is taken from the cov/druginfo/meds/a600045.h  dialone or in combination as to treat high blood ed to prevent angina (chest survival after a heart attack, and in combination with other eart failure. Metoprolol is in a called beta blockers. It and vessels and slowing blood flow and decrease information is taken from cov/druginfo/meds/a682864.h  event/Heal Pressure Ulcer i)(ii)  rity re ulcers. hensive assessment of a just ensure that-	Fé	386			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CONNECTION		A. BUILDII				0	
		495142	B. WING_			1	25/2023	
	ROVIDER OR SUPPLIER	BILITATION CENTER		38	REET ADDRESS, CITY, STATE, ZIP CODE 10 MILLWOOD AVENUE INCHESTER, VA 22601			
(X4) ID PREFIX TAG	(FACH 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 CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 686	(ii) A resident with pronecessary treatment with professional star promote healing, prenew ulcers from deverance the ulcers from deverance the ulcers from deverance the ulcers from deverance the ulcers from deverance of the ulcers from the ulcers from the findings include the sacrum, the facil for the pressure ulcers injurulcers from the pressure injurulcers from the pressure injurulcers from the pressure injurulcers for the pressure injurulcers f	essure ulcers receives and services, consistent indards of practice, to vent infection and prevent eloping.  T is not met as evidenced on, staff interview, facility and clinical record review, the provide care and services to essure ulcers/injuries for in the survey sample, and #7. For Resident #6, who pressure/ulcer injury, the initiate treatment to the for 20 days. The pressure d, which resulted in harm.  ER6), who was admitted on the ethree pressure injury (2) to lity failed to initiate treatment ry until 4/20/23. The pressure from stage three to  the facility on 3/31/23. Included pressure injury, ta, and anxiety disorder. A int's admission nursing 3/31/23 revealed in part: "Site:	F	686	1. Resident #6 & Resident #7 has appropriate treatment(s) in place according to MD order. Resident has been discharged from the facility have potential to be affected by the aldeficient practice. A skin sweep residents has been completed by 4/18/23. Additionally, residents we current pressure ulcers will have current dressing(s) checked for date of change and type of dresthis will be reconciled with the physician's order. Any resident identified with potential skin conhas an appropriate evaluation, assessment, and treatment orders.  3. Licensed nursing staff will be educated on completing skin assessment on admission. Licenursing staff will be educated or completing the dressing change dating and initialing of dressing changes, and assuring that treat being completed matches most recent MD/NP order.	e the leged of all y with e the sing; cerns ered.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI		(X3) DATE SURVEY COMPLETED		
		495142	B. WING			04/2	; 25/2023
	ROVIDER OR SUPPLIER			38	REET ADDRESS, CITY, STATE, ZIP CODE 30 MILLWOOD AVENUE VINCHESTER, VA 22601		
(X4) ID PREFIX TAG	(FACH 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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
F 686	nurse) #2 was obser R6's sacral pressure not visible; the woun slough (4). The most measurements on 4/ (centimeter) X 1 cm. administered as orde A review of ASM (ad #5's, the NP's (nurse notes dated 4/3/23, 4/13/23 revealed no pressure injury. Eacl documented, "Skin: A review of nurse pr 4/11/23: "Type: Skin warm & dry, skin col mucous membranes current skin issues r  4/17/23: "Type: Skin ulcer/Injury. Skin iss dr. (doctor) made av A review of the wour revealed: 4/17/23 "Wound Ass is an Unstageable F full-thickness skin a and has received a Healedmeasurem width with no measu amount of serous di order. The wound m wound base. Woun- sloughCleanse/Pr cleanserApply cal	ved to provide wound care to injury. The wound bed was d base was covered in recent wound 17/23 were 1 cm. The treatment was ered.  ministrative staff member) a practitioner's), progress 4/4/23, 4/5/23, 4/10/23, and information related to R6's in of these progress notes Warm and dry to touch."  ogress notes included: only. Skin Evaluation: Skin or WNL (within normal limits), a moist, turgor normal. No noted at this time."  onlySkin issue: Pressure ue location: sacrum Wound ware and will follow."  and specialist progress notes  sessment. Wound #2 Sacral Pressure Injury Obscured and tissue loss pressure ulcer status of Not ents are 1 cm length X 1 cm urable depthThere is a light rainage noted which has no nargin is not attached to	F	686	4. DON/Designee to audit admis skin assessment 5x week x4wee DON/Designee will audit pressure treatments 2x week x4 were to assure appropriate dressing in place matches MD order. These results will be reviewed and discussed by the Interdisciplinar Team through the Quality Assurprocess and corrective action place as indicated base review, along with determination related to ongoing monitoring.  5. Completion date 5/26/2023.	eks. re eks n y ance ans d on	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` '			(X3) DATE SURVEY COMPLETED		
		495142	B. WING			ı	C 25/2023	
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 380 MILLWOOD AVENUE WINCHESTER, VA 22601	ODE	1 04		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)			(X5) COMPLETION DATE	
F 686	needed)." There was physician applied the assessment. As evide treatment administrat care recommendation implemented until 4/2 A review of R6's care revealed, in part: "The ulceror potential for developmentAdminiand monitor for effect A review of R6's Marc revealed no treatmen injury were implement On 4/24/23 at 1:00 p. staff member) #4, the interviewed. When as worsening if it goes frow wound bed (stage 3) depth due to being constated: "Yes. It is worshave moved yourself unknown depth. The view become a stage 4, but you can't visualize it."  On 4/24/23 at 2:13 p. She stated when a repressure injury, the rewith orders for treatment LPN #2 stated the adding transcribing the orfacility to the facility's record), and if the resany type of treatment	no evidence that the wound treatment at the time of the enced by the April 2023 ion record (TAR), the wound in was not transcribed and/or 0/23.  plan dated 3/31/23 are resident has pressure pressure ulcer ister treatments as ordered iveness."  the and April 2023 TARs at orders for the pressure ted until 4/20/23.  m., ASM (administrative wound physician, was liked if a pressure injury is om having a measurable to having no measurable overed with slough, he sening." He stated: "You from a known depth to an wound could possibly have it you can't know it because	F	686				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		495142	B. WING			C 04/25/2023	
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP C 380 MILLWOOD AVENUE WINCHESTER, VA 22601	ODE	1 04	23/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BI THE APPROPRIA		(X5) COMPLETION DATE
F 686	practitioner]. The nurs the situation, and the injury and write orders wound physician can  On 4/24/23 at 2:18 p.i practitioner was intervisualized she asks a CN assistant) to help her visualize the resident' the nurse if there are the resident is admitte she writes the same of facility had in place ur see the resident, and will write treatment or resident can be asses physician. When aske always need some typ stated: "Yes. They alw have a wound, you net to make sure it is care provide a reason to w upon initial assessment ulcer/injury.  On 4/24/23 at 2:58 p.r staff member) #1, the director of nursing, and director of nursing, we and of the concern for the time of R6's admishave a dedicated wou had subsequently ider pressure injuries and by a particular member facility's improvement	se should advise the NP of NP will look at the pressure is to be in place until the assess the wound.  m., ASM #5, the nurse viewed. She stated she does is on new residents. She A (certified nursing turn the resident so she can is entire body and she asks skin issues. She stated if ed with a pressure injury, orders as the previous still the wound physician can if there are no orders, she ders to be followed until the issed by the wound ed if a pressure injury will be of treatment order, she vays need an order. If you led to address it. We need to planned." ASM #5 did not hy no orders were written int of the pressure  m., ASM (administrative administrator, ASM #2, the did ASM #3, the assistant are informed of the findings, tharm. ASM #2 stated at ission, the facility did not and nurse, and the facility	F	686			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION ANIMOED		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN OF	CORRECTION	DENTIFICATION NUMBER.	A. BUILDI	NG			3
		495142	B. WING		-	ŀ	25/2023
	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STA 380 MILLWOOD AVENUE WINCHESTER, VA 22601		**************************************	
		ATEMENT OF DECICIENCIES	ID		PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	X (EACH CORREC CROSS-REFEREN	TIVE ACTION SHOULD B CED TO THE APPROPRI EFICIENCY)		COMPLETION DATE
F 686	was no additional info for R6's pressure inju 3/31/23 and 4/20/23. EMR software autom between when an ord order appears on the A review of the facilit Prevention and Mana "Staff will be encoura observation of a char integrityWeekly ski conducted by a licen be documented in the recordObservations will bereported to the	ol/23 therefore past d not be considered.  c.m., ASM #2 stated there commation she could provide by treatment between She stated the facility's natically skips some time der is entered and when the TAR for administration.  Tak for administration.  Tak for administration.  Tak for administration.	F	686			
	designated wound no appropriateTreatm physician/practitione approved under stan pressure ulcer/injury each residentTreat interventions, will be medical recordIf th developsworsening facility will conduct a factors."  No further information References:  (1) "A pressure injury skin and underlying	ents will be ordered by the rUnless established and ding ordersorders for treatment will be specific for ments, including preventive documented in the resident's					

NAME OF PROVIDER OR SUPPLIER  EVERGREEN HEALTH AND REHABILITATION CENTER  (A) 1D SUMMARY STATEMENT OF DEFICIENCIES  STREET ADDRESS, CITY, STATE, ZIP CODE 339 MILLWOOD AVENUE  WINCHESTER, VA. 22801  (CA) 1D SUMMARY STATEMENT OF DEFICIENCIES  STREET ADDRESS, CITY, STATE, ZIP CODE 339 MILLWOOD AVENUE  WINCHESTER, VA. 22801  FREFIX TAQ  FROMEST PLAN OF CORRECTION TAQ  FROMEST PLAN OF COMPRISON TAQ  FROMEST PLAN OF CARNON TAQ  FROMES	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` `	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
STREET ADDRESS, CITY, STREE, ZIP CODE 38 MILLWOOD AVENUE			495142	B. WING			1		
FREETX TAG  (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OT THE APPROPRIATE  F 686  Continued From page 16 device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue. This information is taken from the website https://cdn.ymaws.com/npiap.com/resource/resm gr/online_store/npiap_pressure_injury_stages.pdf  (2) "Stage 3 Pressure Injury; Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cardilage and/or bone are not exposed. If slough or eschar robscures the extent of tissue loss this is an Unstageable Pressure Injury." This injury is taken from the website https://cdn.ymaws.com/npiap_pressure_injury_stages.pdf  (3) "Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (lan, brown or black) in the wound bed." This information is taken from the National Pressure Ulcer Advisory Panel website at http://www.npuap.org/pr2.htm.			BILITATION CENTER		31	80 MILLWOOD AVENUE	1 04,	20/2020	
device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue. "This information is taken from the website https://cdn.ymaws.com/npiap.com/resource/resm gr/online_store/npiap_pressure_injury_stages.pdf .  (2) "Stage 3 Pressure Injury: Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury." This injury is taken from the website https://cdn.ymaws.com/npiap.com/resource/resm gr/online_store/npiap_pressure_injury_stages.pdf .  (3) "Full thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed." This information is taken from the National Pressure Ulcer Advisory Panel website at http://www.npuap.org/pr2.htm.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL				(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		COMPLETION	
	F 686	device. The injury car open ulcer and may be as a result of intense prolonged pressure of with shear. The toleral pressure and shear microclimate, nutrition and condition of the sis taken from the web https://cdn.ymaws.corg/online_store/npiap  (2) "Stage 3 Pressure loss Full-thickness loss (fat) is visible in the ulcand epibole (rolled work present. Slough and/The depth of tissue delocation; areas of sign develop deep wounds tunneling may occur. ligament, cartilage and If slough or eschar ob loss this is an Unstaginjury is taken from the https://cdn.ymaws.corgr/online_store/npiap  (3) "Full thickness tiss the ulcer is covered by green or brown) and/oblack) in the wound be taken from the Nation Panel website at http:  (4) 'The wound bed microclimate.	n present as intact skin or an be painful. The injury occurs and/or r pressure in combination ince of soft tissue for may also be affected by note perfusion, co-morbidities oft tissue." This information site m/npiap.com/resource/resm_pressure_injury_stages.pdf  Injury: Full-thickness skin is of skin, in which adipose in the pressure often or eschar may be visible. In a second and inficant adiposity can inficant adiposity infic	F	686				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1	TIPLE CONSTRUCTION  NG	<del></del>	(X3) DATE SURVEY COMPLETED	
		495142	B, WING		<u></u>	04/	25/2023
	DOUBER OF CURRILEE	433144		STREET ADDRESS, CITY,	, STATE, ZIP CODE	1 047	LUILULU
NAME OF PE	ROVIDER OR SUPPLIER			380 MILLWOOD AVENU			
EVERGRE	EN HEALTH AND REHA	BILITATION CENTER		WINCHESTER, VA 22			
		ATTACNIT OF DEFICIENCIES	ID		R'S PLAN OF CORRECTION		(X5)
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F 686	supply), slough (dead yellow in color), or es necrotic tissue). Such This information is ta https://www.ncbi.nlm 60405/	d tissue, usually cream or schar (dry, black, hard h tissue impedes healing." ken from the website .nih.gov/pmc/articles/PMC13	F	686			
	initiate treatment for present on the reside until 6/11/22; and fail right ischium pressu	R1), the facility staff failed to pressure ulcer/injuries (1) ent's admission on 6/3/22 led to initiate treatment for a re injury when the resident e facility from the hospital on					
	of R1's admission nu	the facility on 6/3/22. A review ursing assessment dated art: "No skin issues."					
	revealed, in part: "Re (2:56 p.m.) via trans (alert and pleasant) from [name of previous difficult with care. Re with the exception of deep tissue wound that tunnels and is used (right) ischium has wound that is necrot unstageable (2) but alterations found."	closed. No other skin					
	note dated 6/7/22 re ischium 6 X 5 cm op tunneling. R ischium	physician assistant) progress evealed, in part: "Skin: L ben deep wound with n necrotic wound and consultbending wound					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER.		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495142	B. WING			C 04/25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZI 380 MILLWOOD AVENUE WINCHESTER, VA 22601	IP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIA	
F 686	yard packing strip iod Progress notes writte 6/10/22 and 6/13/22 dinformation related to treatment order.  A review of R1's orde "6/9/22 Pack open wo 5yd iodofoam packing hours related to PRE BUTTOCK, UNSPEC (L89.329)D/c (disco 2022 TAR (treatment documented this trea completed until 6/11/2 "6/14/22 Dakins (1/2 (Sodium Hypochlorite sacrum topically ever cleanser left hip and pack with Dakins moi review of the June 20 treatment was admin 6/14/22.  "6/14/22 Cleanse righ pat dry, apply Medihoday shift for Wound c 2022 TAR revealed the administered as orde Further review of R1's she was readmitted to hospital on 3/7/23. A nursing assessment in pressure injuries: right and resident and resident and resident and review of R1's she was readmitted to hospital on 3/7/23. A nursing assessment in pressure injuries: right and resident and review of R1's she was readmitted to hospital on 3/7/23. A nursing assessment in pressure injuries: right and review of R1's she was readmitted to hospital on 3/7/23. A nursing assessment in pressure injuries: right and review of R1's she was readmitted to hospital on 3/7/23. A nursing assessment in pressure injuries: right and review of R1's she was readmitted to hospital on 3/7/23. A nursing assessment in pressure injuries: right and review of R1's she was readmitted to hospital on 3/7/23. A nursing assessment in pressure injuries: right and review of R1's she was readmitted to hospital on 3/7/23.	d clean wound with 1/2" X 5 oform Q2 (every two) days." In by the PA and dated documented the exact same the resident's wounds and are revealed the following: bund left buttock with 1/2 x g strip q 2 days every 48 SSURE ULCER OF LEFT UFIED STAGE ontinue) 6/13/22." The June administration record) training the same was not signed off as 23.  Strength) Solution 0.25 % by Apply to Left hip and y day shift for Wound care sacrum with Dakins solution, st gauze cover with foam." A 122 TAR revealed this istered as ordered beginning at this with wound cleanser, oney, cover with foam. every are." A review of the June his treatment was red beginning 6/14/22.  Is clinical record revealed to the facility from the review of the readmission everaled R6 had five at hip, left hip, right buttock, acrum. The resident was	F	686		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
4		495142	B. WING			l	C
	ROVIDER OR SUPPLIER	<b>L</b>		STR 380	REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601	1 04	/25/2023
(X4) ID PREFIX TAG			×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 686	services.  A review of R1's orde orders for the right hip readmission on 3/7/2: from the facility on 4/2 on 4/21/23 at 10:01 a staff member) #4 was someone from his pra admission in June 20: had three wounds on wound on each hip ar (R1) was noncomplian all ADL (activities of dithe middle of wound tresident would rip off placed. He stated the the wound progression go back to zero. He sin the resident's admit to get the wounds to is sure it was a realistic from the beginning, wo much. He stated where readmitted to the facil hospitalization, he took in onthing more he could improve. He stated the hospice care at that times admission assessmer were no longer emplounable for interview.  On 4/24/23 at 2:13 p.1	rs revealed no treatment or pressure injury between 3 and the time of discharge 10/23.  I.m., ASM (administrative interviewed and stated actice saw R1 after 22. He stated the resident first assessment, with a nd the sacrum. He stated int with wound care and with aily living) care, and even in reatment by him, the the dressing he had just re was give-and-take with in. They would improve, then tated he told the family early sision that he would attempt improve, but he was not goal. He stated the resident, as not eating or drinking in the resident was ity after the March 2023 if the daughter there was it do to help the wounds it do to help the wounds it do the daughter elected for ince.	F	686			

PRINTED: 05/08/2023 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495142	B. WING	_			25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER		38	TREET ADDRESS, CITY, STATE, ZIP CODE 80 MILLWOOD AVENUE /INCHESTER, VA 22601		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 686	pressure injury, the rewith orders for treatm She stated the admitt transcribing the order facility to the facility's record). She stated if in with any type of trenurse should call the nurse practitioner). The of the situation, a pressure injury and wuntil the wound physion of the situation, a pressure injury and wuntil the wound physion of the situation, a pressure injury and wuntil the wound physion of the situation of the s	esident should also come ent of the pressure injury. ing nurse is responsible for s from the discharging EMR (electronic medical the resident does not come atment orders, the admitting on-call provider (usually the ne nurse should advise the not the NP will look at the write orders to be in place cian can assess the wound.  The many service of the stated she sments on new residents. In a CNA (certified nursing turn the resident so she can be same orders as the previous and the wound physician can estated if there are no treatment orders to be dent can be assessed by the need to address it. We	F	686			

Facility ID: VA0218

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		495142	B. WING		04/25/2023	
	ROVIDER OR SUPPLIER	HABILITATION CENTER	3	TREET ADDRESS, CITY, STATE, ZIP CODE 80 MILLWOOD AVENUE VINCHESTER, VA 22601		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
F 686	had been treated I and 6/14/22. She is the facility during it speculate as to the She stated she alse evidence that R1's from the time the if facility on 3/8/23 the facility on a facility on a facility on a facility on the facility on the facility of the facil	ny evidence that R1's wounds between admission on 6/3/22 stated she was not working in this time and could not be reasons for this omission. So could not locate any stright hip wound was treated resident was readmitted to the prough the resident's discharge tated the facility did not have a lat time, and the unit manager difficulties. She stated: "We gs, but this was something we hation was provided prior to exit.  The provided prior to exit.  The injury occurs and be painful. The injury occurs are and/or reference of soft tissue for ar may also be affected by rition, perfusion, co-morbidities he soft tissue." This information	F 686			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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		495142	B. WING		04/25/	2023		
	ROVIDER OR SUPPLIER EN HEALTH AND REHA	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 380 MILLWOOD AVENUE WINCHESTER, VA 22601	DDE			
(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 C X (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE CHEAPPROPRIATE	(X5) OMPLETION DATE		
F 686		e 22 p://www.npuap.org/pr2.htm.	F	686				
	accurately assess at pressure ulcer/ injuri resident's admission  A review of R7's admission  A review of R7's admission  Ulcer/sSacrum - P (centimeters), Width Unstageable." The lift was no longer employ therefore could not be A review of ASM (acmember-nurse practicated 4/3/23, 4/6/23 4/14/23, revealed in sacral pressure injuries.	Iministrative staff titioner) #5's progress note 5, 4/7/23, 4/10/23, and o information related to R7's ry.						
	note dated 4/5/23 at information related to information related to a review of a nurse' revealed, in part: "S Ulcer/Injury. Skin is: Pressure Ulcer/Injury thickness skin loss. Width 0.8; Depth 0 NoneWound odor A review of the wou 4/17/23 revealed, in Unstageable Press	sue location: sacrum. ry State: Stage II - partial Length 2 cm (centimeters) X .3. Wound exudate: : No. Tunneling: No." and doctor's note dated repart: "wound #1. Sacral is an						

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
		495142	B. WING			1	C 25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP O 380 MILLWOOD AVENUE WINCHESTER, VA 22601	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BI THE APPROPRIA		(X5) COMPLETION DATE
F 686	and has received a st healedmeasurement width with no measura 76 - 100% sloughW honey/Foam QD (eve TAR (treatment admir the facility staff initiate 4/18/23.  An attempt was made however R7 refused tobserve the treatment observe the treatment of the facility staff initiate 4/18/23 at 1:00 p.1 staff member) #4, the interviewed. When as worsening if it goes from wound bed (stage 3) to depth due to being constated: "Yes. It is worshave moved yourself unknown depth. The volume to be a state 4, but you can't visualize it."  On 4/24/23 at 2:13 p.1 She stated when a respressure injury, the rewith orders for treatments when the stated the admitting transcribing the orders facility to the facility's record). She stated if in with any type of treatments should call the concept of the situation, are pressure injury and with the situation in the situation, are pressure injury and with the situation in the	atus of not this are 1 cm length X 1 cm able depthWound bed has found cleanserApply ry day)." A review of R7's histration record) revealed and this treatment order on a to observe wound care, o allow the surveyor to t.  m., ASM (administrative wound physician, was ked if a pressure injury is form having a measurable to having no measurable	F	686			

	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE S COMPL	
AND PLAN OF	CONNECTION		A. BUILDI			c	
		495142	B. WING_			04/2	25/2023
	OVIDER OR SUPPLIER EN HEALTH AND REHA	BILITATION CENTER		31	TREET ADDRESS, CITY, STATE, ZIP CODE 80 MILLWOOD AVENUE VINCHESTER, VA 22601		
(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)	3E	(X5) COMPLETION DATE
F 686	Continued From pag	ne 24 n.m., ASM #5, the nurse erviewed. She stated she	F	686			
	does "full skin asses She stated she asks assistant) to help he visualize the residen she asks the nurse ii	sments" on new residents. a CNA (certified nursing r turn the resident so she can it's entire body. She stated f there are skin issues. She					
	injury, she writes the facility had in place the resident. Shorders, she will write	t is admitted with a pressure a same orders as the previous until the wound physician can be stated if there are no a treatment orders to be sident can be assessed by the					
	wound physician. W will always need sor she stated: "Yes. Th	hen asked if a pressure injury me type of treatment order, ney always need an order. If you need to address it. We					
	staff member) #1, the director of nursing, a director of nursing, v	p.m., ASM (administrative ne administrator, ASM #2, the and ASM #3, the assistant were informed of these stated at the time of R7's					
	admission, the facili wound nurse, and the identified concerns	ity did not have a dedicated he facility had subsequently with pressure injuries and nented by a particular					
	was no additional ir for R7's pressure in 3/31/23 and 4/20/23 EMR software auto	p.m., ASM #2 stated there nformation she could provide njury treatment between 3. She stated the facility's matically skips some time order is entered and when the ne TAR for administration.					

STATEMENT O AND PLAN OF	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED
		495142	B. WING			i	C /25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER		380	REET ADDRESS, CITY, STATE, ZIP CODE D MILLWOOD AVENUE NCHESTER, VA 22601		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 710 SS=D	was no additional info for R7's pressure injur 3/30/23 and 4/18/23. EMR software automate between when an order appears on the No further information Resident's Care Supe CFR(s): 483.30(a)(1)( §483.30 Physician Se A physician must personal recommendation that a facility. Each reside care of a physician. A assistant, nurse practispecialist must provide immediate care and not specialist must provide immediate care and not specialist must ensu §483.30(a)(1) The me is supervised by a phy §483.30(a)(2) Another medical care of reside physician is unavailab This REQUIREMENT by:  Based on observation document review, and facility physician failed	m., ASM #2 stated there rmation she could provide by treatment between She stated the facility's atically skips some time er is entered and when the TAR for administration.  was provided prior to exit. rvised by a Physician 2)  rvices onally approve in writing a an individual be admitted to nt must remain under the aphysician, physician tioner, or clinical nurse er orders for the resident's eeds.  Supervision.  re that- dical care of each resident exician;  physician supervises the ents when their attending le. is not met as evidenced  a, staff interview, facility clinical record review, the to provide physician residents in the survey			1. Resident #6 & Resident #7 are currently being followed by the wound physician.  2. All residents of the facility have the potential to be affected by the alleged deficient practice. A skin sweep of all residents has been completed by 4/18/23.  DON/Designee will audit current residents with pressure ulcers and notify attending NP to ensure she aware of the current residents with pressure ulcers.  3. Licensed nursing staff will be educated on notifying attending NP/MD to assure they are aware wound and treatments. NP/MD wibe educated to include pressure ulcers in their progress notes until wound physician can access.	d is h	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION		ATE SURVEY OMPLETED
		495142	B. WING			1,	C 04/25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER		38	REET ADDRESS, CITY, STATE, ZIP CODE 0 MILLWOOD AVENUE INCHESTER, VA 22601	_•	
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 710	stage three (1) pressiphysician failed to assiste pressure injury.  R6 was admitted to the diagnoses that includ malnutrition, dementional dementions of the residence assessment dated 3/3 Sacrum, Type: Pressiphysician (centimeter), Width 1 111Resident has deficited that make the questions."  On 4/21/23 at 10:32 at nurse) #2 was observed to the second work of the NP's (physician extender) physician extender phys	26), who was admitted with a ure injury (2), the facility sess and initiate orders for the facility on 3/31/23 with ed infected vertebrae, a, anxiety disorder, and high ent's admission nursing 31/23 revealed in part: "Site: ure, Length 1 cm cm, Depth 1 cm, Stage ementia or other cognitive m unable to answer  a.m., LPN (licensed practical red to provide wound care to injury. The wound bed was a was covered in slough (4). In the measurements on 1 cm.  (nurse practitioner, who is a rogress notes dated 4/3/23, 3, and 4/13/23 revealed no R6's pressure injury. Each es documented, "Skin:	F	710	4. DON/Designee to audit admission skin assessment 5x week x4weeks, any patient wit pressure ulcer will have NP/MI notification to be noted in their notes until wound physician ca access. These results will be reviewed and discussed by the Interdisciplinary Team through Quality Assurance process and corrective action plans put into place as indicated based on re along with determinations relationgoing monitoring.  5. Completion date 5/26/2023.	h n the d	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		ISTRUCTION		PLETED C
		495142	B. WING			04	/25/2023
	ROVIDER OR SUPPLIER	EHABILITATION CENTER		380 M	ET ADDRESS, CITY, STATE, ZIP CODE IILLWOOD AVENUE CHESTER, VA 22601		
(X4) ID PREFIX TAG	(EACH DEFIC	Y STATEMENT OF DEFICIENCIES IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 710	and has received Healedmeasure width with no mean amount of serous order. The wound wound base. Wo sloughCleanse. cleanserApply (Monday, Wedneneeded)." Accord (treatment admin implemented 4/2 A review of R6's revealed, in part: ulceror potential developmentA and monitor for earth of the for transcribing to facility to the facter record). LPN #2 come in with any admitting nurses (usually the nurse advise the NP of look at the press in place until the wound.  On 4/24/23 at 2: practitioner, was does "full skin a	a status of Not ements are 1 cm length X 1 cm asurable depthThere is a light drainage noted which has no d margin is not attached to und bed has 76-100% //Protect Wound [with] Wound calcium alginate and foam mwf esday, and Friday)/prn (as ding to the April 2023 TAR distration record, this order was 0/23.  "The resident has pressure al for pressure ulcer dminister treatments as ordered	F	710			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION  NG		(X3) DATE COMP	SURVEY
		495142	B. WING			t	C 25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 6 380 MILLWOOD AVENUE WINCHESTER, VA 22601	CODE		
(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 X (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD B		(X5) COMPLETION DATE
F 710	assistant) to help her visualize the resident she asks the nurse if the resident is admitte she writes the same of facility had in place use the resident. ASN orders, she will write followed until the resi wound physician. Whe will always need som she stated: "Yes. The you have a wound, you need to make sure it.  On 4/24/23 at 2:58 p. staff member) #1, the director of nursing, and director of nursing, and director of nursing, wo concerns.  On 4/24/23 at 3:25 p. was no additional information for R6's pressure inju 3/31/23 and 4/20/23.  No further information NOTES  (1) "Stage 3 Pressure (fat) is visible in the und epibole (rolled we present. Slough and The depth of tissue docation; areas of sign develop deep woundstunneling may occur.	turn the resident so she can 's entire body. She stated there are skin issues and if ed with a pressure injury, orders as the previous ntil the wound physician can '#5 stated if there are no treatment orders to be dent can be assessed by the en asked if a pressure injury e type of treatment order, by always need an order. If you need to address it. We is care planned."  Im., ASM (administrative administrator, ASM #2, the end ASM #3, the assistant ere informed of these  Im., ASM #2 stated there ormation she could provide ry treatment between  In was provided prior to exit.  In lipiny: Full-thickness skin as of skin, in which adipose loer and granulation tissue bound edges) are often for eschar may be visible. It amage varies by anatomical inficant adiposity can	F	710			

	S FOR WEDICARE &		(X2) MUI	TIPLE	CONSTRUCTION	(X3) DATE S	
	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY  LN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY  COMPLETED  A. BUILDING	ETED					
,						c	;
		495142	B. WING			04/2	25/2023
NAME OF DE	ROVIDER OR SUPPLIER	1		ST	FREET ADDRESS, CITY, STATE, ZIP CODE		
				38	80 MILLWOOD AVENUE		
EVERGRE	EN HEALTH AND REHA	ABILITATION CENTER		w	INCHESTER, VA 22601		
	CUMMAADVS	FATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION
(X4) ID PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	1	(EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR	IATE	DATE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	'	DEFICIENCY)		
			_				
E 740	Outlined From pon	o 20	F	710			
F 710		to accept the extent of tissue	·				
	If slough or eschar o	bscures the extent of tissue geable Pressure Injury." This					
	injury is taken from t	he website					
	https://cdp.vmaws.co	om/npiap.com/resource/resm					
	gr/online store/nniat	o_pressure_injury_stages.pdf					
	(2) "A pressure injury	y is localized damage to the				٠	
	skin and underlying	soft tissue usually over a					
	bony prominence or	related to a medical or other					
	device. The injury ca	an present as intact skin or an					
	open ulcer and may	be painful. The injury occurs					
	as a result of intense	or pressure in combination					
	with shear The tole	rance of soft tissue for					
	pressure and shear	may also be affected by					
	microclimate, nutrition	on, perfusion, co-morbidities					
	and condition of the	soft tissue." This information					
	is taken from the we	ebsite					
	https://cdn.ymaws.c	om/npiap.com/resource/resm					
	gr/online_store/npia	p_pressure_injury_stages.pdf					
	2 For Resident #7	(R7), the facility physician					
1	failed to assess and	initiate orders for a pressure					
	injury present on the	e resident's admission on					
	3/30/23.						
	A review of R7's ad	mission assessment dated					
	3/30/23 revealed, ir	part: "[R7] has Pressure					
	Ulcer/sSacrum - F	Pressure; Length = 3.4					
	(centimeters), Width	h = 3.5, Depth = 2.1 - Stage					
	Unstageable."						
	A review of ASM (a	dministrative staff member)					
	#5's, the NP's (nurs	se practitioner, a physician					
	extender) progress	s note dated 4/3/23, 4/6/23,					
	4/7/23 4/10/23, an	d 4/14/23, revealed no					
	information related	to R7's sacral pressure injury.					
1							

E .	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION			SURVEY PLETED
		495142	B. WING			1	C /25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STAT 380 MILLWOOD AVENUE WINCHESTER, VA 22601	E, ZIP CODE		20,2020
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD B ED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
F 710	note dated 4/5/23 and information related to A review of a nurse's revealed, in part: "Ski Ulcer/Injury. Skin issue Pressure Ulcer/Injury thickness skin loss. Le Width 0.8; Depth 0.3. None Wound odor: No	ing physician's progress if 4/12/23 revealed no R7's sacral pressure injury.  Inote dated 4/14/23 in only: Pressure in location: sacrum.  State: Stage II - partial ength 2 cm (centimeters) X in Wound exudate:  No. Tunneling: No."  In LPN #2 was interviewed sident is admitted with a insident should also come ent of the pressure injury. In mitting nurse is responsible ders from the discharging EMR (electronic medical diff the resident does not not of treatment orders, the did call the on-call provider cititioner). The nurse should injury and write orders to be and physician can assess the interviewed. She stated she ments" on new residents. In CNA (certified nursing turn the resident so she can sentire body. She stated there are skin issues and if it with a pressure injury,	F	710			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED
		495142	B. WING _		C 04/25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601	1 0 1120/2020
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 710	orders, she will write to followed until the resist wound physician. Whe will always need some she stated: "Yes. The you have a wound, you need to make sure it in the word of	treatment orders to be dent can be assessed by the en asked if a pressure injury e type of treatment order, y always need an order. If ou need to address it. We is care planned."  m., ASM (administrative administrator, ASM #2, the ind ASM #3, the assistant ere informed of these  m., ASM #2 stated there in a state of the second provide by treatment between in was provided prior to exit.	F 7'		
F 725 SS=E	§483.35(a) Sufficient The facility must have the appropriate comprovide nursing and re- resident safety and at practicable physical, r- well-being of each res- resident assessments and considering the n- diagnoses of the facili- accordance with the fa- at §483.70(e).	Staff.  sufficient nursing staff with etencies and skills sets to elated services to assure tain or maintain the highest mental, and psychosocial ident, as determined by and individual plans of care	F 72	1. Resident #17, Resident #18, Resident #19 have been discharged from the facility. Resident #20 to have Medicatic error completed regarding not receiving medications on 5/31/2022.  2. All residents of the facility hat the potential to be affected by talleged deficient practice. DON/Designee to audit missed medication administration audit report of current residents since 5/1/2023 and notify medical dirif missed medications were related no nurse assigned to their undirection.	ve he eector

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		495142	B. WING		04/25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER	3	STREET ADDRESS, CITY, STATE, ZIP CODE 180 MILLWOOD AVENUE WINCHESTER, VA 22601	
(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 E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE (X5) COMPLETION ATE DATE
F 725	nursing care to all resessident care plans: (i) Except when waive this section, licensed (ii) Other nursing per limited to nurse aides §483.35(a)(2) Except paragraph (e) of this designate a licensed nurse on each tour of This REQUIREMENT by:  Based on staff interview, and clinical resided to provide sufficient of 20 residents in the #17, #18, #19, and #17 to provide sufficient administer multiple rorders on 5/31/22 at A review of R17's cliphysician's/provider' medications, all to boon 5/31/22: Melaton Pregabalin (2) 50 mm (4), Esomeprazole (cmg, Metformin (7) 1 mmg, and Midodrine (curseling the medication reconstruction of R1 administration reconstruction of R1 administration reconstruction in the review of R1 administration reconstruction.	a 24-hour basis to provide sidents in accordance with ed under paragraph (e) of nurses; and sonnel, including but not s.  It when waived under section, the facility must nurse to serve as a charge of duty.  It is not met as evidenced wiew, facility document ecord review, the facility staff cient nursing staffing for four exurvey sample, Residents (20).  (R17) the facility staff failed nursing staffing in order to nedications per physician	F 725	3. DON/designee will educate St scheduler, Human Resources, a Licensed nurses for the assure a nurse is assigned on each unit during evening shift.  4. DON/Designee will audit daily weeks to assure a nurse is assig on each unit during evening shift. These results will be reviewed a discussed by the Interdisciplinar Team through the Quality Assurance process and correctivaction plans put into place as indicated based on review, along with determinations related to ongoing monitoring.  5. Completion date 5/26/2023.	nd  x x4 gned t. nd y ve

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		495142	B. WING			1	C /25/2023
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 04	LOIZOZO
				380	MILLWOOD AVENUE		
EVERGRE	EN HEALTH AND REHA	BILITATION CENTER		WIN	NCHESTER, VA 22601		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		COMPLETION DATE
F 725	Continued From page	e 33	F	725			
, ,	administered at the 9						
	administration on 5/3						
		nursing staff records for the					
	second shift (3:00 p.r	n. through 11:00 p.m.)					
	facility from 7:15 n.m.	rses were on duty at the . through 11:00 p.m. on					
		s working on R17's unit					
	during this time.						
	_						
	On 4/24/23 at 5:25 p.	m., ASM (administrative					
	staff member) #1, the	e administrator, ASM #2, the nd ASM #3, the assistant					
		ere informed of these					
		ated if a nurse administers,					
	they either sign it out	on the MAR or write a					
		the medication has been					
	administered.						
	On 4/25/23 at 8:21 a.	.m., OSM (other staff					
	member) #2, the staf	fing coordinator, was					
	interviewed. She stat	ed she utilizes a template for					
	staffing, and the num	ber of staff is based on the					
		tates ordinarily, Wing 1, #18, #19, and #20 were					
	where residents #17,	nurses on the evening shift.					
		nsus on 5/31/22, the wing					
	should have had two						
	0.4/05/00.10:00	- ACM #2 atotad tha					
	1	.m., ASM #2 stated the fed with enough nurses to					
		dents." She stated Wing 1					
		ses working on the evening					
	shift. She stated: "Th	at's what we have					
	determined as a facil	ity as the number of nurses					
	that allows us to give	the best care possible." She					
	stated she was not w	orking at the facility on "It looks like there were only					
	two nurses in the ent	rit looks like there were only lire building [with four wings]					
1	I MAC HOLDOO III OLO CHI	= aa [ , a		1			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION ING	C	X3) DATE SURVEY COMPLETED
		495142	B. WING			C 04/25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 380 MILLWOOD AVENUE WINCHESTER, VA 22601	CODE	04/23/2023
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 725	on 5/31/22 between 7 She stated she did not meet the needs of the A review of the facility in part: "Our facility pr staff with the skills amprovide care and servaccordance with the r facility assessment certified nursing assis a day to provide direct No further information NOTES  (1) "Melatonin is a hor regulates night and day cycles. Melatonin in sin a lab." This information website https://medlineplus.got.  (2) "Pregabalin capsu and extended-release used to relieve neuropdamaged nerves) that hands, fingers, legs, for diabetes and postherp burning, stabbing pair months or years after information is taken fronttps://medlineplus.gotml.  (3) "Rosuvastatin is used."	et 15 p.m. and 11:00 p.m."  Interest this was sufficient to be residents.  In policy, "Staffing," revealed, covides sufficient numbers of discompetency necessary to ices for all residents in esident care plans and the Licensed nurses and trants are available 24 hours to resident care services."  In was provided prior to exit.  In mone made in the body. It any cycles or sleep-wake supplements is usually made the tion was taken from the convolved prior to exit.  In the pain (pain from the pain from the pain (pain from the pain from the pain (pain from the pain	F	725		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	10	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	IPLE CONSTRUCTION	r-U	ED: 05/08 RM APPR VO. 0938-
	- 1	- <del> ,                               </del>	A. BUILDIN	IG	(X3) DA	TE SURVEY
NAME OF PROVIDER OR SUPP	LIED	495142	B. WING		CON	MPLETED
			1 -: *******		1	С
EVERGREEN HEALTH AND	REHABIL	ITATION CENTER	- 1	STREET ADDRESS, CITY, STATE, ZIP COD		/25/2023
(X4) ID SUMA	MARY CTIT		- 1	WILLWOOD AVENUE		
PREFIX (EACH DEI	FICIENCY ML	MENT OF DEFICIENCIES  IST BE PRECEDED BY FULL  DENTIFYING WEEN	ID	WINCHESTER, VA 22601		
REGULATO	RY OR LSC I	IST BE PRECEDED BY FULL DENTIFYING INFORMATION)	PREFIX	PROVIDER'S PLAN OF COP	RECTION	
			TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY	SHOULD BE	(X5) COMPLETIC
F 725 Continued From	N Down - Om		<del> </del>	DEFICIENCY)	RPPROPRIATE	DATE
people who have	page 35		E 705			
of developing he	e neart dis	ease or who are at risk	F 725			
used to decrease	the arm	e. Rosuvastatin is also				
as low-density lip	oprotein (	unt of cholesterol such LDL) cholesterol ('bad			1	
cholesterol') and	triglycerid	LDL) cholesterol ('bad es in the blood and to				
increase the amo	unt of high	es in the blood and to n-density lipoprotein	1			
(HDL) cholesterol	('good ch	olesterol') in the			1	
			1			
tml.	a.yov/arug	ginfo/meds/a603033.h			1	
(4) "Atenolol is use	ed alone o	r in combination with				
					ļ	
					1	
works by relaxing behavior rate to improve	SS9V DOOM	els and slowing				
blood pressure." The	is informa	ow and decrease				
the website	no momma	luon is taken from				
https://medlineplus.	gov/drugir	nfo/meds/a684031.h				
TONIEST - TEXT-VIELLOIO	1%2015%2	Oused%20alanagea				
out of %20medication	ns%20ca	lled%20beta%20blo				
ckers.						
(5) "Prescription esc	menrazal	a is used to to				1
the symptoms of gar	stroesonh	e is used to treat				
(GEVD), a condition	i in which i	backward flow of				-
acid from the stoma	ch causes	heartburn and				l
possible injury of the	esophad	us (the tube				
between the throat a	and stoma	ch) in adults and				1
children 1 year of ag	ge and old	er." This information				
https://medlineplus.g		fo/meds/a600054 h				1
tml#:~:text=Nonpres	cription%	20(over%2Dthe%2				1
Dcounter,acid%20m	ade%20in	%20the%20stoma				ļ
ch.						
(6) "Line=======						
(6) "Linezolid is used	to treat in	ntections, including				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMPLETED  C
		495142	B. WING_			04/25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 380 MILLWOOD AVENUE WINCHESTER, VA 22601		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 725	is in a class of antibal It works by stopping information is taken in https://medlineplus.gtml#:~:text=Linezolid at,flu%2C%20and%2s.  (7) "Metformin is use medications, includir diabetes (condition in use insulin normally control the amount of Metformin is in a clabiguanides. Metform amount of glucose (secreases the amount of glucose (secreases the amount of your liver. Metform your food and the by your liver. Metform that controls the amount of the amount of glucose (secreases the amount of glucose) in adults information is the https://medlineplus.gtml.  (8) "Rifaximin 200-mtraveler's diarrhea candults and children and children are reproducted in the product of toxins in liver disease) in adults. In adults. In medications called a taken from the webstand in the product of the productions called a taken from the webstand in adults.	ctions of the skin . Linezolid cterial called oxazolidinones. the growth of bacteria." This from the website ov/druginfo/meds/a602004.h %20is%20used%20to%20tre 20other%20viral%20infection ad alone or with other to insulin, to treat type 2 h which the body does not and, therefore, cannot if sugar in the blood). So of drugs called in helps to control the sugar) in your blood. It not of glucose you absorb the amount of glucose made min also increases your insulin, a natural substance pount of glucose in the blood." Saken from the website gov/druginfo/meds/a696005.h and personality caused by a the brain in people who have alts who have liver disease bowel syndrome (with cantibiotics." This information is	F	725		

1	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495142	B. WING			C 04/25/2022	
	ROVIDER OR SUPPLIER	<b>L</b>		STREET ADDRESS, CITY, STATE, ZIP 0 380 MILLWOOD AVENUE WINCHESTER, VA 22601	CODE	04/25/2023	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIA		
F 725	tml#:~:text=Rifaximin' the%20bacteria%20th the%20bacteria%20th (9) "Midodrine is used hypotension (sudden occurs when a persor position). Midodrine is called alpha-adrenerg causing blood vessels blood pressure." This the website https://medlineplus.go tml#:~:text=Midodrine eat,tighten%2C%20w d%20pressure.  2. For Resident #18 (for the provide sufficient not administer multiple moorders on 5/31/22 at 94 areview of R18's clinic physician's/provider's mg (milligrams) and Ir to be administered at the 9th administration records to reveal any evidence administered at the 9th administration on 5/31 areview of the facility second shift (3:00 p.m. revealed only two nurs facility from 7:15 p.m.	%20is%20in%20a%20class, nat%20cause%20diarrhea.  It to treat orthostatic fall in blood pressure that a assumes a standing in a class of medications ic agonists. It works by to tighten, which increases information is taken from w/druginfo/meds/a616030.h %20is%20used%20to%20tr hich%20increases%20bloo  R18), the facility staff failed ursing staffing in order to edications per physician to p.m.  cal record revealed a order for Atorvastatin (1) 40 ansulin Detemir (2) six units 9:00 p.m. on 5/31/22  Is MARs (medication was 00 p.m. medication was 00 p.m. medication was 00 p.m. medication was 100 p.m. medication was 11:00 p.m.) ses were on duty at the	F	725			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
							С
		495142	B. WING			04/	/25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STAT 380 MILLWOOD AVENUE WINCHESTER, VA 22601	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	( (EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTION TIVE ACTION SHOULD B SED TO THE APPROPRIA FICIENCY)		(X5) COMPLETION DATE
F 725	Continued From page	e 38 m., ASM (administrative	F.	25			
	staff member) #1, the director of nursing, ar director of nursing, we	administrator, ASM #2, the and ASM #3, the assistant ere informed of these					
	they either sign it out	ated if a nurse administers, on the MAR or write a the medication has been					
	On 4/25/23 at 8:21 a.i member) #2, the staff interviewed. She state staffing, and the numb facility census. She st where residents #17, located, requires two	ing coordinator, was ed she utilizes a template for ber of staff is based on the tates ordinarily, Wing 1, #18, #19, and #20 were nurses on the evening shift. hsus on 5/31/22, the wing					
	facility should be staff "take care of the resid should have two nurse shift. She stated: "Tha	m., ASM #2 stated the fed with enough nurses to lents." She stated Wing 1 es working on the evening at's what we have ty as the number of nurses					
	that allows us to give stated she was not wo 5/31/22. She stated: "two nurses in the entir on 5/31/22 between 7	the best care possible." She orking at the facility on It looks like there were only re building [with four wings]:15 p.m. and 11:00 p.m." It feel this was sufficient to					
	No further information	was provided prior to exit.					
		ed together with diet, weight reduce the risk of heart					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	TIPLE CONSTRUCTION		(X3) DATE SURVEY		
	CORRECTION	IDENTIFICATION NUMBER:	1 '	NG	CON	MPLETED		
		495142	B. WING		n	C 4/25/2023		
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODI				
		ADULTATION CENTED		380 MILLWOOD AVENUE				
EVERGRE	EN HEALTH AND REHA	ABILITATION CENTER		WINCHESTER, VA 22601		_		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	ODGGG DEFERENCED TO THE	SHOULD BE	(X5) COMPLETION DATE		
F 725	that heart surgery wi have heart disease of developing heart disused to decrease the such as low-density ('bad cholesterol') are and to increase the slipoprotein (HDL) chin the blood." This in website https://medlineplus.ctml.  (2) "Insulin detemir i diabetes (condition i produce insulin and amount of sugar in taken from the webshttps://medlineplus.ctml#:~:text=Insulin%0to,of%20sugar%203. For Resident #19 to provide sufficient administer multiple orders on 5/31/22 at A review of R19's cliphysician's/provider medications, all to bon 5/31/22. Atorvas Trazodone (2) 50 m and Magnesium Ox 400 mg.  Further review of R	d to decrease the chance ill be needed in people who or who are at risk of ease. Atorvastatin is also e amount of fatty substances lipoprotein (LDL) cholesterol nd triglycerides in the blood amount of high-density olesterol ('good cholesterol') iformation is taken from the gov/druginfo/meds/a600045.h  s used to treat type 1 n which the body does not therefore cannot control the he blood)." This information is site gov/druginfo/meds/a606012.h is 20detemir%20is%20used%2 bin%20the%20blood).  (R19), the facility staff failed nursing staffing in order to medications per physician to 9:00 p.m. inical record revealed a 's orders for the following be administered at 9:00 p.m. tatin (1) 40 mg (milligrams), ig, Valproic Acid (3) 750 mg, ide (a mineral supplement)	F	725				
	administration recor	rds) and progress notes failed						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		495142	B. WING			i .	C /25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP C 380 MILLWOOD AVENUE WINCHESTER, VA 22601	ODE	1 04	12312023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		ION SHOULD BI HE APPROPRIA		(X5) COMPLETION DATE
F 725	administered at the 9: administration on 5/3*  A review of the facility second shift (3:00 p.m revealed only two nurfacility from 7:15 p.m. 5/31/23. No nurse warduring this time.  On 4/24/23 at 5:25 p.r staff member) #1, the director of nursing, and director of nursing, we concerns. ASM #3 stathey either sign it out or progress note stating administered.  On 4/25/23 at 8:21 a.m member) #2, the staffing, and the number staffing and the staffing and the staffing and the center should have had two residents where residents #17, is located, requires two residents where residents #17 and the staffing should have two nurses should have two nurses shift. She stated: "That determined as a facility that allows us to give the stated she was not wo 5/31/22. She stated: "I	on p.m. medication 1/22. In ursing staff records for the in. through 11:00 p.m.) Is ses were on duty at the through 11:00 p.m. on its working on R19's unit  In., ASM (administrative administrator, ASM #2, the id ASM #3, the assistant ere informed of these ited if a nurse administers, on the MAR or write a the medication has been in the interest or staff is based on the per of staff is based on the enters or of staff is based on the enters on the evening shift. In the interest of the enters on the evening shift. In the interest of the enters in the evening shift is sworking on the evening the working on the evening the working on the evening the work in the possible. The best care possible. The interest in the int	F	725			

CENTERO I OR MEDIOARE						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION  NG		(X3) DATE COMP	SURVEY LETED
	495142	B. WING				25/2023
NAME OF BROWEED OR CURRING	733172		STREET ADDRESS, CITY, STATE, ZIP CO	DE	U4/.	
NAME OF PROVIDER OR SUPPLIER  EVERGREEN HEALTH AND REH	ABILITATION CENTER		380 MILLWOOD AVENUE	_		
ETEROTICE TIETE TO THE			WINCHESTER, VA 22601			
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIA		(X5) COMPLETION DATE
She stated she did meet the needs of the needs of the needs of the Nortes  (1) "Atorvastatin is a loss, and exercise the attack and stroke attack and to increase the lipoprotein (HDL) of in the blood." This in website https://medlineplus.tml  (2) "Trazodone is understroke attack and the serotonin modulate amount of serotonin brain that helps man information is taken https://medlineplus.tml.  (3) "Valproic acid is medications to treat Valproic acid is also (episodes of frenzie in people with bipo	n 7:15 p.m. and 11:00 p.m." not feel this was sufficient to he residents.  on was provided prior to exit.  used together with diet, weight oreduce the risk of heart and to decrease the chance will be needed in people who or who are at risk of sease. Atorvastatin is also he amount of fatty substances of lipoprotein (LDL) cholesterol and triglycerides in the blood amount of high-density holesterol ('good cholesterol') information is taken from the gov/druginfo/meds/a600045.h	F	725			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495142	B. WING			l .	C
NAME OF PI	ROVIDER OR SUPPLIER	-1001-12	1		STREET ADDRESS, CITY, STATE, ZIP CODE	04/	/25/2023
	EN HEALTH AND REHA	BILITATION CENTER		3	380 MILLWOOD AVENUE WINCHESTER, VA 22601		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		(X5) COMPLETION DATE
F 725	Continued From page abnormal moods). It is		F	725	5		
	that have already beg class of medications of works by increasing the natural substance in the is taken from the web- https://medlineplus.go	he brain." This information					
	to provide sufficient nu	•					
	medications, all to be on 5/31/22: Amitriptyli Atorvastatin (2) 10 mg release) 150 mg, and	orders for the following administered at 9:00 p.m. ne (1) 25 mg (milligrams), Toprol XL (3) (extended Levetiracetam (4) 1000 mg.					
	to reveal any evidence administered at the 9: administration on 5/31	a) and progress notes failed these medications were 00 p.m. medication /22.					
	second shift (3:00 p.m revealed only two nurs facility from 7:15 p.m.	ses were on duty at the					
	staff member) #1, the	n., ASM (administrative administrator, ASM #2, the d ASM #3, the assistant					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL <sup>*</sup> A. BUILDI	TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495142	B. WING			04/2	: :5/2023
	ROVIDER OR SUPPLIER			STREET ADDRESS, CIT 380 MILLWOOD AVEN WINCHESTER, VA 2	UE	1 04/2	. J. L.
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	iD PREFI TAG	(EACH CO	DER'S PLAN OF CORRECTION IRRECTIVE ACTION SHOULD E ERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 725	director of nursing, we concerns. ASM #3 sthey either sign it ou progress note stating administered.  On 4/25/23 at 8:21 at member) #2, the statinterviewed. She stated for the construction of the statinterviewed. She stated for the construction of the statinterviewed. She stated for the construction of the statinterviewed. She stated in the statinterviewed. She stated: "The determined as a fact that allows us to give stated she was not we stated she was not we stated she did in the stated	vere informed of these tated if a nurse administers, ton the MAR or write a grither medication has been a.m., OSM (other staff ffling coordinator, was ted she utilizes a template for other of staff is based on the states ordinarily, Wing 1, 1, 1, 11, 11, 11, 11, 11, 11, 11, 1	F	725			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED		
		495142	B. WING			i	C /25/2023		
	ROVIDER OR SUPPLIER	BILITATION CENTER		380	REET ADDRESS, CITY, STATE, ZIP CODE MILLWOOD AVENUE NCHESTER, VA 22601	1 04	20/2020		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
F 725	tml.  (2) "Atorvastatin is usloss, and exercise to attack and stroke and that heart surgery will have heart disease or developing heart dise used to decrease the such as low-density lig ('bad cholesterol') and and to increase the arlipoprotein (HDL) chol in the blood." This infowebsite https://medlineplus.go tml  (3) "Metoprolol is used with other medications pressure. It also is use pain) and to improve some Metoprolol also is use medications to treat ha class of medications works by relaxing blood pressure." This the website https://medlineplus.go tml.  (4) "Levetiracetam is to other medications to continuous dults, children, and in attack and involve adults, children, and in attack and stroke in the surgery of the	ed together with diet, weight reduce the risk of heart to decrease the chance be needed in people who who are at risk of ase. Atorvastatin is also amount of fatty substances poprotein (LDL) cholesterol it triglycerides in the blood mount of high-density lesterol ('good cholesterol') ormation is taken from the av/druginfo/meds/a600045.h	F	725					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495142	B. WING			04	C / <b>25/2023</b>
	ROVIDER OR SUPPLIER EEN HEALTH AND REHA	BILITATION CENTER		38	TREET ADDRESS, CITY, STATE, ZIP CODE 80 MILLWOOD AVENUE /INCHESTER, VA 22601	1 0-	12312023
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORREC PREFIX (EACH CORRECTIVE ACTION SHOI TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)				(X5) COMPLETION DATE
	and children 12 years myoclonic epilepsy. L combination with othe primary generalized to (formerly known as a that involves the entire children 6 years of ag Levetiracetam is in a canticonvulsants. It wo excitement in the brain from the website https://medlineplus.gotml.	s to treat seizure in adults of age or older with juvenile evetiracetam is also used in er medications to treat onic-clonic seizures grand mal seizure; seizure	F7	725	1. Resident #17, Resident #18, Resident #19 have been discharg	ed	
	medication errors. This REQUIREMENT by: Based on staff interviereview, and clinical received failed to administer metalization errors, for survey sample, Resident #20. The findings include:  1. For Resident #17 (Fit to administer a blood prodered at 9:00 p.m. of A review of R17's clinical receivers.	is not met as evidenced ew, facility document cord review, the facility staff edications according to a ulting in significant four of 20 residents in the ents #17, #18, #19, and			from the facility. Resident #20 to have Medication error completed regarding not receiving medication on 5/31/2022.  2. All residents of the facility have the potential to be affected by the alleged deficient practice. DON/Designee to audit missed medication administration audit report of current residents since 5/1/2023 and notify provider and representative of any missed medications.  3. Licensed nursing staff will be educated on medication administrations to be completed a signed off on MAR.	ns	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		(X3) DATE SURVEY COMPLETED		
		495142	B. WING_			1	25/2023
	ROVIDER OR SUPPLIER EN HEALTH AND REHA	BILITATION CENTER		38	TREET ADDRESS, CITY, STATE, ZIP CODE 80 MILLWOOD AVENUE VINCHESTER, VA 22601		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 760	mg (milligrams) to be on 5/31/22.  Further review of R17 administration record to reveal any evidence at the 9:00 p.m. medition for the facility second shift (3:00 p.m. revealed only two numbers of the facility from 7:15 p.m. 5/31/23. No nurse was during this time.  On 4/24/23 at 5:25 p. staff member) #1, the director of nursing, and director of nursing, we concerns. ASM #3 st they either sign it out progress note stating administered.  On 4/25/23 at 9:00 at medication has been check it off on the M/documenting the admit's not documented, she was not working could not locate any received the medicate evening.  A review of the facility failed to reveal inform	administered at 9:00 p.m.  "'s MARs (medication s) and progress notes failed se that Midodrine was given cation administration on through 11:00 p.m.)  reses were on duty at the strough 11:00 p.m. on as working on R17's unit through 11:00 p.m. on as working on	F	760	4. DON/Designee to audit misse medication administrations 5x week x 4weeks then weekly x4 weeks. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurance process and corrective action plans put into place as indicated based on review, along with determination related to ongoing monitoring.  5. Completion date 5/26/2023.	ne	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			1 ' '	TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495142	B. WING				C 25/2023
	ROVIDER OR SUPPLIER	BILITATION CENTER	ı	STREET ADDRESS, CITY, S 380 MILLWOOD AVENUE WINCHESTER, VA 220	•	1 04/	23/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOULD B RENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	NOTE (1) "Midodrine is used hypotension (sudden occurs when a person position). Midodrine is called alpha-adrenerg causing blood vessels blood pressure." This the website https://medlineplus.go tml#:~:text=Midodrine eat,tighten%2C%20wld%20pressure.  2. For Resident #18 (Fto administer a medica of diabetes as ordered A review of R18's clini physician's/provider's six units to be administed to reveal any evidence at the 9:00 p.m. medic 5/31/22.  A review of the facility second shift (3:00 p.m. revealed only two nurs facility from 7:15 p.m.	to treat orthostatic fall in blood pressure that assumes a standing in a class of medications ic agonists. It works by to tighten, which increases information is taken from av/druginfo/meds/a616030.h %20is%20used%20to%20tr hich%20increases%20bloo  R18), the facility staff failed ation used for the treatment of at 9:00 p.m. on 5/31/22.  cal record revealed a order for Insulin Detemir (1) stered at 9:00 p.m. on  S MARs (medication and progress notes failed this medication was given that the station administration on the staff records for the nursing staff records for the	F	760	DEFICIENCY)		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495142	B. WING			1	C
NAME OF P	ROVIDER OR SUPPLIER	433142	1		TREET ADDRESS, CITY, STATE, ZIP CODE	1 04	/25/2023
	EN HEALTH AND REHA	BILITATION CENTER		1	30 MILLWOOD AVENUE /INCHESTER, VA 22601		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 760	Continued From page	e 48	F	760			
	staff member) #1, the director of nursing, ardirector of nursing, we concerns. ASM #3 stathey either sign it out progress note stating administered.  On 4/25/23 at 9:00 a. medication has been check it off on the MA documenting the admit's not documented, i she was not working could not locate any erceived the medication.  NOTES (1) "Insulin detemin is diabetes (condition in produce insulin and that amount of sugar in that taken from the websithttps://medlineplus.gottnl#:~:text=Insulin%2 Oto,of%20sugar%20ii.  3. For Resident #19 (to administer a signifiat 9:00 p.m. on 5/31/24.	ated if a nurse administers, on the MAR or write a the medication has been m., ASM #2 stated that if a given, the nurse should R or write a progress note inistration. She stated: "If t's not done." She stated at the facility on 5/31/22, and evidence that R18 had on due at 9:00 p.m. that mass provided prior to exit.  used to treat type 1 which the body does not herefore cannot control the le blood)." This information is the evidence of the provided prior to exit. (a) the blood of the evidence of the eviden					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495142	B. WING _				C /25/2023
	ROVIDER OR SUPPLIER			380 MI	ET ADDRESS, CITY, STATE, ZIP CODE ILLWOOD AVENUE CHESTER, VA 22601	1 04/	23/2023
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F 760	Continued From page	e 49	F	60			
	750 mg (milligrams) p.m. on 5/31/22.	to be administered at 9:00					
	administration record to reveal any evidence	O's MARs (medication s) and progress notes failed se this medication was given ication administration on					
	second shift (3:00 p.r revealed only two nur facility from 7:15 p.m	y nursing staff records for the m. through 11:00 p.m.) rses were on duty at the . through 11:00 p.m. on as working on R19's unit					
	staff member) #1, the director of nursing, a director of nursing, w concerns. ASM #3 st they either sign it out	.m., ASM (administrative administrator, ASM #2, the administrator, ASM #2, the administrator and ASM #3, the assistant ere informed of these ated if a nurse administers, on the MAR or write a the medication has been					
	medication has been check it off on the MA documenting the adm it's not documented, is she was not working could not locate any of the medicate and the medicate and the could not locate any of the medicate and	m., ASM #2 stated that if a given, the nurse should AR or write a progress note ninistration. She stated: "If it's not done." She stated at the facility on 5/31/22, and evidence that R19 had ion due at 9:00 p.m. that					
	No further information	n was provided prior to exit.					
:	NOTES (1) "Valproic acid is u	sed alone or with other					

NAME OF PROVIDER OR SUPPLIER  EVERGREEN HEALTH AND REHABILITATION CENTER  DIAL PROPERTY AS 22601  DOLL TO SUMMARY STATEMENT OF DEPICENCIES SOME LINGOOD AVENUE WINCHESTER, VA. 22601  PREFIX TAG SUMMARY STATEMENT OF DEPICENCIES SOME LINGOOD AVENUE WINCHESTER, VA. 22601  FOR COnflinued From page 50 (EACH ORDEROTHS AND OF CORRECTION OF CORR		DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
STREET ADDRESS, CITY, STATE, ZIP CODE 386 MILLWOOD AVENUE WINCHESTER, VA 22601			495142						
FREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  F 760  Continued From page 50 medications to treat certain types of seizures. Valproic acid is also used to treat mania (episodes of frenzied, abnormally excited mood) in people with bipolar disorder (manic-depressive disorder, a disease that causes episodes of depression, episodes of mania, and other abnormal modes). It is also used to to reliave headaches that have already begun. Valproic acid is aleadaches that have already begun. Valproic acid is aleadaches that have already begun. Valproic acid is in a class of medications called anticonvulsants. It works by increasing the amount of a certain natural substance in the brain. This information is taken from the website https://medlineplus.gov/druginfo/meds/a682412.html.  4. For Resident #20 (R20), the facility staff failed to administer a significant medication as ordered at 9:00 p.m. on 5/31/22.  A review of R20's clinical record revealed a physician's/provider's order for Levetiracetam (1) 1000 mg (milligrams).  Further review of R20's MARs (medication as given at the 9:00 p.m. medication administration records) and progress notes failed to reveal any evidence this medication was given at the 9:00 p.m. medication daministration on 5/31/22.  A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R20's unit during this time.			BILITATION CENTER	<b></b>	380	MILLWOOD AVENUE		120/2020	
medications to treat certain types of seizures. Valproic acid is also used to treat mania (episodes of frenzied, abnormally excited mood) in people with bipolar disorder (manic-depressive disorder, a disease that causes episodes of depression, episodes of mania, and other abnormal moods). It is also used to prevent migraine headaches but not to relieve headaches that have already begun. Valproic acid is in a class of medications called anticonvulsants. It works by increasing the amount of a certain natural substance in the brain." This information is taken from the website https://medlineplus.gov/druginfo/meds/a682412.h tml.  4. For Resident #20 (R20), the facility staff failed to administer a significant medication as ordered at 9:00 p.m. on 5/31/22.  A review of R20's clinical record revealed a physician's/provider's order for Levetiracetam (1) 1000 mg (milligrams).  Further review of R20's MARs (medication administration records) and progress notes failed to reveal any evidence this medication was given at the 9:00 p.m. medication administration on 5/31/22.  A review of the facility nursing staff records for the second shift (3:00 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m.) revealed only two nurses were on duty at the facility from 7:15 p.m. through 11:00 p.m. on 5/31/23. No nurse was working on R20's unit during this time.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF	1	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION	
staff member) #1, the administrator, ASM #2, the	F 760	medications to treat of Valproic acid is also used (episodes of frenzied, in people with bipolar disorder; a disease the depression, episodes abnormal moods). It is migraine headaches that have already begulass of medications of works by increasing the natural substance in the istaken from the web https://medlineplus.gottml.  4. For Resident #20 (to administer a significat 9:00 p.m. on 5/31/2 A review of R20's clin physician's/provider's 1000 mg (milligrams).  Further review of R20 administration records to reveal any evidence at the 9:00 p.m. medic 5/31/22.  A review of the facility second shift (3:00 p.m. revealed only two nur facility from 7:15 p.m. 5/31/23. No nurse was during this time.	sertain types of seizures.  used to treat mania , abnormally excited mood) disorder (manic-depressive nat causes episodes of of mania, and other s also used to prevent but not to relieve headaches gun. Valproic acid is in a called anticonvulsants. It he amount of a certain the brain." This information site by/druginfo/meds/a682412.h  R20), the facility staff failed cant medication as ordered 22.  ical record revealed a order for Levetiracetam (1)  by's MARs (medication s) and progress notes failed e this medication was given cation administration on  v nursing staff records for the n. through 11:00 p.m.) rese were on duty at the through 11:00 p.m. on s working on R20's unit  m., ASM (administrative	F	760				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 760	Continued From page	e 51	F	760			
F 760	director of nursing, ardirector of nursing, we concerns. ASM #3 stathey either sign it out progress note stating administered.  On 4/25/23 at 9:00 a.medication has been check it off on the MA documenting the admit's not documented, it she was not working a could not locate any ereceived the medication.  NOTES (1) "Levetiracetam is other medications to document in the involve adults, children, and it older. Levetiracetam i with other medications and children 12 years	nd ASM #3, the assistant	F	760			
	combination with other	r medications to treat					
	that involves the entire children 6 years of ag Levetiracetam is in a anticonvulsants. It wo excitement in the brai from the website						
	tml.	-					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING (X3) DATE S			
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EVERGRE	EN HEALTH AND KENA	BIENATION CENTER		V	VINCHESTER, VA 22601		
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	program so that the farodents. This REQUIREMENT by: Based on observation document review, it will facility staff failed to montrol program in on and on one of four facility was conducted identified with roache On 4/20/23 a tour of the facility was conducted identified with roache On 4/24/23 11:30 AM was conducted. There is relating to cockroache on the shower live cockroach crawling unit 4, in the hallway live spider was observed. A review of the pest of revealed the following 1. 7/13/22: "Treat the wings. And treat the	n an effective pest control acility is free of pests and is not met as evidenced in, staff interview, and facility was determined that the naintain an effective pest e of one facility kitchens, cility units.  There were no concerns in the d. There were no concerns in resident rooms.  There were no concerns in the devere no issues observed est.  The was conducted of the ower rooms on each unit.  The room was observed with a rog around. Upon leaving between unit 4 and unit 3, a wed crawling up the wall.  The control inspection reports in the cont	F	925	1. A comprehensive/aggressive a plan has been initiated by the consulting Pest Control Vendor to treat the facility for pest control.  2. All residents of the facility have potential to be affected by the alled deficient practice. The Extra After-hours services will begin on 12th with a crew of 2-3 techniciar facilitate a large "clean-out" service efficiently treat more areas of the facility than just affected areas to prevent any spreading of problem All residential hallways and commareas will also be treated to preve cockroaches from spreading out other portions of the building.  3. The dietary staff have been educated regarding proper cleaniand maintenance of the kitchen at All staff have been educated regarding the protocol and utilizate of the Pest Control Notification Binder, found on each unit.  4. Administrator/Designee to audicleaning techniques have been implemented 5x week x 4 weeks. These results will be reviewed and discussed by the Interdisciplinary Team through the Quality Assurate process and corrective action plate put into place as indicated based review, along with determinations related to ongoing monitoring.  5. Completion date 5/26/2023.	e the eged May as to be	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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F 925	inspect 3 wings. Trefor roaches. And cle 3. 8/15/22: "Flush a roachesfood still in floor." In addition, the had a pre-printed list concerns and column applicable. The folloust as pertinent: Romoisture - yes. Spill 4. 11/9/22: "Treat k wings." This form all floor." It did not dock (kitchen or elsewher toaches in kitchen in kitchen, especially 6. 12/14/22: "Food appliance/machinery 7. 12/28/22: "Treat for German roaches document what devi 8. 2/22/23: "Treater room numbers) for a floor. Also saw that rooms on the 1st floor 9. 3/8/23: "Treat the room numbers) for a 10. 4/12/23: "Food in the walls in (reside	eated (resident room number) eaning office."  and vacuum for German in dishwasher and debris on the form contained a table that it of common areas of ins to check yes or no as to be service for this eaches - yes. Excessive age - yes.  and inspect the 4 so documented, "Spillage on tument where the spillage was the service for German Need to stay on the cleaning to behind appliances."  residue on/under to eand where it was located.  It did not to eand where it was located.  It kitchen and (two resident this. Food and debris on the mouse activity found in 2 to rFood residue on wall."  The kitchen and (two resident the service on the mouse activity found in 2 to rFood residue on wall."	FS	925			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 925	debris on the floor in numbers). Treated for Moisture on the floor on/under appliance/m and debris on mixers top. Flat top not clear On 4/24/23 at 3:15 Pl conducted with OSM the Maintenance Dire control comes to the floweek, and on alternatinght time service in the treat the kitchen area chemical needs time before daytime meal songoing issue is that cleaning the kitchen eleaning the kitchen eleaning the kitchen and that the too wet by kitchen stated they will do slack off again. He stocame on Friday (4/21, the kitchen and that the too wet by kitchen stated they will do slack off again. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom. She stated have been trying at lecter and power was the dishroom.	(two resident room or ants. Spillage on floor - and trash. Food residue hachinery/equipment. Food and other equipment by flat ned."  M an interview was #3 (Other Staff Member), ctor. He stated that pest facility about every other he kitchen where they can more heavily as the to fumigate and dissipate services. He stated that the kitchen staff are not effectively and consistently. Ok for a while and then hated that pest control had /23) for a night service of the kitchen floor was left way ff, which is something that	F	925			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 925	control. When asked treat the kitchen, she been coming every twere just here Friday about evidence of the stated that there was cleaning. She stated wash the kitchen, and dishroom. She stated to reach places. Whe being too wet on Fridashe stated that they hand dried everything, mopped the floor aga and left it too wet.  The facility policy, "Pe This policy did not advareas of the facility, in staff offices, shower not food, dirt, debris, exight attract pests.  The facility policy "Saidietary department was documented, "1. All ki dining areas shall be or ubbish and protected and other insects."  On 4/25/23 at 9:21 AN Staff Member) the Add Director of Nursing, w findings, including tha on 4/25/23 by a survedietary manger, even treated the facility on the state of the survey dietary manger, even treated the facility on the state of the survey dietary manger, even treated the facility on the state of the survey dietary manger, even treated the facility on the state of the survey dietary manger, even treated the facility on the state of the survey dietary manger, even treated the facility on the state of the survey dietary manger, even treated the facility on the survey dietary manger, even treated the facility on the survey dietary manger, even treated the facility on the survey dietary manger, even treated the facility on the survey dietary manger, even treated the facility on the survey dietary manger, even treated the facility on the survey dietary manger, even treated the facility on the survey dietary manger, even treated the facility on the survey dietary manger, even treated the facility on the survey dietary manger, even treated the facility on the survey dietary manger, even treated the facility on the survey dietary manger, even treated the facility on the survey dietary manger, even treated the facility on the survey dietary manger, even treated the facility of the survey dietary manger, even treated the facility of the survey dietary manger, even treated the facility of the survey dietary manger, even t	how often does pest control stated that pest control has wo weeks and that "They " (4/21/22). When asked weekly deep cleaning, she no evidence of weekly deep that one week they power if the following week the difference that one week they power if the following week the difference that one week they power if the following week the difference that one week they power washed on Friday and then the evening shift in after the dinner service west Control" was reviewed. It did the difference to the was the need to keep all including resident rooms, coms, the kitchen, etc., free excess moisture, etc., that white the policy itchens, kitchen areas and clean, free from litter and if from rodents, roaches, flies which was spotted by and on 4/24/23 by the though pest control last	F	25				

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