STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495097	A. Building B. Wing	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parham Health Care & Rehab Center	2400 E Parham 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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident interviews, facility staff interviews, clinical record review, and facility documentation review, the facility staff failed to ensure the environment remained free of accident hazards and to provide adequate supervision and safety measures to protect residents from the likelihood of accidents and hazards from permitting smoking in an undesignated courtyard that did not have a means to extinguish a fire. This resulted in the identification of immediate jeopardy and substandard quality of care and had the potential to affect residents on three of three units within the facility. The facility staff also failed to ensure that the fire extinguisher in the designated smoking area was an approved and inspected extinguisher. The findings included:The facility staff permitted unsafe smoking practices by allowing residents to smoke in a non-designated area without appropriate supervision or having the required safety controls, which reflected a breakdown in systemic controls governing smoking safety, lack of enforcement of designated smoking areas, failure to implement safe disposal practices, and failure to mitigate known fire risks associated with combustible materials, all of which created a high probability of fire ignition and had the likelihood of causing serious injury, serious harm, or death to residents, staff, and visitors throughout the entire facility.On 3/17/2026 at approximately 1:24PM, Resident #10 was observed smoking in the non-designated courtyard area, extinguished a cigarette on the ground, and discarded it into a trash receptacle. Observations of the trash receptacle revealed a mixture of general trash that contained combustible materials, including paper cardboard, and plastic liners. At the time of observation: No Ashtrays or fire-safe disposal containers were present, no fire extinguisher or fire blanket was available, the trash receptacle contained combustible waste, and environmental conditions included high winds, which increased the fire ignition risk.A review of the clinical record revealed that Resident #10 was admitted to the facility on [DATE] for post-surgical rehabilitation. The MDS (Minimum Data Set) dated 1/8/26 revealed that Resident #10 had BIMS (Brief Interview of Mental Status) score of 15 out of a possible 15 indicating no cognitive impairment. Resident #10 had a smoking assessment conducted on admission to the facility which scored him as an Independent Smoker.On 3/17/26 approximately 2:00 p.m. an interview was conducted with LPN #1who stated that the courtyard off the parlor area is not a designated smoking area, but Residents do smoke out there sometimes. She further stated that the staff try to redirect them when they see them do it.On 3/18/26 at 10:15 a.m., the corporate maintenance technician stated that there has been no Director of Maintenance at the facility since [DATE]. He stated that he has been coming to the building to help since then. He stated that the responsibility for fire safety usually falls under maintenance and the Administrator. He stated that there is a checklist for what is supposed to be in the smoking courtyard.On 3/18/26 at approximately 10 :46 am, an interview was conducted with CNA #1who stated that she was assigned to supervise the designated smoking area. CNA #1 stated that residents can come out at any time while the staff member is working to smoke. CNA #1 identified the courtyard located across from room [ROOM NUMBER] [not the courtyard Resident #10 was seen smoking in] is the only designated smoking area. CNA #1 was asked how she knew who needed assistance and what type of assistance was (continued on next page)

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.

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

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	needed. CNA #1 presented the logbook with resident photos and type of assistance needed. When asked what specific type of supplies are needed for assisting residents with smoking safety, she stated that they have a fireproof metal can for disposal of cigarette butts, a fire extinguisher, and smoking blanket. Observation of the fire extinguisher revealed there was no inspection tag or date on it.On 3/18/26 at approximately 11:00 am, an interview was conducted with the Corporate Maintenance Technician who stated that all fire extinguishers should be labeled and dated. When asked about the one located in the smoking courtyard, he stated that it appears to be store bought and was not ordered through their vendor. He also confirmed there was no evidence that the fire extinguisher had been inspected.A review of the smoking policy revealed the following: Policy #1019: . 2. The Administrator will designate areas outside of the building for any smoking activities. 3. The designated area on the grounds must: a. be well ventilated, b. not allow passive smoke to re-circulate into the building, c. strictly prohibit the use and or storage of oxygen, d. have access to ashtrays of noncombustible material and safe design. 5 Based on the Smoking Safety Assessment a patient may smoke in the designated area either independently or with supervision,.6. If supervision is required, the patient will be supervised by staff or other appropriate person (i.e., family member). 7. The center will maintain all smoking paraphernalia for patients who require supervision with smoking. Patients who do not require supervision with smoking may maintain possession of their own smoking paraphernalia.On 3/18/26 at 3:00 p.m., the survey team met with the facility administrator and director of nursing and notified them that the survey team had identified immediate jeopardy for accident hazards as the non-compliance created a high probability of fire ignition which had the potential and likelihood of serious injury, serious harm, or death to residents, staff, and visitors. The immediate jeopardy began on 3/17/26.The facility submitted the initial IJ removal plan on 3/18/26 at 5:40 p.m. The removal plan read, Plan Corrective Action for those residents found to be affected by the deficient practice:Resident #10 was placed on 1:1 observation on 3/17/26 for safety reasons due to smoking in an unauthorized area. Resident #10 was re-educated on the smoking policy and procedure, to include smoking location, cigarette disposal, on 3/17/26. Locks were ordered 3/17/26 to be installed to the courtyard doors on 3/18/26 to prevent unauthorized smoking. Lock installation on the non-designated courtyard began at 1:00 pm on 3/18/26.Corrective Actions taken for residents with potential to be affected by deficient practice. All residents have the potential to be affected by the deficient practice. The Facility Administrator will conduct a town hall meeting on 3/18/26 at 7 p.m. with the residents that smoke and review facility smoking policy to include locations, cigarette disposal and consequences for non -compliance could lead to suspension of smoking privileges or potential discharge. All residents that smoke will have a new smoking policy acknowledgement obtained.Systemic Changes put into place to ensure the deficient practice does not recur:The Interdisciplinary Team (Administrator, Director of Nursing, Assistant Director of Nursing, Director of Social Work, Dietary Manager, Business Office Manager, Human Resources, Rehab Director, and Unit Managers) will be educated by the [NAME] President of Operations on smoking policy and designated smoking areas. The Facility Staff will be educated by the Director of Nursing or designee on the smoking policy and designated smoking areas. No employee will be allowed to work until educated.Monitoring of corrective action to ensure the deficient practice does not recur.The Administrator or designee will conduct weekly environmental safety rounds three times a week for (4) weeks, then monthly audits for (2) months to ensure no resident is smoking in a non-designated smoking area.The facility will be complete with plan for removal of the Immediate Jeopardy 3/19/26 at 12:00 p.m.The Administrator made the Medical Director aware of the Immediate Jeopardy via telephone on 3/18/26 at 4:10 p.m. On 3/19/26, the survey team conducted interviews with various facility staff from all departments. The staff were able to answer questions regarding the smoking policy and were able to properly identify the designated smoking areas, materials that should be available in those areas fireproof disposal container, fire blanket, fire extinguisher, and book with resident photos and type of assistance required if any. On 3/19/26, interviews were conducted with (continued on next page)

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	the residents of the facility that smoke and they were able to identify the correct smoking courtyard and that smoking was allowed 7 am - 7 pm. The independent smokers were aware that they are allowed to maintain their smoking implements per the facility's smoking policy. They were able to smoke within the hours provided and in the designated areas. The residents who require assistance were aware they should only be supervised in the designated smoking area with staff. On 3/19/26, the survey team reviewed the in-service records, town hall meeting minutes, reviewed the Patient Smoking Acknowledgement forms, and checked the designated smoking area for proper equipment and supplies for smoking safety. Immediate Jeopardy was removed at 3:00 pm on 3/19/26, at which time the scope and severity was lowered to a level two isolated.The facility provided no additional information prior to the conclusion of the survey.

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, clinical record review and facility documentation, the facility staff failed to ensure residents were free from significant medication errors for fifteen occurrences affecting one resident (Resident #201-R201) in a survey sample of 14 residents.The findings included: For R201 the facility staff failed to obtain blood pressure prior to administering his blood pressure medication as ordered by the physician on 15 occasions, which put the resident at risk for a hypotensive event(s) [event where the blood pressur drops too low]. R201was admitted to the facility on [DATE] with diagnoses that included but were not limited to quadriplegia, primary progressive multiple sclerosis, aphasia, anemia, cognitive communication deficit, and essential primary hypertension. R201's most recent MDS (Minimum Data Set) with anARD (Assessment Reference Date) of 2/18/26 coded R201 as having a BIMS (Brief Interview of Mental Status) score of 15 out of a possible score of 15, indicating the resident has no cognitive impairment. The MDS section gg coded the resident as 1 dependent on staff for all aspects of ADL care to include feeding, bathing, dressing, grooming and toileting. R201 requires the use of a mechanical lift for transfers and uses an electric wheelchair for ambulation. On 4/14/26 at 10:00 am a review of the clinical record for R201 revealed that R201 had an order that read: Nifedipine ER Extended Release 24-hour 30 mg Give 1 tablet by mouth one time a day for hypertension hold if sys BP less than 120 order date 6/2/25. A review of the MAR (Medication Administration Record) revealed that from 3/31/26 through 4/14/26 there were no recorded blood pressures prior to the administration of the medication Nifedipine. On 4/14/26 at approximately 1:00 pm an interview was conducted with LPN 3 who stated that blood pressures are not automatically taken when administering blood pressure medications. She stated that if there is an order for blood pressure to be obtained prior to administering the blood pressure medication it would be recorded on the MAR. LPN 3 also stated that they document blood pressures in the electronic health record (EHR). LPN 3 looked in her computer and could not find any recorded blood pressures prior to administration of Nifedipine. LPN 3 stated that nurses should read the orders prior to the administration of any medication. LPN 3 stated that the danger of not checking the blood pressure prior to the administration of the medication is that if the pressure is too low and the medication needs to be held you would not know it and the resident's blood pressure could bottom out. On 4/14/26 at approximately 2:45 pm the DON and Administrator were made aware of the concern and the DON stated that the blood pressure was checked and the medication was discontinued due to the resident no longer needing the medication. According to the American Heart Association, .Symptoms of low blood pressure: Constantly low blood pressure can be dangerous if it causes signs and symptoms such as: Confusion, Dizziness, Nausea, Fainting, Fatigue, Neck or back pain, Headache, Blurred vision, Heart palpitations, or feelings that your heart is skipping a beat, fluttering or beating too hard or too fast . Accessed online at: https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure/low-blood-pre