

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

PRINTED: 12/27/2023  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>12/13/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSEDALE HEALTH &amp; REHABILITATION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1719 BELLEVUE AVENUE</b> <b>RICHMOND, VA 23227</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	
{E 000}	Initial Comments	{E 000}			
{F 000}	N/A. INITIAL COMMENTS	{F 000}			
F 755 SS=D	<p>An unannounced Medicare/Medicaid second revisit to the 9/19/23 through 9/21/23 standard survey was conducted 12/12/23 through 12/13/23. The first revisit survey was conducted 11/8/23 through 11/9/23. No complaints were investigated during the second revisit. Corrections are required for compliance with 42 CFR Part 483 Federal Long-Term Care regulations.</p> <p>The census in this 128 certified bed facility was 108 at the time of the survey. The survey sample consisted of nine current record reviews.</p> <p>Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3)</p> <p>§483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>§483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>§483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-</p>	F 755		12/16/23	

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

TITLE

(X6) DATE

Electronically Signed

12/21/2023

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 755	<p>Continued From page 1</p> <p>§483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>§483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>§483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews, clinical record review, and facility document review, the facility staff failed to provide pharmacy services for one of three residents in the medication administration observation, Resident #208.</p> <p>The findings include: For Resident 208 (R208) the facility failed to provide a medication for administration on 12/13/23. On 12/13/23 at 9:33 a.m., LPN (licensed practical nurse) #2 was observed during medication administration on unit 2. While LPN #2 was administering medications to R208 she did not give R208's Vitamin D 400iu (international units). She looked in the medication cart for Vitamin D 400iu, but did not find any. She did not look in any other location for the medication. A review of R208's clinical record revealed that R208 has an order for Vitamin D 400iu to be given at 9:00 a.m. each day.</p>	F 755	<p>This plan of correction is respectfully submitted, and affirmation that correction to the areas cited have been made and the facility is in compliance with participation.</p> <p>1. Resident #208 was assessed by nursing staff and their medical record was reviewed. Residents' physician was updated with no new orders was given.</p> <p>2. Facility staff has identified that all residents are at risk for this deficient practice. A medication audit has been performed on all residents receiving over the counter medications and reviewed with medical director and revised orders as needed. A process has been developed and implemented to provide and monitor any new physician orders for over-the-counter medications.</p> <p>3. The Director of Nursing/Designee has educated all licensed practical nurses and</p>		

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F 755	Continued From page 2  On 12/13/23 at 11:11 a.m., LPN (licensed practical nurse) #1 was interviewed. She stated Vitamin D is a stock medication (over the counter), and that if stock medications were not available on the medication cart, then she would check the over the counter cart and the over the counter medication list and see if they are available. If it was not available, she would call the doctor and let the resident's family know. She also stated she would then make the necessary notes so that everyone is in communication over what happened, and assure the medication is reordered, LPN#1 took the surveyor to both medication storage rooms; neither room contained a bottle of Vitamin D 400iu.  On 12/13/2023 at 12:01 p.m., ASM (administrative staff member) #1, the administrator; ASM#2, the director of nursing; and ASM#3, the regional director of clinical services were informed of these concerns.  A review of the facility's policy, "House-Supplied (Floor Stock) Medications" revealed, in part: "The facility may maintain a supply of commonly used over-the-counter (OTC) medications considered floor stock or house medications (not resident-specific), to be administered only upon receipt of an order from an authorized prescriber."  No further information was provided to exit.	F 755	registered nurses regarding medication administration of over-the-counter medication and all available over the counter medication house stock.  4. The director of nursing/designee will Complete a MAR to CART 2 X week for 1 month and then monthly for 2 months to determine if ordered OTC medication is on the CART. Any issues identified will be addressed immediately by director of nursing or designee and appropriate actions will be taken. The Director of nursing or designee will identify any trends and or patterns and provide education and training to staff on an ongoing basis. Findings will be discussed with Quality Assurance and performance committee on at least a quarterly basis.		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)  §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be	F 761		12/16/23	

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F 761	<p>Continued From page 3</p> <p>labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, staff interview and facility document review, the facility staff failed to store medications safely in one of three medication carts.</p> <p>The findings include:</p> <p>On 12/13/23 at 9:19 a.m., an observation of the medication cart used during medication administration revealed one bottle each of Acetaminophen 500mg (milligrams), Multi-Vitamins, and Vitamin C 1000mg on the top of the medication cart, unsecured. There were no staff members within sight of the medication cart.</p>	F 761	<p>This plan of correction is respectfully submitted, and it is affirmation that corrections to the areas cited have been made and the facility is in compliance with participation requirements.</p> <p>1.LPN #3was provided 1:1 education on appropriate storage of medication to include medication should not be left unattended on a medication cart.</p> <p>2.Facility staff have identified all residents are at risk for the deficient practice. An audit of all medication carts has been</p>		

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F 761	<p>Continued From page 4</p> <p>On 12/13/23 at 9:25 a.m., LPN (licensed practical nurse) #3 was interviewed when she returned to the medication cart. She stated that she placed the medications on the cart because she was going to refill the cart after she came back to it. She stated she should not have left the medications unattended on the top of the cart.</p> <p>On 12/13/23 at 11:11 a.m., LPN#1 was interviewed. She stated that it is not okay for any types of medications to be on top of the medication cart, especially if the nurse is not around. She also stated, "The medication cart is not supposed to be left unattended because patients can grab medications or knock them over."</p> <p>On 12/13/2023 at 12:01 p.m., ASM (administrative staff member) #1, the administrator; ASM#2, the director of nursing; and ASM#3 the regional director of clinical service were informed of these concerns.</p> <p>A review of the facility's policy, "Medication Storage" revealed, in part: "The facility shall store all drugs and biologicals in a safe, secure, and orderly manner."</p> <p>No further information was provided prior to exit.</p>	F 761	<p>performed to ensure that medications are not left unattended on top of medication cart. A process has been developed and implemented to ensure medications are not being left unattended by nursing staff.</p> <p>3.The DON/designee has educated all nursing staff on proper storage of medications to include medications should not be left unattended on medication cart.</p> <p>4.The DON/designee will audit medications carts 5 times a week for 2 weeks then every other week for 2 months for unsecured medications. Any issues identified will be addressed immediately by director of nursing or designee and appropriate actions will be taken. The Director of nursing or designee will identify any trends and or patterns and provide education and training to staff on an ongoing basis. Findings will be discussed with Quality Assurance and performance committee on at least a quarterly basis.</p>		