STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER: Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2125 Hilliard Road, Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183 Based on review of facility's documentation and staff interview, it was determined that the facility failed to allow the resident to make decisions regarding his treatment for one of nine residents, Resident #1. The findings included: Resident #1 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: CHF (congestive heart failure), DM (diabetes mellitus), CAD (cardiovascular disease) and CVA (cerebrovascular accident). The most recent MDS (minimum data set) assessment, an annual assessment, with an ARD (assessment reference date) of 6/7/24, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was cognitively intact. A review of the MDS Section G-functional status coded the resident as requiring total dependence for transfer, bathing, bed mobility, dressing, hygiene and supervision for eating. A review of the comprehensive care plan dated 11/16/21 revealed, FOCUS: Cardiac disease related to DM, CAD, Presence of cardiac pacemaker, CHF and A flutter. INTERVENTIONS: Obtain vital signs as indicated; report changes to physician. Administer medication per physician orders. Administer oxygen as ordered. A review of the progress note dated 7/7/24 at 5:36 PM revealed, [AGE] year-old male resident seen at the request of nursing. Requesting to go to ER for shortness of breath. A review of the progress note dated 7/7/24 at 6:47 PM revealed, resident complained of (c/o) SOB. resident assessed. congestion noted. resident c/o fluid in chest. NP is aware. NP [NAME] recommended Chest Xray for SOB. Albuterol 3mL BID x7days. CBC, BMP for 7.8.2024. Lasix 40mg one time dose for fluid retention. resident alert and verbal. Vitals stable. A review of the progress note dated 7/7/24 at 6:47 PM revealed, Writer contacted third eye (physician tele-health after hours service). give clearance to send resident to ER. Writer contact NP about COC (change of condition) and transfer to ED. NP stated to treat in house. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2125 Hilliard Road Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the progress note dated 7/8/24 at 6:18 AM revealed, Resident continued to complain of congestion this shift. VS BP 167/95, 77, 18, 97.6, 99% on O2 Q 3LPM. He refused lab work this morning and Per RP, she called 911 and patient was taken to the hospital. NP aware. An interview was conducted on 7/30/24 at 2:05 PM with LPN (licensed practical nurse) #6. When asked about Resident #1, LPN #6 stated, the CNA brought to my attention that he was not feeling well, feel like he had fluid and sounded congested. I did a respiratory assessment. I called the telehealth service, took the tablet to the resident and telehealth, who ordered resident to be sent to the ED. There is a note at nurse's station: which reveals If Third Eye (telehealth) orders resident sent out, this needs to be approved by either NP or Medical Director. I called NP who asked how he was sounding and stated we are going to treat him in house. I gave him Lasix, breathing treatment, Chest x-ray ordered, CBC and CMP. I let the resident know what the NP said. I let the oncoming nurse know. My shift ends at 11:00 PM. I entered all the orders into computer. An interview was conducted on 7/31/24 at 10:35 AM with LPN #4, the unit manager. When asked if the resident requests to go to the hospital what happens, LPN #4 stated, we inform the NP and/or physician and then send the resident out to the hospital. When asked why the resident is sent out, LPN #4 stated, because it is their right. An interview was conducted on 7/31/24 at 2:38 PM with ASM (Administrative staff member) #4, the nurse practitioner (NP). When asked about residents asking to go out to the hospital, ASM #4 stated, so if they request to go to the hospital, we assess them, depending on severity see if we can manage in house. If the resident still wants to go out, they go out. We do not stop them. I believe the protocol is to notify the attending and he makes the decision. An interview was conducted on 8/1/24 at 9:35 AM with ASM #7, the medical director. When asked about residents requesting to go to the hospital, ASM #7 stated, the staff are to contact us before sending a resident out. I do not hold them against their will. It is their right to go out. I do not review every single case. On 8/1/24 at 10:00 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #6, the regional director of clinical operations was made aware of the concerns. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2125 Hilliard Road Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183 Based on resident/staff interview, facility document review and clinical record review, it was determined that the facility staff failed to maintain a clean and homelike environment for three of nine residents, Resident #2, #6 and #9. The findings include: 1.The facility staff failed to ensure a safe, comfortable temperature and functional equipment for Resident #2. Observations on the 100-200 hall found staff going to another resident hall (300-400) to obtain mechanical lift. A review of the facility's pest control logs revealed, April 2024-38 German cockroaches, May 2024-16 German cockroaches, June 3, 2024-88 German cockroaches, 6/18/24-46 German cockroaches and 7/24/24-51 German cockroaches. Resident #2 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: cerebral vascular infarction, seizures, hypertension and obstructive uropathy. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 7/19/24, coded the resident as scoring a 08 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired. A review of the MDS Section G-functional status coded the resident as being dependent for bed mobility, transfer, dressing, bathing and hygiene; supervision for eating. A review of the comprehensive care plan with a revision date of 3/22/23, revealed, FOCUS: Resident has an ADL (activities of daily living) self-care performance deficit. INTERVENTIONS: The resident requires Mechanical Lift with 2 staff assistance for transfers. Physical assist as needed with ADL every shift. An interview was conducted on 7/30/24 at 9:45 AM with LPN (licensed practical nurse) #1. When asked about the temperature in Resident #2's room (room [ROOM NUMBER]), LPN #1 stated, it is hot in here. The air conditioning is not on. When asked if the window should be raised about 2 inches, LPN #1 stated, no, let me close it. LPN #1 unable to close the window. ASM #2, the director of nursing entered the room and assisted LPN #1 to close the window, one of them on each side of the window. ASM #2 stated, let me turn on the AC. AC was not providing cool air, ASM #2 stated, it may take a while to cool off. On 7/30/24 at 2:24 PM, went back to room [ROOM NUMBER], room was still warm with AC running highest setting. LPN #1 was asked about the room temperature, LPN #1 stated, it is warm in here. When asked if this is a homelike environment, LPN #1 stated, no. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2125 Hilliard Road Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 7/30/24 at 3:45 PM with CNA (certified nursing assistant) #1, when asked about Resident #2, CNA #1 stated, his AC (air conditioning). it was not working then it was working. He would get agitated about it. There are roaches, in the facility, but we have a pest control company that comes in monthly I believe. When asked if this was a homelike environment, CNA #1 stated, no, it is not. On 8/1/24 at 10:00 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #6, the regional director of clinical operations was made aware of the concerns. No further information was provided prior to exit. 2.The facility staff failed to ensure a safe, comfortable temperature and functional equipment for Resident #6. Observations on the 100-200 hall 7/30/24-8/1/24 found a large (approximately 50 gallon) under a leak from the ceiling (two ceiling tiles removed) at the end of the nurse's station. A review of the facility's pest control logs revealed, April 2024-38 German cockroaches, May 2024-16 German cockroaches, June 3, 2024-88 German cockroaches, 6/18/24-46 German cockroaches and 7/24/24-51 German cockroaches. Resident #6 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: ASCVD (atherosclerotic cardiovascular disease), DM (diabetes mellitus) and RBKA (right below the knee amputation). The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 6/6/24, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section G-functional status coded the resident as being dependent for bed mobility, transfer, dressing, bathing and hygiene; supervision for eating. A review of the comprehensive care plan with a revision date of 9/5/23, revealed, FOCUS: Resident has an ADL (activities of daily living) self-care performance deficit related to weakness and BKA. INTERVENTIONS: The resident will be lifted and transferred with a (Hoyer mechanical lift). Staff will follow facility policy of two staff to use mechanical lifts at all times. An interview was conducted on 7/30/24 at approximately 12:00 PM with OSM (other staff member) #2, the maintenance director. When asked about the leaking ceiling, OSM #2 stated, it has been like that for a few days. I need someone with an electrical background to come in, because of all the electrical wires, you cannot go up there to fix a leak with all those wires like that. When asked if this facility is providing a safe, comfortable and homelike environment, OSM #2 stated, no. An interview was conducted on 7/30/24 at 3:45 PM with CNA (certified nursing assistant) #1, when asked about Resident #2, CNA #1 stated, his AC (air conditioning). it was not working then it was working. He would get agitated about it. There are roaches, in the facility, but we have a pest control company that comes in monthly I believe. When asked if this was a homelike environment, CNA #1 stated, no, it is not. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER: Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2125 Hilliard Road Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 7/31/24 at 9:00 AM with Resident #6. When asked about her concerns, Resident #6 stated, there are roaches, the ceiling tiles are out and there is a drip into a large garbage can, it has been like that for several days. We are not being got up in a time, not because of the staff but because they have to borrow the lift from another unit. On 8/1/24 at 10:00 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #6, the regional director of clinical operations was made aware of the concerns. No further information was provided prior to exit. 3.The facility staff failed to ensure a safe, comfortable temperature and functional equipment for Resident #9. Observations on the 100-200 hall 7/30/24-8/1/24 found a large (approximately 50 gallon) under a leak from the ceiling (two ceiling tiles removed) at the end of the nurse's station. A review of the facility's pest control logs revealed, April 2024-38 German cockroaches, May 2024-16 German cockroaches, June 3, 2024-88 German cockroaches, 6/18/24-46 German cockroaches and 7/24/24-51 German cockroaches. Resident #9 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: quadriplegia, diabetes mellitus and morbid obesity. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 5/29/24, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section G-functional status coded the resident as being dependent for bed mobility, transfer, dressing, bathing and hygiene; independent for eating. A review of the comprehensive care plan with a revision date of 12/6/23, revealed, FOCUS: Resident has limited physical mobility related to Neurological deficits, cervical disc disorder, quadriplegia, spondylosis and generalized muscle weakness. INTERVENTIONS: The resident requires a slid board for transfers to and from wheelchair to bed and may use mechanical devices as needed for transfers. The resident may use slid board for transfers and sit to stand as needed. An interview was conducted on 7/30/24 at approximately 12:00 PM with OSM (other staff member) #2, the maintenance director. When asked about the leaking ceiling, OSM #2 stated, it has been like that for a few days. I need someone with an electrical background to come in, because of all the electrical wires, you cannot go up there to fix a leak with all those wires like that. When asked if this facility is providing a safe, comfortable environment, OSM #2 stated, no. An interview was conducted on 7/30/24 at 3:45 PM with CNA (certified nursing assistant) #1, when asked about Resident #2, CNA #1 stated, his AC (air conditioning). it was not working then it was working. He would get agitated about it. There are roaches, in the facility, but we have a pest control company that comes in monthly I believe. When asked if this was a homelike environment, CNA #1 stated, no, it is not. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2125 Hilliard Road Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 8/1/24 at 7:45 AM with Resident #9. When asked about her concerns, Resident #9 stated, there is a leak in the hallway from the ceiling for days, last week when we had that thunderstorm, the facility flooded. Roaches are everywhere. I use either the sit to stand to get out of bed or the mechanical lift. The staff have to go to another unit to get the equipment to get me up. Sometimes I am not able to get out of bed because the equipment has to be borrowed. On 8/1/24 at 10:00 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #6, the regional director of clinical operations was made aware of the concerns. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2125 Hilliard Road Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183 Based on observation, resident/staff interview, facility document review, and clinical record review, it was determined the facility staff failed to report an allegation of residents receiving illegal drugs in a timely manner for two of nine residents, Resident #7 and #8. The findings include: 1.The facility failed to report an allegation of resident receiving illegal drugs resulting in hospitalization a timely manner for Resident #7. A resident requested interview was conducted on 7/31/24 at 9:00 AM with Resident #6, who has a BIMS of 15. During the interview, Resident #6 stated that two residents, Resident #7 and Resident #8 had received illegal drugs while in the facility and were no longer in the facility. Resident #6 was voicing concerns regarding resident safety with this behavior. Resident #7 was admitted to the facility on [DATE] with diagnosis that included but were not limited to cerebral infarction, CHF (congestive heart failure), PTSD (post-traumatic stress disorder) and pulmonary embolism. The most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 5/31/24, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as requiring supervision for bathing/transfer/dressing/toileting and eating. A review of the comprehensive care plan with a revision date of 6/1/24, revealed, FOCUS: Resident is appropriate for LTC (long term care) due to the need for 24/7 supervision secondary to medical diagnosis. INTERVENTIONS: The need for LTC is understood by resident and/or POA (power of attorney). Discharge plan to be discussed at comprehensive assessments. No evidence of an eINTERACT transfer form to the hospital or hospital transfer progress note. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeside Health & Rehabilitation	2125 Hilliard Road Richmond, VA 23228

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the physician progress note dated 7/9/24 11:18 AM revealed, This is a [AGE] year-old female with a past medical history significant for hypertension, CVA, CHF, and other illnesses as stated in past medical history. She has been evaluated by psych while she has been here. She has had inappropriate physical contact with her visitors while here. She also has made sexually inappropriate comments towards staff members. Last week I was called to her bedside by nursing for an acute change in condition. Per nursing the patient was in the dining room and then returned to her room gasping for air. By the time I arrived with nursing to the room patient was awake but not alert. She was not following commands. She was transferred out of her wheelchair to the floor by staff members. Thankfully her blood pressure and pulse remained stable. Her respirations became shallow and less than 10. Her blood glucose was stable at 161. She began to drool and was unable to control her secretions. At one point she appeared to vomit. She was rolled to her side and suctioned. 911 was called and she was transported to the hospital for further evaluation and workup. In the ED she was found to be cocaine positive, but I do not have the full report for review. She is seen sitting up in her wheelchair in the courtyard today. A review of the progress note dated 7/12/24 at 2:14 PM revealed, Resident discharged with transportation. All belongings left with resident. Vitals within normal limits. Resident alert and orientated. Physician aware. An interview was conducted on 7/31/24 at approximately 8:00 AM with ASM #1, the administrator and ASM #2, the director of nursing. When asked about any facility event synopsis, grievances or any events related to resident illegal drug use-fentanyl was asked at the time. ASM #1 and ASM #2 stated no, there were no reports or illegal drug use, obtaining drugs through the mail or fentanyl. On 8/1/24 at 10:00 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #6, the regional director of clinical operations was made aware of the concerns. A review of the facility's Abuse policy revealed The organization will maintain protocols and procedures to identify, correct and intervene in situations in which abuse, neglect, mistreatment is more likely to occur. This includes analysis of features of the physical environment that may make abuse and/or neglect more likely to occur, such as secluded areas of the facility. The assessment, care planning and monitoring of residents with needs and behaviors which might lead to neglect such as residents with self-injurious behaviors. No further information was provided prior to exit. 2. The facility failed to report an allegation of resident receiving illegal drugs resulting in two positive urine drug tests a timely manner for Resident #8. A resident requested interview was conducted on 7/31/24 at 9:00 AM with Resident #8, who has a BIMS of 15. During the interview, Resident #6 stated that two residents, Resident #7 and Resident #8 had received illegal drugs while in the facility and were no longer in the facility. Resident #6 was voicing concerns regarding resident safety with this behavior. Resident #8 was admitted to the facility on [DATE] with diagnosis that included but were not limited to CHF (congestive heart failure), COPD (chronic obstructive pulmonary disease), diabetes mellitus and opioid abuse with intoxication. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2125 Hilliard Road Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The most recent MDS (minimum data set) assessment, an admission assessment, with an ARD (assessment reference date) of 5/31/24, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section GG-functional abilities and goals coded the resident as requiring supervision for bathing/transfer/dressing/toileting and eating. A review of the comprehensive care plan with a revision date of 4/5/24, revealed, FOCUS: The resident wishes to return/be discharged to home. INTERVENTIONS: Evaluate/record the resident's abilities and strengths, with family/caregivers. Determine gaps in abilities which will affect discharge. Make arrangements with required community resources to support independence post-discharge. A review of the NP (nurse practitioner) progress note dated 6/29/24 at 7:53 PM revealed, Patient seen at the request of nursing for lab review. She is seen today at bedside. Social services were present at time of exam. I notified patient of the results of her positive drug screen. She wanted to know why her urine has amphetamines in it. She denied drug use. She stated that she only leaves the facility to go to appointments. I told her that she was seen in the parking lot behind a vehicle this week with unknown individuals. Staff had reported the suspicious behavior. Psych is following and also recommended a UDS (urine drug screen). She was given a drug contact by social services. She did sign it. ASSESSMENT AND PLAN: #Positive Drug Screen: -Positive for amphetamines and opiates, -Opiates consistent with the prescribed Percocet here, -Discussed findings with patient, -SS (social services) provided drug contract, -Discontinue Percocet, -Add prn Ibuprofen, -Will ask SS and LPC to provide resources for drug addiction. A review of the LPC progress note dated 7/8/24 at 12:00 PM revealed, Reason for Follow-up: Psychotherapy follow up: Chief Complaint / Nature of Presenting Problem: Resident has been agitated in recent weeks. She has tested positive for methamphetamines even though she is not prescribed medication this type of. Her boyfriend has been coming more recently and she has been leaving without permission to leave with him per staff. She has been more difficult to care for and her mood may be attributed to methamphetamine use. A review of the NP progress note dated 7/8/24 at 12:40 PM revealed, ASSESSMENT AND PLAN: #urine review-Positive for amphetamines. #Positive Drug Screen-Positive for amphetamines and opiates. -Opiates consistent with the prescribed Percocet here which is now discontinued until she has a clean UDS. -Discussed findings with patient. SS provided drug contract, prn Ibuprofen available, Will ask SS and LPC to provide resources for drug addiction, repeat UDS this Friday. A review of the NP progress note dated 7/10/24 at 2:15 PM revealed, ASSESSMENT AND PLAN: Discharge planning, SW attempting to find placement, Advised follow up with PCP 1-2 days and keep all f/u apts. scripts written. chart, labs and tests reviewed. Home health order placed. Discussed with social worker and staff. Positive Drug Screen: Positive for amphetamines and opiates, opiates consistent with the prescribed Percocet here which is now discontinued until she has a clean UDS. An interview was conducted on 7/31/24 at approximately 8:00 AM with ASM #1, the administrator and ASM #2, the director of nursing. When asked about any facility event synopsis, grievances or any events related to resident illegal drug use-fentanyl was asked at the time. ASM #1 and ASM #2 stated no, there were no reports or illegal drug use, obtaining drugs through the mail or fentanyl. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER: Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE: 2125 Hilliard Road Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/1/24 at 10:00 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #6, the regional director of clinical operations was made aware of the concerns. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeside Health & Rehabilitation	2125 Hilliard Road Richmond, VA 23228

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183 Based on staff interview, clinical record review and facility document review, it was determined the facility staff failed to meet professional standards for one of nine residents, Resident #1. The findings include: The facility staff failed to meet professional standards by assessing/monitoring Resident #1. Resident #1 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: CHF (congestive heart failure), DM (diabetes mellitus), CAD (cardiovascular disease) and CVA (cerebrovascular accident). The most recent MDS (minimum data set) assessment, an annual assessment, with an ARD (assessment reference date) of 6/7/24, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was cognitively intact. A review of the MDS Section G-functional status coded the resident as requiring total dependence for transfer, bathing, bed mobility, dressing, hygiene and supervision for eating. A review of the comprehensive care plan dated 11/16/21 revealed, FOCUS: Cardiac disease related to DM, CAD, Presence of cardiac pacemaker, CHF and A flutter. INTERVENTIONS: Obtain vital signs as indicated; report changes to physician. Administer medication per physician orders. Administer oxygen as ordered. A review of the progress note dated 7/7/24 at 5:36 PM revealed, [AGE] year-old male resident seen at the request of nursing. Requesting to go to ER for shortness of breath. A review of the progress note dated 7/7/24 at 6:47 PM revealed, resident complained of (c/o) SOB. resident assessed. congestion noted. resident c/o fluid in chest. NP is aware. NP [NAME] recommended Chest Xray for SOB. Albuterol 3mL BID x7days. CBC, BMP for 7.8.2024. Lasix 40mg one time dose for fluid retention. resident alert and verbal. Vitals stable. A review of the progress note dated 7/7/24 at 6:47 PM revealed, Writer contacted third eye (physician tele-health after hours service). give clearance to send resident to ER. Writer contact NP about COC (change of condition) and transfer to ED. NP stated to treat in house. A review of the progress note dated 7/8/24 at 6:18 AM revealed, Resident continued to complain of congestion this shift. VS BP 167/95, 77, 18, 97.6, 99% on O2 Q 3LPM. He refused lab work this morning and Per RP, she called 911 and patient was taken to the hospital. NP aware. A review of the eINTERACT (electronic Interventions to Reduce Acute Care Transfers) form, revealed the form was not started till 7/8/24 at 4:33 PM and not signed off till 7/12/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2125 Hilliard Road Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 7/30/24 at 2:05 PM with LPN (licensed practical nurse) #6. When asked about Resident #1, LPN #6 stated, the CNA brought to my attention that he was not feeling well, feel like he had fluid and sounded congested. I did a respiratory assessment. I called the telehealth service, took the tablet to the resident and telehealth, who ordered resident to be sent to the ED. There is a note at nurse's station: which reveals If Third Eye orders resident sent out, this needs to be approved by either NP or Medical Director. I called NP who asked how he was sounding and stated we are going to treat him in house. I gave him Lasix, breathing treatment, Chest x-ray ordered, CBC and CMP. I let the resident know what the NP said. I let the oncoming nurse know. My shift ends at 11:00 PM. I entered all the orders into computer. When asked if any additional monitoring of Resident #1 was done between 7/7/24 5:36 PM and 11:00 PM, LPN #6 stated, only what I documented. An interview was conducted on 7/31/24 at 10:35 AM with LPN #4, the unit manager. When asked if there was any additional evidence of Resident #1 being monitored, such as vital signs, oxygen saturation, lung sounds from 7/7/24 5:36 PM and 7/8/24 6:18 AM, LPN #4 stated, probably on the transfer form. When told the transfer form had not been initiated till 7/8/24 at 4:33 PM and the vital signs (BP, pulse and respirations) documented on the form were timed for 7/7/24 at 6:23 PM and the oxygen saturation data was from 3/6/24 at 9:11 AM, LPN #4 stated, no, there is no additional information. On 8/1/24 at 10:00 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #6, the regional director of clinical operations was made aware of the concerns. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2125 Hilliard Road Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183 Based on resident/staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide incontinence care for dependent residents for three of nine residents, Resident #3, #4 and #9. The findings include: 1.The facility staff failed to provide evidence of incontinence care for dependent Resident #3. Resident #3 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: cancer, anemia and malnutrition. The most recent MDS (minimum data set) assessment, a 5-day admission assessment, with an ARD (assessment reference date) of 5/21/24, coded the resident as scoring a 13 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section G-functional status coded the resident as being dependent for toileting, bathing and hygiene. A review of the comprehensive care plan with a revision date of 5/22/24, revealed, FOCUS: Resident has bladder incontinence related to impaired mobility. INTERVENTIONS: Clean peri-area with each incontinence episode. The resident uses disposable briefs. A review of the May ADL record revealed missing documentation for 5/17/24 night shift and June ADL record revealed missing documentation on 6/7/24 day shift. An interview was conducted on 7/30/24 at 3:15 PM with CNA (certified nursing assistant) #2. When asked about providing incontinence care, CNA #2 stated, we are to do it every two hours. When we have 16 plus patients, you cannot get to every patient, do baths, get them up and feed them. Sometimes it does not get done every two hours. When asked where this would be documented, CNA #2 stated, on the ADL record. An interview was conducted on 7/31/24 at 6:30 AM with CNA #3. When asked about providing incontinence care, CNA #3 stated, at 4:30-5:00 AM start rounds for incontinence care. When asked where this is documented and evidence of incontinence care provided, CNA #3 stated, it is on the ADL record. On 8/1/24 at 10:00 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #6, the regional director of clinical operations was made aware of the concerns. No further information was provided prior to exit. 2. The facility staff failed to provide evidence of incontinence care for dependent Resident #4. Resident #4 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: pulmonary embolism, polyneuropathy and bipolar disorder. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2125 Hilliard Road Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The most recent MDS (minimum data set) assessment, a 5-day admission assessment, with an ARD (assessment reference date) of 6/27/24, coded the resident as scoring a 14 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section G-functional status coded the resident as being dependent for toileting, bathing and hygiene. A review of the comprehensive care plan with a revision date of 6/22/24, revealed, FOCUS: Resident has bladder incontinence related to impaired mobility. INTERVENTIONS: Clean peri-area with each incontinence episode. The resident uses disposable briefs. A review of the June ADL (activities of daily living) record revealed missing documentation on 6/21/24 night shift and the July ADL record, missing on 7/7/24 night shift and 7/8/24 day shift. An interview with Resident #4 on 7/30/24 at 11:45 AM revealed Resident #4 stating, they do not change me like they should. I am laying in poop or urine for 6-8 hours, mostly on night shift and worse on the weekends. On 7/31/24 at 11:30 AM, Resident #4 stated, last changed at 10:00 PM on 7/30/24 and then not changed again till this morning 7/31/24 at 6:00 AM. An interview was conducted on 7/30/24 at 3:15 PM with CNA (certified nursing assistant) #2. When asked about providing incontinence care, CNA #2 stated, we are to do it every two hours. When we have 16 plus patients, you cannot get to every patient, do baths, get them up and feed them. Sometimes it does not get done every two hours. When asked where this would be documented, CNA #2 stated, on the ADL record. An interview was conducted on 7/31/24 at 6:30 AM with CNA #3. When asked about providing incontinence care, CNA #3 stated, at 4:30-5:00 AM start rounds for incontinence care. When asked where this is documented and evidence of incontinence care provided, CNA #3 stated, it is on the ADL record. On 8/1/24 at 10:00 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #6, the regional director of clinical operations was made aware of the concerns. No further information was provided prior to exit. 3. The facility staff failed to provide evidence of incontinence care for dependent Resident #9. Resident #9 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: quadriplegia, diabetes mellitus and morbid obesity. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 5/29/24, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section G-functional status coded the resident as being dependent for bed mobility, transfer, dressing, bathing and hygiene; independent for eating. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495045	A. Building B. Wing	08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeside Health & Rehabilitation	2125 Hilliard Road Richmond, VA 23228

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the comprehensive care plan with a revision date of 12/6/23, revealed, FOCUS: Resident has limited physical mobility related to Neurological deficits, cervical disc disorder, quadriplegia, spondylosis and generalized muscle weakness. INTERVENTIONS: The resident requires a slid board for transfers to and from wheelchair to bed and may use mechanical devices as needed for transfers. The resident may use slid board for transfers and sit to stand as needed. A review of the May ADL (activities of daily living) record revealed missing documentation on 5/15/24 evening shift and the July ADL record, missing on 7/7/24 night shift and 7/8/24 day shift. An interview was conducted on 7/30/24 at 3:15 PM with CNA (certified nursing assistant) #2. When asked about providing incontinence care, CNA #2 stated, we are to do it every two hours. When we have 16 plus patients, you cannot get to every patient, do baths, get them up and feed them. Sometimes it does not get done every two hours. When asked where this would be documented, CNA #2 stated, on the ADL record. An interview was conducted on 7/31/24 at 6:30 AM with CNA #3. When asked about providing incontinence care, CNA #3 stated, at 4:30-5:00 AM start rounds for incontinence care. When asked where this is documented and evidence of incontinence care provided, CNA #3 stated, it is on the ADL record. An interview was conducted on 8/1/24 at approximately 7:45 AM with Resident #9. When asked about incontinence care, Resident #9 stated, they are doing the best they can with the staff they have. They cannot get to us every two hours because of being short. On 8/1/24 at 10:00 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #6, the regional director of clinical operations was made aware of the concerns. No further information was provided prior to exit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeside Health & Rehabilitation	2125 Hilliard Road Richmond, VA 23228

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42183 Based on resident/staff interview, facility document review and clinical record review, it was determined that the facility staff failed to maintain a safe/functional, comfortable environment for three of nine residents, Resident #2, #6 and #9. The findings include: 1.The facility staff failed to ensure a safe, comfortable temperature and functional equipment for Resident #2. Observations on the 100-200 hall found staff going to another resident hall (300-400) to obtain mechanical lift. A review of the facility's pest control logs revealed, April 2024-38 German cockroaches, May 2024-16 German cockroaches, June 3, 2024-88 German cockroaches, 6/18/24-46 German cockroaches and 7/24/24-51 German cockroaches. Resident #2 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: cerebral vascular infarction, seizures, hypertension and obstructive uropathy. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 7/19/24, coded the resident as scoring a 08 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired. A review of the MDS Section G-functional status coded the resident as being dependent for bed mobility, transfer, dressing, bathing and hygiene; supervision for eating. A review of the comprehensive care plan with a revision date of 3/22/23, revealed, FOCUS: Resident has an ADL (activities of daily living) self-care performance deficit. INTERVENTIONS: The resident requires Mechanical Lift with 2 staff assistance for transfers. Physical assist as needed with ADL every shift. An interview was conducted on 7/30/24 at 9:45 AM with LPN (licensed practical nurse) #1. When asked about the temperature in Resident #2's room (room [ROOM NUMBER]), LPN #1 stated, it is hot in here. The air conditioning is not on. When asked if the window should be raised about 2 inches, LPN #1 stated, no, let me close it. LPN #1 unable to close the window. ASM #2, the director of nursing entered the room and assisted LPN #1 to close the window, one of them on each side of the window. ASM #2 stated, let me turn on the AC. AC was not providing cool air, ASM #2 stated, it may take a while to cool off. On 7/30/24 at 2:24 PM, went back to room [ROOM NUMBER], room was still warm with AC running highest setting. LPN #1 was asked about the room temperature, LPN #1 stated, it is warm in here. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2125 Hilliard Road Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on 7/30/24 at 3:45 PM with CNA (certified nursing assistant) #1, when asked about Resident #2, CNA #1 stated, his AC (air conditioning). it was not working then it was working. He would get agitated about it. There are roaches, in the facility, but we have a pest control company that comes in monthly I believe. The mechanical lift on our unit does not work so we need to borrow one from another unit. An interview was conducted on 7/31/24 at 3:00 PM with CNA #6. When asked about functioning of mechanical lifts, CNA #6 stated, we have to borrow from another unit and it sometimes delays our ability to get the residents up in a timely manner. On 8/1/24 at 10:00 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #6, the regional director of clinical operations was made aware of the concerns. No further information was provided prior to exit. 2.The facility staff failed to ensure a safe, comfortable temperature and functional equipment for Resident #6. Observations on the 100-200 hall found staff going to another resident hall (300-400) to obtain mechanical lift. A review of the facility's pest control logs revealed, April 2024-38 German cockroaches, May 2024-16 German cockroaches, June 3, 2024-88 German cockroaches, 6/18/24-46 German cockroaches and 7/24/24-51 German cockroaches. Resident #6 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: ASCVD (atherosclerotic cardiovascular disease), DM (diabetes mellitus) and RBKA (right below the knee amputation). The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 6/6/24, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section G-functional status coded the resident as being dependent for bed mobility, transfer, dressing, bathing and hygiene; supervision for eating. A review of the comprehensive care plan with a revision date of 9/5/23, revealed, FOCUS: Resident has an ADL (activities of daily living) self-care performance deficit related to weakness and BKA. INTERVENTIONS: The resident will be lifted and transferred with a (Hoyer mechanical lift). Staff will follow facility policy of two staff to use mechanical lifts at all times. An interview was conducted on 7/30/24 at approximately 12:00 PM with OSM (other staff member) #2, the maintenance director. When asked about the leaking ceiling, OSM #2 stated, it has been like that for a few days. I need someone with an electrical background to come in, because of all the electrical wires, you cannot go up there to fix a leak with all those wires like that. When asked if this facility is providing a safe, comfortable environment, OSM #2 stated, no. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Lakeside Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 2125 Hilliard Road Richmond, VA 23228	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on 7/30/24 at 3:45 PM with CNA (certified nursing assistant) #1, when asked about Resident #2, CNA #1 stated, his AC (air conditioning). it was not working then it was working. He would get agitated about it. There are roaches, in the facility, but we have a pest control company that comes in monthly I believe. The mechanical lift on our unit does not work so we need to borrow one from another unit. An interview was conducted on 7/31/24 at 9:00 AM with Resident #6. When asked about her concerns, Resident #6 stated, there are roaches, the ceiling tiles are out and there is a drip into a large garbage can, it has been like that for several days. We are not being got up in a time, not because of the staff but because they have to borrow the lift from another unit. An interview was conducted on 7/31/24 at 3:00 PM with CNA #6. When asked about functioning of mechanical lifts, CNA #6 stated, we have to borrow from another unit and it sometimes delays our ability to get the residents up in a timely manner. On 8/1/24 at 10:00 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #6, the regional director of clinical operations was made aware of the concerns. No further information was provided prior to exit. 3.The facility staff failed to ensure a safe, comfortable temperature and functional equipment for Resident #9. Observations on the 100-200 hall found staff going to another resident hall (300-400) to obtain mechanical lift. A review of the facility's pest control logs revealed, April 2024-38 German cockroaches, May 2024-16 German cockroaches, June 3, 2024-88 German cockroaches, 6/18/24-46 German cockroaches and 7/24/24-51 German cockroaches. Resident #9 was admitted to the facility on [DATE] with diagnosis that included but were not limited to: quadriplegia, diabetes mellitus and morbid obesity. The most recent MDS (minimum data set) assessment, a quarterly assessment, with an ARD (assessment reference date) of 5/29/24, coded the resident as scoring a 15 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired. A review of the MDS Section G-functional status coded the resident as being dependent for bed mobility, transfer, dressing, bathing and hygiene; independent for eating. A review of the comprehensive care plan with a revision date of 12/6/23, revealed, FOCUS: Resident has limited physical mobility related to Neurological deficits, cervical disc disorder, quadriplegia, spondylosis and generalized muscle weakness. INTERVENTIONS: The resident requires a slid board for transfers to and from wheelchair to bed and may use mechanical devices as needed for transfers. The resident may use slid board for transfers and sit to stand as needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495045	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeside Health & Rehabilitation	2125 Hilliard Road Richmond, VA 23228

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An interview was conducted on 7/30/24 at approximately 12:00 PM with OSM (other staff member) #2, the maintenance director. When asked about the leaking ceiling, OSM #2 stated, it has been like that for a few days. I need someone with an electrical background to come in, because of all the electrical wires, you cannot go up there to fix a leak with all those wires like that. When asked if this facility is providing a safe, comfortable environment, OSM #2 stated, no. An interview was conducted on 7/30/24 at 3:45 PM with CNA (certified nursing assistant) #1, when asked about Resident #2, CNA #1 stated, his AC (air conditioning). it was not working then it was working. He would get agitated about it. There are roaches, in the facility, but we have a pest control company that comes in monthly I believe. The mechanical lift on our unit does not work so we need to borrow one from another unit. An interview was conducted on 7/31/24 at 3:00 PM with CNA #6. When asked about functioning of mechanical lifts, CNA #6 stated, we have to borrow from another unit and it sometimes delays our ability to get the residents up in a timely manner. An interview was conducted on 8/1/24 at 7:45 AM with Resident #9. When asked about her concerns, Resident #9 stated, there is a leak in the hallway from the ceiling for days, last week when we had that thunderstorm, the facility flooded. Roaches are everywhere. I use either the sit to stand to get out of bed or the mechanical lift. The staff have to go to another unit to get the equipment to get me up. Sometimes I am not able to get out of bed because the equipment has to be borrowed. On 8/1/24 at 10:00 AM, ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #6, the regional director of clinical operations was made aware of the concerns. No further information was provided prior to exit.