

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Glenburnie Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 Libbie Ave Richmond, VA 23226	

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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>42106</p> <p>Based on clinical record review, staff interview and facility document review, it was determined that the facility staff failed to ensure one of six residents in the survey sample was free of unnecessary medications, Resident #1.</p> <p>The findings include:</p> <p>For Resident #1 (R1), the facility staff failed to hold the Humalog insulin (1) as ordered when the resident's blood sugar was less than 150 twice in January 2024, three times in February 2024 and 16 times in March 2024.</p> <p>On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 1/22/2024, the resident was assessed as having a diagnosis of Diabetes Mellitus and receiving insulin injections.</p> <p>The physician orders documented in part, Humalog KwikPen 100 UNIT/ML (milliliter) Solution peninjector Inject 4 unit subcutaneously before meals for DM2 (Type II Diabetes Mellitus) Hold for BS (blood sugar) less than 150. Order Date: 01/26/2024.</p> <p>Review of the eMAR (electronic medication administration record) for R1 dated 1/1/2024-1/31/2024 documented the Humalog insulin as documented in the physician orders above. The eMAR documented the Humalog insulin administered on 1/28/2024 at 7:30 a.m. with a blood sugar documented as 125 and at 11:30 a.m. with a blood sugar documented as 149.</p> <p>Review of the eMAR for R1 dated 2/1/2024-2/29/2024 documented the Humalog insulin administered on 2/2/2024 at 7:30 a.m. with a blood sugar of 139, on 2/10/2024 at 7:30 a.m. with a blood sugar of 145 and at 11:30 a.m. with a blood sugar of 141.</p> <p>Review of the eMAR for R1 dated 3/1/2024-3/31/2024 documented the Humalog insulin administered on the following dates/times with the following blood sugar readings:</p> <ul style="list-style-type: none"> - 3/9/2024 at 11:30 a.m. with a blood sugar of 124. - 3/12/2024 at 7:30 a.m. with a blood sugar of 122 and 11:30 a.m. with a blood sugar of 132. - 3/20/2024 at 11:30 a.m. with a blood sugar of 127. <p>(continued on next page)</p>

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: 495391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Glenburnie Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 Libbie Ave Richmond, VA 23226	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- 3/21/2024 at 7:30 a.m. with a blood sugar of 148.</p> <p>- 3/22/2024 at 7:30 a.m. with a blood sugar of 132 and 11:30 a.m. with a blood sugar of 144.</p> <p>- 3/24/2024 at 4:30 p.m. with a blood sugar of 143.</p> <p>- 3/25/2024 at 7:30 a.m. with a blood sugar of 121, 11:30 a.m. with a blood sugar of 114 and 4:30 p.m. with a blood sugar of 130.</p> <p>- 3/26/2024 at 7:30 a.m. with a blood sugar of 100, 11:30 a.m. with a blood sugar of 132 and 4:30 p.m. with a blood sugar of 120.</p> <p>- 3/27/2024 at 7:30 a.m. with a blood sugar of 119 and 4:30 p.m. with a blood sugar of 132.</p> <p>On 5/14/2024 at 10:35 a.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated that when they were administering medications they reviewed the orders on the eMAR and followed any parameters that were included in the medication orders. She stated that any required vital signs or blood sugars were checked immediately prior to administration for staff to know the current level and that level was used to determine whether or not to administer the scheduled dosage. She stated for insulin, they checked the residents blood sugar prior to administration and followed any parameters the physician had in the order. LPN #1 reviewed the Humalog order and the eMAR for R1 and stated that the insulin should have been held on the dates listed above when the blood sugar was below 150.</p> <p>The facility policy General Guidelines for Medication Administration revised 8/2020 documented in part, Medications are administered as prescribed in accordance with good nursing principles and practices only by persons legally authorized to administer .Medications are administered in accordance with written orders of the prescriber .</p> <p>On 5/14/2024 at 2:10 p.m., ASM (administrative staff member) #1, the administrator, ASM #2, the interim director of nursing and ASM #3, the regional director of clinical services were made aware of the concern.</p> <p>No further information was provided prior to exit.</p> <p>Reference:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Glenburnie Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 Libbie Ave Richmond, VA 23226	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(1) Insulin lispro injection products are used to treat type 1 diabetes (condition in which the body does not produce insulin and therefore cannot control the amount of sugar in the blood). Insulin lispro injection products are also used to treat people with type 2 diabetes (condition in which the body does not use insulin normally and therefore cannot control the amount of sugar in the blood) who need insulin to control their diabetes. In patients with type 1 diabetes, insulin lispro injection products are always used with another type of insulin, unless it is used in an external insulin pump. In patients with type 2 diabetes, insulin lispro injection products may be used with another type of insulin or with oral medication(s) for diabetes. Insulin lispro injection products are a short-acting, manmade version of human insulin. Insulin lispro injection products work by replacing the insulin that is normally produced by the body and by helping move sugar from the blood into other body tissues where it is used for energy. They also stops the liver from producing more sugar . This information is taken from the website: https://medlineplus.gov/druginfo/meds/a697021.html</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Glenburnie Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 Libbie Ave Richmond, VA 23226	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31753</p> <p>Based on observation, staff interview, and facility document review, the facility staff failed to maintain an operational resident call system for seven of 72 resident rooms.</p> <p>The findings include:</p> <p>For rooms 111A, 133A, 205B, 209B, 211B, 222B, and 230A, the facility staff failed to ensure the call system was properly functioning.</p> <p>On 5/13/24 at 1:11 p.m., an interview was conducted with OSM (other staff member) #1 (the director of maintenance). OSM #1 stated there were some call bells/lights in resident rooms that were not working, and he was waiting on parts to fix the call bells/lights.</p> <p>On 5/13/24 at approximately 1:30 p.m., observations of the resident call system were conducted with OSM #1 and OSM #2 (the maintenance assistant). The following was observed:</p> <ul style="list-style-type: none"> -room [ROOM NUMBER]A- the call system pull station in the bathroom was missing from the wall. The call bell/light could not be rung. -room [ROOM NUMBER]A- the call bell/light by the bed did not activate when the button was pushed. -room [ROOM NUMBER]B- the call bell/light by the bed did not activate when the button was pushed. -room [ROOM NUMBER]B- the call bell/light by the bed did not activate when the button was pushed. -room [ROOM NUMBER]B- the call bell/light by the bed did not activate when the button was pushed. -room [ROOM NUMBER]B- the call bell/light by the bed did not activate when the button was pushed. -room [ROOM NUMBER]A- the call bell/light by the bed did not activate when the button was pushed. <p>On 5/14/24 at approximately 2:15 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the interim director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, Nurse Call System documented, Each nursing unit call system will be thoroughly inspected and tested monthly to verify operating efficiency .5. Document malfunctions, service provisions, and validate completion of repairs as outlined in the preventative maintenance electronic record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Glenburnie Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1901 Libbie Ave Richmond, VA 23226	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31753</p> <p>Based on observation, staff interview, and facility document review, the facility staff failed to maintain a safe, functional, and sanitary, environment for one of one rehab restroom.</p> <p>The findings include:</p> <p>For the rehab restroom, the facility staff failed to repair a leak and replace a ceiling tile that contained a black substance.</p> <p>On 5/13/24 at 1:26 p.m., an observation of the rehab restroom was conducted. Approximately one fourth of an approximate 12-inch by 24-inch ceiling tile was covered with a black substance.</p> <p>On 5/14/24 at 12:57 p.m., an interview was conducted with OSM (other staff member) #9 (a rehab employee). OSM #9 stated the substance on the ceiling tile in the rehab restroom had been present for a while. OSM #9 stated the rehab staff initially thought the area was a water stain but approximately two or three months ago, the area became more obvious and looked [NAME] and moldier. OSM #9 stated that when the area worsened, the rehab staff made the decision to shut the bathroom down. OSM #9 stated she did not know the cause of the area, but someone came to the facility approximately four weeks ago to determine the cause.</p> <p>On 5/14/24 at 1:08 p.m., an interview was conducted with OSM #10 (a rehab employee). OSM #10 stated the substance on the ceiling tile in the rehab restroom had been present on and off since she had been employed at the facility, approximately three years. OSM #10 stated the tile had been replaced but she thought the last time it was replaced was a couple of years ago. OSM #10 stated the tile had gotten worse in the past 12 weeks, so residents were discouraged from using the restroom and staff kept the door shut.</p> <p>On 5/14/24 at 1:22 p.m., an interview was conducted with OSM #1 (the director of maintenance). OSM #1 stated he first noticed the area on the ceiling tile in the rehab restroom a couple of weeks ago and the area was caused by a leak in a water pipe. OSM #1 stated he contacted a plumber and was waiting for a quote to fix the pipe. OSM #1 stated he also had to figure out the best time to fix the pipe because it was connected to the kitchen water supply.</p> <p>On 5/14/24 at approximately 2:15 p.m., ASM (administrative staff member) #1 (the administrator) and ASM #2 (the interim director of nursing) were made aware of the above concern.</p> <p>The facility policy titled, Property Management documented, The Administrator is responsible for assuring that the internal and external property of the Health and Rehabilitation Center is efficiently and safely maintained, and that the property resembles that of a high-quality establishment at all times.</p>