STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495377	A. Building B. Wing	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Laurels of Charlottesville	490 Hillsdale Drive Charlottesville, VA 22901

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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. 49456 Based on observations, staff interview, clinical record and facility documentation the facility staff failed to follow physician's orders for tube feeding flushes for one resident, (Resident #1, R1) in a survey sample of 4 residents. The findings included: The facility staff failed to administer tube feeding flushes between medications, before the bolus feeding and after the bolus feeding with the volume of water flushes that were ordered by the physician. On 5/21/24 at 10:00 a.m. an observation of a medication and bolus tube feeding being administered to R1 was conducted. During the observation, this surveyor observed LPN#1 (LPN1) administering one liquid medication, one cup with crushed medications diluted with water, a bolus tube feeding, and water flushes. During the observation, LPN1 was not observed flushing the peg tube with 15cc's of water before and between medications and not flushing with 50cc's of water prior to the bolus feeding, but did flush with 120cc's of water after the bolus feeding was completed. On 5/21/24 at 10:30 a.m., an interview was conducted with LPN1. LPN1 verbalized that the orders for the flushes for R1 were 50 cc's of water before and after the bolus feeding, 15 cc's before and after medications, and 120 cc's every shift. LPN1 verbalized that she was suppose to do 15 cc flushes between the medications and 50 cc flushes before and after the bolus feeding. LPN1 verbalized that she did not follow the physician order and stated, I just misread the orders. On 5/21/24, a clinical record review was conducted. This surveyor reviewed R1's physician's orders and the physician orders read in part, .every shift flush peg tube with 120cc of water, flush peg tube with at least 15 cc of water before and after medication administration and at least 15cc of water in between each medication, flush peg tube with 50cc before and after each bolus tube feeding four times daily. On 5/21/24, a review of the facility documentation was conducted. The policy titled, Medications Administration-Enteral, read in part, .verify medication order on the MAR [medication administration record] by checking it against the physician's order, instill at least 15ml of water into syringe and flush between each medication, with at least 15ml of water, after giving all medications, instill at least 15ml of water to irrigate tube. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495377	A. Building B. Wing	05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Laurels of Charlottesville	490 Hillsdale Drive Charlottesville, VA 22901

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/21/24 at 10:51 a.m., a meeting with the administrator, the director of nursing, and the regional clinical care coordinator was held to discuss the above concerns. On 5/21/24 at 11:00 a.m, an exit conference was conducted with the administrator, the director of nursing and the regional clinical coordinator and no more information was provided prior to exit conference. This allegation is substantiated with deficiency, F693.