State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	VA0401	A. BUILDING: ______ B. WING ______	C 06/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEWOOD MANOR	**1900 LAUDERDALE DRIVE RICHMOND, VA 23238**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 06/20/23 through 06/23/23. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 96 licensed bed facility was 84 at the time of the survey. The survey sample consisted of 33 resident reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: F658 Please cross reference to 12VAC5-371-200(B)(i)(ii) F812 Please cross reference to 12VAC5-371-340(A)	F 001	1. Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice; a. As of 03/16/23, R50's orders were corrected. 2. Address how the facility will identify other residents having the potential to be affected by the same deficient practice; a. All transcribed orders were reviewed and are accurate as of 06/23/23. Moving forward, all transcribed orders for the previous day will be audited for accuracy by Director of Nursing (DON) or designee. b. Variances will be investigated, corrected as appropriate and feedback and re-education and/or counseling will be provided to the responsible team members. 3. Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not	7/20/23

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/11/23

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F 001	Continued From page 1	F 001	recur; a. All transcribed orders will be audited daily for accuracy by DON or designee. b. Variances will be investigated, corrected as appropriate and feedback and re-education and/or counseling will be provided to the responsible team members. c. Education will be provided to the nursing team regarding process and best practices for transcribing orders accurately. 4. Indicate how the facility plans to monitor its performance to make sure that solutions are sustained; a. DON or designee will audit all transcribed orders once a week for x4 weeks to ensure that orders are transcribed correctly. b. Thereafter, DON or designee will audit all transcribed orders once per month for x3 months to ensure that orders are transcribed correctly. c. Once a zero % error rate has been observed for x3 months, the audit will be discontinued. d. Variances will be investigated, corrected as appropriate and feedback and re-education and/or counseling will be provided to the responsible team members. Results/findings of the audits will be reviewed and discussed at the next scheduled QAPI meeting for continued review and oversight 5. Include dates when the corrective action will be completed. (The “outside” date by which all corrections must be made is the 45th calendar day after the survey ended.) a. 07/20/23	

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