

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495193	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2024
NAME OF PROVIDER OR SUPPLIER  Henrico Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  561 North Airport Drive Highland Springs, VA 23075	

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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>31753</p> <p>Based on staff interview, facility document review, and clinical record review, the facility staff failed to review and revise the comprehensive care plan for one of 13 residents in the survey sample, Resident #4.</p> <p>The findings include:</p> <p>For Resident #4 (R4), the facility staff failed to review and revise the resident's comprehensive care plan for a fall the resident sustained on 3/30/24.</p> <p>A review of R4's clinical record revealed a nurse's note dated 3/30/24 that documented the resident slid out of bed. A review of R4's comprehensive care plan dated 3/13/24 failed to reveal evidence that the care plan was reviewed and revised for the 3/30/24 fall (the care plan was not revised until after R4 sustained another fall on 4/19/24).</p> <p>On 5/8/24 at 10:37 a.m., an interview was conducted with RN (registered nurse) #3. RN #3 stated the care plan is a guideline for staff to be able to access and know what needs to be done for each resident. RN #3 stated the care plan should be reviewed and revised after each fall and this is usually done during the shift that a fall occurs, or the next day.</p> <p>On 5/8/24 at 11:08 a.m., ASM (administrative staff member) #1 (the administrator), and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, Falls Management Program documented, Fall Occurrence: 3. A licensed nurse will review, revise, and implement interventions to the care plan based on:</p> <ul style="list-style-type: none"> <li>-Post Fall Investigation findings</li> <li>-Review of Device Assessment</li> <li>-Review of Fall Risk Scoring Tool.</li> </ul>

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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 27660</p> <p>Based on observation, staff interview, facility document review, it was determined the facility staff failed to provide adequate supervision and prevent accidents for three of 13 residents in the survey sample, Residents #10, 11 and #4.</p> <p>The findings include:</p> <p>1. For Resident #10 (R10), the facility staff failed to provide supervision for smoking per the smoking assessment.</p> <p>On the most recent MDS (minimum data set) assessment, an admission assessment, with an assessment reference date of 4/15/2024, the resident scored a 14 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired for making daily decisions. In Section J - Health Conditions, the resident was coded as using tobacco products while a resident at the facility. In Section O - Special Treatments, Procedures and Programs, the resident was coded as using oxygen while a resident at the facility.</p> <p>Observation was made of R10 on 5/7/2024 at 3:24 p.m. outside on the front sidewalk to the right of the entrance. The resident was observed to be smoking a cigarette. An oxygen tank was observed on the back of the wheelchair. There were no staff members providing supervision. There was no fire extinguisher in the area. There was a receptacle for the disposal of cigarettes.</p> <p>The Smoking - Safety Screen dated 5/7/2024, completed by the director of nursing, documented the resident scored a 5. The form documented a score of 0-4 = may smoke unsupervised. A score of 5 or greater = requires supervision with smoking.</p> <p>The comprehensive care plan dated 5/7/2024, documented in part, Focus: the resident prefers to smoke (cigarettes, cigar, pipes, electronic delivery systems electronic cigarettes/e-cigs. vape pen, etc.). The Interventions documented in part, Educate on facility smoking policy. May smoke independently. OT (occupational therapy) referral as needed. Smoking assessment as needed.</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 5/8/2024 at 9:00 a.m. When asked to explain the assessment process and smoking policy ASM #2 stated, the smoking assessments are completed on admission, quarterly and if a resident is observed smoking. ASM #2 was asked how she completes the assessment, ASM #2 stated she goes outside with the resident, watches them light their cigarettes, how they handle their cigarettes and how they dispose of the cigarettes. The above assessment was reviewed with ASM #2. The assessment documents the resident requires supervision with smoking. ASM #2 stated she believed that since the resident uses oxygen, that she should be supervised.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy, Smoke/Tobacco/Vapor Free Environment documented in part, Procedures: 3. The Administrator may or may not choose to designate areas outside of the building for any smoking or electronic cigarette vapor activities. 4. If designated areas are administratively established on the grounds for patients, employees or visitors of the Center, the smoking area must: a. be posted as a smoking area, b. be well ventilated, c. does not allow passive smoke or vapor emissions to recirculate into the building, d. strictly prohibit the use and/or storage of oxygen in any designated grounds smoking area. Patients who may desire to smoke in the administratively designated grounds area must be assessed by the interdisciplinary team for their ability to safely smoke in the designated areas. Patients smoking in the designated grounds areas are to be supervised as deemed appropriate through their individual Safe Smoking Assessment .5. If designated areas are administratively established on the grounds of the Center: a. Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. b. Metal containers will self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>ASM #1, the administrator, and ASM #2, were made aware of the above concern on 5/8/2024 at 11:07 a.m.</p> <p>No further information was provided prior to exit.</p> <p>2. For Resident #11 (R11), the facility staff failed to provide supervision for smoking per the smoking assessment.</p> <p>On the most recent MDS (minimum data set) assessment, a significant change assessment, with an assessment reference date of 2/5/2024, the resident scored a 13 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was not cognitively impaired for making daily decisions. In Section J - Health Conditions, the resident was coded as using tobacco products while a resident at the facility. In Section O - Special Treatments, Procedures and Programs, the resident was coded as using oxygen while a resident at the facility.</p> <p>Observation was made of R11 on 5/7/2024 at 4:01 p.m. in the gazebo (the designated area for smoking), smoking a cigarette, with two other residents. The oxygen tank on the back of the wheelchair was turned off. There was no staff member present in the gazebo. A staff member came and took R11 back into the building. The resident put on his oxygen tubing and the staff member turned the oxygen tank on. The other two residents were still smoking their cigarettes.</p> <p>The Admission/Readmission Nursing Assessment, dated 4/11/2024 documented the resident scored a 11 on the smoking safety score. The form documented a score of 0-4 = may smoke unsupervised. A score of 5 or greater = requires supervision with smoking.</p> <p>The comprehensive care plan dated, 2/27/2024 and revised on 5/8/2024, documented in part, Focus: the resident prefers to smoke (cigarettes, cigar, pipes, electronic delivery systems electronic cigarettes/e-cigs. vape pen, etc.). Resident presents with poor safety awareness. Non-compliant with instructions to not smoke with oxygen on. The Interventions documented in part, Educate on facility smoking policy. May smoke independently. OT (occupational therapy) referral as needed. Smoking assessment as needed.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 5/8/2024 at 9:00 a.m. When asked to explain the assessment process and smoking policy ASM #2 stated, the smoking assessments are completed on admission, quarterly and if a resident is observed smoking. ASM #2 was asked how she completes the assessment, ASM #2 stated she goes outside with the resident, watches them light their cigarettes, how they handle their cigarettes and how they dispose of the cigarettes. The above assessment was reviewed with ASM #2. The assessment documents the resident requires supervision with smoking. ASM #2 stated she believed that since the resident uses oxygen, that he should be supervised.</p> <p>ASM #1, the administrator, and ASM #2, were made aware of the above concern on 5/8/2024 at 11:07 a.m.</p> <p>No further information was provided prior to exit.</p> <p>31753</p> <p>3. Resident #4 (R4) fell on [DATE]. The facility staff failed to address and/or implement interventions to prevent future falls and the resident fell again on 4/19/24.</p> <p>A review of R4's clinical record revealed a nurse's note dated 3/30/24 that documented the resident slid out of bed. Further review of R4's clinical record (including the comprehensive care plan dated 3/13/24 and nurses' notes dated 3/30/24 through 4/19/24) failed to reveal the facility staff addressed and/or implemented interventions to prevent future falls. A late entry nurse's note dated 4/20/24 documented R4 was found on the floor on 4/19/24 (the resident did not sustain an injury).</p> <p>On 5/8/24 at 10:37 a.m., an interview was conducted with RN (registered nurse) #3. RN #3 stated an intervention should be implemented after a resident falls and that intervention should depend on the resident's cognitive status and the circumstances of the fall.</p> <p>On 5/8/24 at 11:08 a.m., ASM (administrative staff member) #1 (the administrator), and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, Falls Management Program documented, The center utilizes a systematic approach to a falls management program that facilitates an interdisciplinary approach with evidence-based interventions to develop individual care strategies .Fall Occurrence: 3. A licensed nurse will review, revise, and implement interventions to the care plan based on:</p> <ul style="list-style-type: none"> <li>-Post Fall Investigation findings</li> <li>-Review of Device Assessment</li> <li>-Review of Fall Risk Scoring Tool.</li> </ul>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>31753</p> <p>Based on staff interview, facility document review, and clinical record review, the facility staff failed to ensure a resident was free from an unnecessary medication for one of 13 residents in the survey sample, Resident #1.</p> <p>The findings include:</p> <p>For Resident #1 (R1), the facility staff failed to hold the medication Lasix (furosemide) (1) per the physician ordered parameter of a systolic blood pressure less than 110.</p> <p>A review of R1's clinical record revealed a physician's order dated 9/29/22 that documented, Check BP (blood pressure) Prior to Lasix administration one time a day for hypotension (low blood pressure) hold medication for SBP (systolic blood pressure) less than 110. This was scheduled on the MAR (medication administration record) to be done at 9:00 a.m. Further review of R1's clinical record revealed a physician's order dated 11/16/23 for furosemide 20 milligrams- three tablets by mouth two times a day for edema. A review of R1's February 2024 MAR and April 2024 MAR revealed the resident was administered furosemide on 2/15/24 at 9:00 a.m. although the resident's systolic blood pressure was 103 and was administered furosemide on 4/16/24 at 9:00 a.m. although the resident's systolic blood pressure was 99 (as evidenced by check marks on the MARs).</p> <p>On 5/8/24 at 10:37 a.m., an interview was conducted with RN (registered nurse) #3. RN #3 stated nurses evidence medication administration by checking the medication off on the MAR. RN #3 stated nurses should hold a medication per the parameter ordered by the physician and nurses should note the medication was held on the MAR. R1's February 2024 and April 2024 MARs were reviewed with RN #3. RN #3 stated that on 2/15/24 and 4/16/24, the resident's furosemide should have been held and it looked like the medication was signed off as being administered.</p> <p>On 5/8/24 at 11:08 a.m., ASM (administrative staff member) #1 (the administrator), and ASM #2 (the director of nursing) were made aware of the above concern.</p> <p>The facility pharmacy policy titled, General Guidelines for Medication Administration documented, II. 2. Medications are administered in accordance with written orders of the prescriber.</p> <p>Reference:</p> <p>(1) Lasix (furosemide) is used to treat high blood pressure and edema. This information was obtained from the website: <a href="https://medlineplus.gov/druginfo/meds/a682858.html">https://medlineplus.gov/druginfo/meds/a682858.html</a></p>		