

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

PRINTED: 10/16/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495291</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/14/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHALOM GARDENS HEALTH &amp; REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1600 JOHN ROLFE PARKWAY</b> <b>RICHMOND, VA 23233</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid abbreviated standard survey was conducted 9/12/23 through 9/14/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Three complaints were investigated during the survey as follows:  VA00054718-Substantiated with Deficiency VA00054726-Substantiated without Deficiency VA00059703-Substantiated without Deficiency  The census in this 101 certified bed facility was 90 at the time of the survey. The survey sample consisted of 3 resident reviews.	F 000			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, clinical record review, and facility documentation review, the facility staff failed to provide care and services in accordance with professional standards for one resident, Resident #1, in a survey sample of three (3) residents.  The findings included:  For Resident #1, facility staff failed to administer a nutritional supplement as ordered by the Nurse Practitioner on 02/22/2022.	F 658	1. Resident #1 no longer resides in the facility. 2. Residents admitting into the facility have the potential to be affected by this alleged deficient practice. Random audit completed on medication administrations for recently ordered medications. 3. The Director of Nursing will educate nurses on appropriate administration of ordered medications and/or obtaining clarification with MD/NP for any questions with supportive documentation. 4. The Director of Nursing or designee	10/18/23	

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

TITLE

(X6) DATE

Electronically Signed

10/13/2023

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

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F 658	<p>Continued From page 1</p> <p>On 09/13/2023, Resident #1's clinical record was reviewed and revealed a prescribed order, "Supplement: ProSource ZAC daily via PEG, Once a Day; 12:00 p.m.," start date 02/22/2022. Resident #1 received the first dose on 02/23/2022.</p> <p>On 09/13/2023 at approximately 4:15 p.m., a group interview was conducted with the Director of Nursing (DON) and the ordering Nurse Practitioner (NP). The NP stated, "During the IDT [Interdisciplinary Team] meeting on the morning of February 22nd, we discussed resuming [name redacted, Resident #1's] protein supplement following her readmission from the hospital the previous day [02/21/2022]. I gave the verbal order during the morning meeting to resume the ProSource as she had been getting it previously to help with wound healing, it was indeed my intent for her to start receiving it the same day [02/22/2022]." The DON stated, "[Resident #1] should have been given the ProSource on the 22nd, it is readily available on the medication carts."</p> <p>According to Lippincott Manual of Nursing Practice, 11th edition, 2019, page 15, "Standards of Practice-General Principles", item 1, read, "The practice of professional nursing has standards of practice setting minimum levels of acceptable performance for which its practitioners are accountable" and Box 2-1, "Common Legal Claims for Departure from the Standards of Care", item 8, read, "Failure to implement a physician's, advanced practice nurse's, or physician assistant's order properly or in a timely fashion."</p> <p>On 09/13/2023 during the end of day conference,</p>	F 658	<p>will complete audits of medication administration weekly x 4 weeks and monthly x 2 months to ensure appropriate administration and/or clarifications completed per policy. Any identified issues will be immediately corrected. Plan of correction information and audits will be reviewed in the quality assurance and performance improvement process for tracking/trending and any necessary additional interventions.</p> <p>5. Date of compliance will be October 18, 2023.</p>		

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F 658	Continued From page 2 the DON was updated on the findings.  No further information was provided.	F 658			