

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/08/2023
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NAME OF PROVIDER OR SUPPLIER RIVERSIDE LIFE LONG H & R WARWICK FOREST	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 OLD DENBEIGH BOULEVARD NEWPORT NEWS, VA 23602
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 12/5/2023 through 12/8/2023. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. Thirteen complaints (VA00054007- substantiated without deficiency, VA00060092- substantiated without deficiency, VA00059938- substantiated with deficiency, VA00051376- unsubstantiated without deficiency, VA00053003- substantiated with deficiency, VA00052472- substantiated without deficiency, VA00056165- substantiated with deficiency, VA00052962- substantiated with deficiency, VA00053514- substantiated with deficiency, VA00060038- substantiated with deficiency, VA00053128- substantiated with deficiency, VA00051153- substantiated with deficiency, VA00051570- substantiated with deficiency) were investigated during the survey.</p> <p>The census in this 209 licensed bed facility was 194 at the time of the survey. The survey sample consisted of 50 current resident reviews and 10 closed record reviews. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12VAC5-371-150(A, B) Resident rights. Cross reference to F558, F561.</p> <p>12VAC5-371-140(A) Policies and procedures.</p>	F 001	<p>F558 Reasonable Accommodations Needs/Preferences 12VAC5-371-150(A,B) 1. The Christmas tree was removed</p>	1/22/24

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

Electronically Signed

TITLE

(X6) DATE

01/10/24

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F 001	<p>Continued From page 1</p> <p>Cross reference to F622, F623.</p> <p>12VAC5-371-250(A) Resident assessment and care planning. Cross reference to F641.</p> <p>12VAC5-371-250(A)(F)(G) Resident Assessment and Care Planning. Cross reference to F656, F658.</p> <p>12VAC5-371-250(G) Resident assessment and care planning. Cross reference to F657.</p> <p>12VAC5-371-220(A,D,G) Nursing services. Cross reference to F676, F677.</p> <p>12VAC5-371-220(A) Nursing services. Cross reference to F690, F695, F698, F699, F700, F758.</p> <p>12VAC5-371-220(A, B) Nursing services. Cross reference to F697.</p> <p>12VAC5-371-210(B) Nurse staffing. Cross reference to F725.</p> <p>12VAC5-371-270(A) Social services. Cross reference to F740, F745.</p> <p>12VAC5-371-300(H.1) Pharmaceutical Services. Cross reference to F755.</p> <p>12VAC5-371-340(D.3b)(D.3c) Dietary and food service program. Cross reference to F804, F812.</p> <p>12VAC5-371-370(A)(B) Maintenance and housekeeping. Cross reference to F909.</p>	F 001	<p>from room by maintenance on 12/8/23 so that resident #19 could move freely as desired. Resident #19 was asked 1/4/24 if they would like to attend PACE at her next scheduled session 1/10/24 and she agreed.</p> <p>2. Maintenance / designee will measure and evaluate all semiprivate rooms to ensure roommates personal belongings do not hinder their ability to leave the room. All residents who have appointments on 1/4/23 were asked to get up to attend, none-declined.</p> <p>3. The Clinical Educator/designee will educate the clinical staff on notification to maintenance of rooms that hinder the ability of residents to leave the room freely. Education will also include notifying residents of appointments and assisting them out of bed to attend and how to handle refusals.</p> <p>4. Maintenance/designee will audit 4 rooms per week x 8 weeks to ensure semiprivate rooms personal belongings do not hinder the ability of residents to leave the room. DON/designee will audit 5 residents per week x 8 weeks who have appointments and ensure they are assisted to get out of bed to attend. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F561 Self-determination 12VAC5-371-150(A,B)</p> <p>1. Resident # 154 was transferred out of bed to her motorized wheelchair 12/8/2023 by the clinical staff per her</p>	

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F 001	Continued From page 2	F 001	<p>choice.</p> <p>2. Social Services/ designee will interview residents on the unit who require assistance to transfer from the bed that are able to move around facility as to their preference when they would like to be up.</p> <p>3. Clinical Educator / designee will educate facility staff on resident's right to promote the resident's choice in transferring them out of bed when they wish to.</p> <p>4. Social Services / designee will audit 4 residents weekly to validate their choices are being met x 8 weeks. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>5. All corrective actions will be completed by January 22, 2024.</p> <p>F622 Transfer and Discharge Requirements 12VAC5-371-140(A)</p> <p>1. Required transfer discharge clinical documents were faxed to the ED by the Director of Nursing on 1/5/2024 for resident #49.</p> <p>2. Director of Nursing / designee will audit all residents that required transfer from the facility to the receiving facility on or after December 1, 2023, to ensure all required documentation were sent.</p> <p>3. Clinical Educator / designee will educate the clinical team on the transfer discharge process to include what items to send out with the residents and use of the transfer/discharge checklist.</p> <p>4. Director of Nursing / designee will audit 4 residents transfers per week x 8 weeks to ensure all required</p>	

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F 001	Continued From page 3	F 001	<p>documentation were sent to the receiving facility to ensure safe and effective transition of care. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F623 Notice requirements before transfer/ discharge. 12VAC5-371-140(A)</p> <ol style="list-style-type: none"> On 1/5/24 written notification was mailed by the Business Office Manager to the RP's of Resident #49, Resident #58, Resident # 8, and Resident#60 that they were transferred to the hospital on their respective dates. Business office manager / designee will audited all residents that required transfer or discharged from facility since December 1, 2023, to ensure that written notification was sent to the RP's. Director of Clinical Services educated the business office staff and the administrative staff on 12/7/2023 of the requirement to provide evidence of written RP notification of those residents who are transferred to the hospital. Administrator / designee will audit 4 resident weekly x 8 weeks who were transferred to the hospital for completion of written RP notification. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis. <p>F641 Accuracy assessments</p>	

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F 001	Continued From page 4	F 001	<p>12VAC5-371-250(A)</p> <ol style="list-style-type: none"> Resident #192 MDS was corrected, re-submitted, and accepted on 12/7/2023. Resident #129 MDS assessment was corrected, re-submitted, and accepted 12/7/2023 by the Senior MDS Coordinator. Senior MDS Coordinator / designee will audit discharge assessments and assessments requiring the use of restraints from 11/1/2023 <input type="checkbox"/> 1/4/2024 to validate accuracy of the assessment. All MDSs ARD 1/1/23- 12/15/23 section P were validated for accuracy on 12/15/23. Director of Clinical Reimbursement / designee will educate the MDS coordinators on the importance of accuracy on MDS assessments as it relates to transferring to the hospital/discharge assessments and those regarding the use of restraints. Senior MDS Coordinator / designee will audit 4 residents weekly x 8 weeks to ensure they are coded accurately as transfer and those assessments regarding the use of restraints. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis. <p>F656 Develop/Implement Comprehensive Care Plan 12VAC5-371-250(A)(F)(G)</p> <ol style="list-style-type: none"> Resident # 59 ADL care plan was developed and implemented on 12/7/2023 by nursing leadership. Resident # 70 discharged from facility 12/6/2023. Resident # 49 care plan for medication 	

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F 001	Continued From page 5	F 001	<p>administration was reviewed on 12/7/2023 by the Unit Manager all medications were administered as ordered on 12/8/2023 by nurse assigned to the resident's care. Resident # 60 care plan was updated by the Director of Nursing 12/6/2023 to include dialysis. Orders for fistula assessment for bruit and thrill were corrected 12/7/2023 by nursing leadership. ADON Contacted dialysis 12/7/2023 requesting return of documents. ADON called and educated both dialysis centers on the importance of returning dialysis communications timely.</p> <p>Resident # 115 care plan was updated by nursing leadership on 12/7/23 to include PTSD. On 12/12/2023 Social Services met with resident # 115 who declined supportive services including licensed clinical social worker but agreed to see the chaplain for spiritual services.</p> <p>Resident # 23 pain care plan was updated by the Unit Manager on 12/7/23. On 12/6/2023 resident was evaluated by the nurse assigned to her care for pain and received pain medications as ordered and it was effective.</p> <p>Resident # 134 care plan was updated by nursing leadership for monitoring for the use of psychotropic medications to include Trazadone monitoring for signs and symptoms of depression, effectiveness, side effects and adverse reactions was corrected on 12/8/2023. IDT reviewed comprehensive care plan 1/4/2024.</p> <p>2. Director of Clinical Reimbursement / designee will review LTC resident comprehensive care plans in the following areas: ADL care, anticoagulants, PTSD,</p>	

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F 001	Continued From page 6	F 001	<p>dialysis, pain, and psychoactive medication.</p> <p>3. Director of Clinical Reimbursement / designee will educate IDT on the process for development and implementation of comprehensive care plans and updates for ADL care, anticoagulants, medication administration, PTSD, dialysis, pain, and psychoactive medication.</p> <p>4. Director of Nursing / designee will audit 4 comprehensive care plans weekly for 8 weeks. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F657 Care plan timing and revision. 12VAC5-371-250(G)</p> <p>1. Resident # 24 care plan was updated on 12/7/23 by nursing leadership to include fall and interventions for fall that occurred on 10/27/23. Resident # 120 care plan was updated by nursing leadership to include ordered dialysis catheter care on 12/6/2023. Resident # 145 care plan was updated by nursing leadership to include diagnosis of shingles on 12/7/23.</p> <p>2. Director of Nursing / designee will audit comprehensive care plans for residents who have fallen, are on dialysis or have a new diagnosis for accuracy.</p> <p>3. Clinical Educator/ designee will educate the IDT team on process for care plan timing and revision to include those who have fallen, on dialysis or new diagnoses.</p>	

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F 001	Continued From page 7	F 001	<p>4. Director of Nursing / designee will audit 4 residents who have fallen, on dialysis or new diagnosis weekly for 8 weeks. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F658 Services Provided Meet Professional Standards 12VAC5-371-250(A)(F)(G)</p> <p>1. Resident # 49 medication administration record was reviewed on 12/8/2023 by Director of Nursing and all medication were administered as ordered on 12/8/2023.</p> <p>2. Director of Nursing /Designee will audit MARS of residents on antidepressants since January 1, 2024, to ensure they were administered as ordered.</p> <p>3. Clinical Educator / designee will educate licensed nursing staff on the medication administration process ensuring medications are administered as ordered.</p> <p>4. Director of Nursing / designee will audit 4 residents on antidepressant medication weekly for 8 weeks to ensure they were given as ordered. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F676 Activities of Daily Living 12VAC5-371-220(A,D,G)</p>	

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F 001	Continued From page 8	F 001	<p>1. Resident # 49 received full bed baths on 12/6/2023, 12/7/2023, and a shower on 12/8/2023 by clinical staff assigned to her care. Resident # 8 received a shower on 12/8/2023 and has documented personal hygiene on 12/6/23, 12/7/23 and 12/8/23 by clinical staff assigned to her care</p> <p>2. Director of Nursing / designee will audit residents personal hygiene /grooming and bathing and shower records from January 1, 2024, to ensure residents were provided and documented personal hygiene, grooming, bathing, and showers.</p> <p>3. Clinical educator / designee will educate clinical team members on the importance of accurate documentation of personal hygiene /grooming and bathing and showers.</p> <p>4. Director of Nursing / designee will audit 4 residents care records for hygiene /grooming and bathing and showers per week for 8 weeks. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F677 ADL Care Provided for Dependent Residents 12VAC5-371-220(A,D,G)</p> <p>1. Resident # 2 received incontinence care on all three shifts on 12/6/2023, 12/7/2023, and 12/8/2023 by clinical staff assigned to her care.</p> <p>2. Director of Nursing /designee will audit incontinent resident care records from January 1, 2024, to ensure incontinence</p>	

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F 001	Continued From page 9	F 001	<p>care was provided and documentation was completed.</p> <p>3. Clinical educator or designee will educate clinical team members on the importance of providing and accurate documentation of incontinence care.</p> <p>4. Director of Nursing / designee will audit incontinence care was provided for 4 residents per week for 8 weeks. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F 690 Bowel/Bladder incontinence, catheter, UTI 12VAC5-371-220(A)</p> <p>1. Resident #23 orders for an external urinary catheter device was updated on 12/6/2023 by the unit Manger. The care plan was updated on 12/7/2023 by the Unit Manager.</p> <p>2. Director of Nursing / designee with audit all residents with external urinary catheter devices for appropriate orders and care plans.</p> <p>3. Clinical educator / designee will educate clinical staff on the importance of orders for external urinary catheter devices and their care.</p> <p>4. Director of nursing / designee will audit 4 residents with external urinary catheters weekly for 8 weeks to validate orders are present and care is being provided as ordered. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement</p>	

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F 001	Continued From page 10	F 001	<p>analysis.</p> <p>F695 Respiratory/Tracheostomy Care and Suctioning 12VAC5-371-220(A)</p> <ol style="list-style-type: none"> 1. The mouthpiece for resident # 344's nebulizer was discarded by the unit Manager , and a new nebulizer mouthpiece was obtained and was stored in a sanitary manner on 12/5/2023. 2. Director of Nursing /designee will audit all residents with nebulizers to ensure that all mouth pieces are stored in a sanitary manner. 3. Clinical educator/ designee will educate all clinical staff on the proper storage of nebulizer mouth pieces and equipment in a sanitary manner. 4. Director of Nursing /designee will audit 4 residents weekly for 8 weeks for proper storage of respiratory mouthpieces. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis. <p>F697 Pain Management 12VAC-371-220(A,B)</p> <ol style="list-style-type: none"> 1. On 12/6/2023 resident #23 was evaluated for pain by the nurse and resident was medicated as ordered and effective. 2. Residents who have as needed pain medications ordered will be interviewed by the Director of Nursing / designee to ensure pain is managed appropriately. 3. Clinical educator / designee will educate clinical team members on 	

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F 001	Continued From page 11	F 001	<p>response to resident verbalization of pain and implementation of pain management program per providers orders.</p> <p>4. Director of Nursing / designee will audit 4 residents per week for 8 weeks on as needed pain medication for presence of pain and appropriateness of responses to the pain. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F 698 Dialysis 12VAC5-371-220(A)</p> <p>1. Resident #72 was discharged from the facility on 12/6/23. Resident #60 orders and care plan were reviewed and updated by nursing leadership on 12/6/23. Resident #120 care plan was updated by leadership to reflect current orders for dialysis site care on 12/6/23.</p> <p>2. All residents receiving dialysis services as if January 1, 2024, will be reviewed by the Director of Nursing / designee to ensure pre <input type="checkbox"/> post dialysis vital signs, weights, dialysis care and communication sheets are being provided.</p> <p>3. Clinical educator / designee will educate facility clinical team members on obtaining pre - post-dialysis weights, vital signs, dialysis care and use of appropriate documentation tools to communicate with the dialysis centers when residents receive dialysis services.</p> <p>4. Director of Nursing / designee will audit 4 residents per week for 8 weeks to</p>	
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F 001	Continued From page 12	F 001	<p>ensure that pre and post vital signs, weights, dialysis care and communication sheets/book are being completed. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F 699 Trauma Informed Care 12VAC5-371-220(A)</p> <ol style="list-style-type: none"> 1. The social worker met with resident # 115 and she refused psychology/psychiatric services on 12/7/2023. She agreed to see the Chaplain on 12/12/2023 and participate in spiritual programs. 2. The Director of Resident Services/designee will audit all residents who have a diagnosis of PTSD to ensure that they have been offered supportive services for trauma informed care. 3. Director of Resident Services/designee will educate the social services clinical team on offering psychological/psychiatric services to those residents with the diagnosis of PTSD and documentation follow up regarding trauma informed care. 4. Director of Resident Services /designee will audit 4 resident records per week for 8 weeks to ensure that those residents with diagnosis of PTSD have had support services offered for trauma informed care. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis. 	

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NAME OF PROVIDER OR SUPPLIER RIVERSIDE LIFELONG H & R WARWICK FOREST	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 OLD DENBEIGH BOULEVARD NEWPORT NEWS, VA 23602
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F 001	Continued From page 13	F 001	<p>F700 Bedrails 12VAC5-371-220(A)</p> <ol style="list-style-type: none"> 1. Resident #49, Resident #58 and Resident #60 had bed rail informed consents obtained on 12/7/23 by the Unit Manager. 2. Administrator/designee will audit residents with bed rails to ensure that signed consents are in place for each resident. 3. Clinical Educator /designee will educate admissions staff on the process of reviewing and signing a consent form on admission for bed rails and as needed for other residents. 4. Administrator / designee will audit 4 records per week for 8 weeks to ensure that there are informed consents for all residents using bed rails. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis. <p>F725 Sufficient Nursing staff 12VAC-371-210(B)</p> <ol style="list-style-type: none"> 1. Resident #2 received incontinence care on all three shifts on 12/6/2023, 12/7/2023, and 12/8/2023 by the clinical staff assigned to her. 2. The Director of Nursing / designee will review staffing daily to ensure sufficient CNA staffing is present to provide care and services to the residents. 3. Administrator /designee will educate clinical leaders and schedulers on 	

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F 001	Continued From page 14	F 001	<p>acceptable staffing ratios per shift to ensure sufficient CNA staffing is present and how to escalate staffing concerns.</p> <p>4. Administrator / designee will review staffing 3 times weekly for 8 weeks to ensure appropriate CNA staff is present to provide care and services to the residents. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F740 Behavior Health Services 12VAC5-371-270(A)</p> <p>1. The provider ordered psychological/psychiatric services for resident #115 on 12/7/23. She was seen by the Psych NP on 1/10/23. She agreed to see the Chaplain on 12/12/2023 and participate in spiritual programs.</p> <p>2. The Director of Resident Services/designee will audit all residents who have a diagnosis of PTSD to ensure that they have been offered supportive services for trauma informed care and that behaviors are being monitored.</p> <p>3. Director of Resident Services/designee will educate the clinical team (social services and nursing) on offering psychological/psychiatric services to those residents with the diagnosis of PTSD, documentation and follow up regarding trauma informed care and monitoring of behaviors.</p> <p>4. Director of Resident Services/ designee will audit 4 resident records per week for 8 weeks to ensure that those residents with diagnosis of PTSD have had support services offered for trauma</p>	

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F 001	Continued From page 15	F 001	<p>informed care and monitoring of behaviors. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F - 745 Provision of Medically Related Social Service 12VAC5-371-270(A)</p> <ol style="list-style-type: none"> The provider ordered psychological/psychiatric services for resident #115 on 12/7/23. She was seen by the Psych NP on 1/10/23. She agreed to see the Chaplain on 12/12/2023 and participate in spiritual programs. The Director of Resident Services/designee will audit all residents who have a diagnosis of PTSD to ensure that they have been offered supportive services for trauma informed care and that behaviors are being monitored. Director of Resident Services/designee will educate the clinical team (social services and nursing) on offering psychological/psychiatric services to those residents with the diagnosis of PTSD, documentation and follow up regarding trauma informed care and monitoring of behaviors. Director of Resident Services / designee will audit 4 resident records per week for 8 weeks to ensure that those residents with diagnosis of PTSD have had support services offered for trauma informed care and monitoring of behaviors. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement 	

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F 001	Continued From page 16	F 001	<p>analysis.</p> <p>F755 Pharmacy 12VAC5-371-300(H.1)</p> <ol style="list-style-type: none"> Resident # 49 received her Eliquis as ordered on 12/7/2023; 12/8/2023; 12/9/2023 by the nurses assigned to her care. Director of Nursing / designee will audit all residents on Eliquis as of January 1, 2024, to ensure all received the medication as ordered. Clinical educator / designee will educate the clinical staff on the importance of administering medications as ordered and the process to follow for medications not available algorithm. Director of Nursing / designee will audit 4 residents on Eliquis weekly times 8 weeks to ensure the medication was administered as ordered. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis. <p>F758 Free from unnecessary Psychotropic Meds/PRN use 12VAC5-371-220(A)</p> <ol style="list-style-type: none"> Resident # 134 on 12/11/23 obtained an appropriate diagnosis for Trazadone by the provider. The order for Trazadone was clarified by the provider to include consistent monitoring for the drug to include behaviors, effectiveness, side effects and adverse reactions. Director of Nursing / designee will audit residents on antidepressants and 	

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F 001	Continued From page 17	F 001	<p>antipsychotics for proper diagnosis <input type="checkbox"/> including behavior monitoring, effectiveness, side effects and adverse reactions.</p> <p>3. Clinical educator / designee will educate the clinical staff on obtaining proper diagnosis for antidepressant and antipsychotic medications and on monitoring and documenting behavior monitoring, effectiveness, side effects and adverse reactions to a psychotropic medication.</p> <p>4. Director of Resident Services / designee will review 4 charts of residents on antipsychotic or antidepressant medications weekly for 8 weeks to validate diagnosis, behavior monitoring, effectiveness, side effects and adverse reactions. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F804 Food and Drink 12VAC5-371-304(D.3b)(D.3c)</p> <p>1. Food Service Director on 12/12/23 implemented a new procedure to stir food on the steam table more frequently and keep it covered for longer periods. The Heat on Demand system was reviewed for proper functionality by Food Service Director.</p> <p>2. Residents receiving meal trays will be interviewed by the Food Services Director / designee to determine palatable of food</p> <p>3. Food Service Director / designee will educate food and nutrition team members on methods to maintain food temperatures</p>	

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F 001	Continued From page 18	F 001	<p>on the steamtable and on the proper use of the Heat on Demand meal delivery system.</p> <p>4. Food Service Director / designee will audit 4 tests trays weekly times 8 weeks for palatable temperatures of food. Food Service Director/ designee will interview 4 residents weekly for 8 weeks for their satisfaction with the food's palatability and temperatures. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F812 Food procurement, Store/Prepare/Serve-Sanitary 12VAC5-371-304(D.3b)(D.3c)</p> <p>1. Food Service Director discarded the box of garlic bread on 12/5/2023.</p> <p>2. Food Service Director / designee will complete an audit of all food stored under refrigeration to ensure that food is being stored in a sanitary manner.</p> <p>3. Food Service Director/ designee will educate food and nutrition team members in proper storage and how to handle items that are found improperly stored.</p> <p>4. Food Service Director / designee will audit the food storage in the kitchen weekly times 8 weeks. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>F 909 Resident Bed</p>	

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F 001	Continued From page 19	F 001	<p>12VAC5-371-370(A)(B)</p> <ol style="list-style-type: none"> 1. Resident #49, Resident #58, Resident #60, and Resident # 8 beds were inspected by the facility maintenance staff on 12/6/23. 2. The Facilities Director /designee will audit all beds in the facility for a current bed rail safety inspection. 3. The Facilities Director / designee will educate the facilities team members on the proper sequence/process of testing and documenting bed inspections. Recurring bed inspections will be scheduled in the automated work order management system and different units of the building will be scheduled quarterly. 4. The Facilities Director / designee will audit 4 beds weekly for 8 weeks to ensure that proper bed rail safety inspections have been completed. The results of the audit will be reported at the QAPI meeting for evaluation of compliance and ongoing monitoring for continuous improvement analysis. 	