STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenburnie Rehab & Nursing Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, resident interview, staff interview and clinical record review, it was determined that facility staff failed to promote resident's dignity for one of 13 residents in the survey sample, Resident #10 (R10). The findings include: For R10, facility staff failed to maintain the room and bathroom in a dignified condition. On the MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 09/11/2024, R10 scored 8 (eight) out of 15 on the BIMS (brief interview for mental status), indicating R10 was moderately impaired of cognition intact for making daily decisions. On 03/25/2025 at approximately 12:55 p.m., an observation of R10's room revealed R10 was not in the room. Observation of R10's bathroom revealed approximately 14 holes in the linoleum flooring ranging in size from approximately one-and-a-half inches up to six inches in length and a half inch up to three inches in width. Observation of the flooring also revealed it curling away from the wall under the sink and behind the toilet and multiple cuts throughout the flooring. Further observation revealed flooring to have a black substance on it in the area under the sink and several stained areas throughout the floor. Observation of the floor area around R10's bed revealed two fall mats on the floor, next to the bed, on the right and left sides of the bed. Observation of the fall mats revealed them to have food stains and debris on them. Observation of the room floor revealed food debris, dirt and stained areas that appeared to be from food and spilled liquids On 03/25/2025 at approximately 4:25 p.m., an observation of R10's room revealed R10 was not in the room and the facility housekeeper was cleaning the room. Observation of the bathroom revealed conditions as described above. On 03/25/2025 at approximately 4:45 p.m., an observation of R10's room revealed R10 was not in the room. Observation of the room was observed to be as described above. Observation of the bathroom revealed conditions as described above. On 03/26/2025 at approximately 9:00 a.m., observation of the room was revealed conditions as described above. Observation of the bathroom revealed conditions as described above. (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: 495391	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/26/2025 at approximately 10:30 a.m., an interview and observation of R10's room and bathroom was conducted with OSM (other staff member) #2, director of environmental services was asked to describe the procedure for cleaning a resident's room. OSM #2 stated the housekeeper starts by gathering the trach, wiping down items (i.e., doorknobs, dressers, over-the-bed tables, bedside tables) working counterclockwise around the room, remove fall mats, sweep the floor, including under the bed finally mopping the floor. She also stated that the fall mats are also cleaned. OSM #2 further stated that at the end of each day the housekeeper goes back through the resident's room, collects trach and cleans up any spills. At approximately 10:40 a.m., OSM #2 and the surveyor entered R10's room. Upon observation of the room, she stated she agreed with the conditions in the room and bathroom as stated above. She stated the room and bathroom were not clean and the condition was not dignified for R10. On 03/26/2025 at approximately 1:35 p.m., an interview was conducted with R10. When asked how she felt about the room being in the condition describe above, R10 stated it made her feel bad. When asked about the bathroom she stated it didn't feel good to use a bathroom in the condition describe above. The facility's policy Resident Rights documented in part, As a resident of the Healthcare Center, you have the right to a dignified existence and to communicate with individuals and representatives of choice. The Healthcare Center will protect and promote your rights as described below: 11. To live in safe, decent and clean conditions in a nursing home that does not admit more residents than it can safely accommodate while providing adequate nursing care . On 03/26/2025 at approximately 4:11 p.m., ASM (administrative staff member) #1, administrator and ASM #2, director of nursing, were made aware of the above findings. No further information was provided prior to exit.

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 03/27/2025
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)
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** Based on observation, resident interview, staff interview and clinical record review, it was determined that facility staff failed to maintain the resident's bathroom and room in a homelike environment for one of seven current residents in the survey sample, Resident #10 (R10). The findings include: For R10, facility staff failed to maintain the room and bathroom in a homelike environment. On the MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 09/11/2024, R10 scored 8 (eight) out of 15 on the BIMS (brief interview for mental status), indicating R10 was moderately impaired of cognition intact for making daily decisions. On 03/25/2025 at approximately 12:55 p.m., an observation of R10's room revealed R10 was not in the room. Observation of R10's bathroom revealed approximately 14 holes in the linoleum flooring ranging in size from approximately one-and-a-half inches up to six inches in length and a half inch up to three inches in width. Observation of the flooring also revealed it curling away from the wall under the sink and behind the toilet and multiple cuts throughout the flooring. Further observation revealed flooring to have a black substance on it in the area under the sink and several stained areas throughout the floor. Observation of the floor area around R10's bed revealed two fall mats on the floor, next to the bed, on the right and left sides of the bed. Observation of the fall mats revealed them to have food stains and debris on them. Observation of the room floor revealed food debris, dirt and stained areas that appeared to be from food and spilled liquids On 03/25/2025 at approximately 4:25 p.m., an observation of R10's room revealed R10 was not in the room and the facility housekeeper was cleaning the room. Observation of the bathroom revealed conditions as described above. On 03/25/2025 at approximately 4:45 p.m., an observation of R10's room revealed R10 was not in the room. Observation of the room was observed to be as described above. Observation of the bathroom revealed conditions as described above. On 03/26/2025 at approximately 9:00 a.m., observation of the room was revealed conditions as described above. Observation of the bathroom revealed conditions as described above. (continued on next page)

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 03/27/2025
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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 03/26/2025 at approximately 10:30 a.m., an interview and observation of R10's room and bathroom were conducted with OSM (other staff member) #2, director of environmental services was asked to describe the procedure for cleaning a resident's room. OSM #2 stated the housekeeper starts by gathering the trach, wiping down items (i.e., doorknobs, dressers, over-the-bed tables, bedside tables) working counterclockwise around the room, remove fall mats, sweep the floor, including under the bed finally mopping the floor. She also stated that the fall mats are also cleaned. OSM #2 further stated that at the end of each day the housekeeper goes back through the resident's room, collects trach and cleans up any spills. At approximately 10:40 a.m., OSM #2 and the surveyor entered R10's room. Upon observation of the room, she stated she agreed with the conditions in the room and bathroom as stated above. She stated the room and bathroom were not clean and the condition was not homelike for R10. On 03/26/2025 at approximately 10:50 a.m., an interview was conducted with OSM # 6, ([NAME] Ross) asst director of maintenance. When asked to describe the procedure for identifying repairs in the facility he stated there was an electronic wok order system the staff access when needed repairs were identified and it was checked throughout the day. When asked about making rounds to identify needed repairs in resident's room and bathrooms, OSM #6 stated he looked in the resident's rooms each day to see if any repairs stand out and monthly a more thorough inspection of the resident's rooms and bathrooms are conducted. At approximately 10:55 a.m., OSM #6 and the surveyor entered R10's bathroom. After observing the flooring, he agreed with the conditions of the floor as describe above. OSM #6 further stated the floor needed repair/replacement, there was no work order for the bathroom, and it did not convey a homelike environment. On 03/26/2025 at approximately 1:35 p.m., an interview was conducted with R10. When asked how she felt about the room being in the condition describe above, R10 stated it was homelike. When asked about the bathroom she stated it wasn't homelike. The facility's policy Resident Rights documented in part, As a resident of the Healthcare Center, you have the right to a dignified existence and to communicate with individuals and representatives of choice. The Healthcare Center will protect and promote your rights as described below: 11. To live in safe, decent and clean conditions in a nursing home that does not admit more residents than it can safely accommodate while providing adequate nursing care . On 03/26/2025 at approximately 4:11 p.m., ASM (administrative staff member) #1, administrator and ASM #2, director of nursing, were made aware of the above findings. No further information was provided prior to exit. Complaint Deficiency

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 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenburnie Rehab & Nursing Center	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff/resident interviews, facility document review and clinical record review, it was determined the facility staff failed to implement the care plan for one of 13 residents in the survey sample, R5. The findings include: The facility staff failed to implement the comprehensive care plan for AML (acute myeloblastic leukemia) medication administration for R5. R5 was admitted to the facility on [DATE] with diagnosis that included but were not limited to acute myeloblastic leukemia in relapse, bone marrow transplant, CHF (congestive heart failure) and renal insufficiency. The most recent MDS (minimum data set) assessment, a Medicare 5-day assessment, with an ARD (assessment reference date) of 2/3/25, coded the resident 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 max assist for bed mobility/transfers/bathing/dressing/toileting and supervision for eating. A review of the comprehensive care plan dated 2/7/25/24 revealed, FOCUS: GENERAL INFECTION: Resident is on long term medication due to AML (acute myeloblastic leukemia). INTERVENTIONS: Medications as ordered. Labs and diagnostics as ordered. A review of the physician orders dated 1/31/25 revealed, Acyclovir Tablet 400 MG Give 1 tablet by mouth every 12 hours for acute myeloid leukemia: prophylactic. No stop date; will be discontinued when safe to do so by VCU Oncology. Cresemba Oral Capsule 186 MG (Isavuconazonium Sulfate) Give 2 capsule by mouth one time a day for AML with mutated NPM1. Revumenib Citrate Oral Tablet 160 MG (Revumenib Citrate) Give 1 tablet by mouth two times a day for AML with mutated NPM1 On hold from 02/20/2025 15:21 to 02/21/2025 10:00 On hold from 02/21/2025 12:33 to 02/24/2025 12:32. Cefdinir Capsule 300 MG Give 1 capsule by mouth one time a day for AML with mutated NPM1. A review of the Medication Admin Audit Report 1/2025 and 2/2025 for R5, revealed: Acyclovir Tablet 400 MG Give 1 tablet by mouth every 12 hours for acute myeloid leukemia: prophylactic. No stop date; will be discontinued when safe to do so by VCU Oncology. Administration Times 9:00 AM and 5:00 PM: Late administration not admin 1/31 till 2/1 12:17 AM, 2/1 10:11 PM, 2/2 10:40 AM, 2/3 6:08 PM, 2/4 10:23 AM, 2/4 7:07 PM, 2/6 11:11 AM, 2/6 11:15 PM, 2/7 10:18 PM, 2/8 PM dose not given till 2/9 6:18 AM, 2/10 10:09 PM, 2/12 11:24 PM, 2/19 11:43 PM, 2/21 10:19 PM, 2/24 10:26 PM, 2/25 11:03 AM. Cresemba Oral Capsule 186 MG (Isavuconazonium Sulfate) Give 2 capsule by mouth one time a day for AML with mutated NPM1. Administration Times 9:00 AM and 9:00 PM: Late administration: 2/2 10:45 AM, 2/4 10:33 AM, 2/5 11:17 AM, 2/25 11:07 AM. (continued on next page)

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 03/27/2025
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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Revumenib Citrate Oral Tablet 160 MG (Revumenib Citrate) Give 1 tablet by mouth two times a day for AML with mutated NPM1 On hold from 02/20/2025 15:21 to 02/21/2025 10:00 On hold from 02/21/2025 12:33 to 02/24/2025 12:32. Administration Times 9:00 AM and 5:00 PM: Late administration: 1/31 6:52 PM, 2/1 10:11 PM, 2/2 10:45 AM, 2/3 6:06 PM, 2/4 7:03 PM, 2/6 11:16 PM, 2/8 PM dose not given till 2/9 6:18 AM, 2/10 10:10 PM, 2/12 11:25 PM 2/19 11:43 PM, 2/24 11:03 PM, 2/25 11:02 AM, 2/26 11:20 AM. Cefdinir Capsule 300 MG Give 1 capsule by mouth one time a day for AML with mutated NPM1. Administration Times 9:00 AM and 9:00 PM: Late administration: 2/2 10:40 AM, 2/4 10:23 AM, 2/6 11:14 AM, 2/25 10:59 AM. On 3/25/25 at 4:01 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated the care plan is a document that outlines the care residents are supposed to receive. LPN #1 stated staff looks at the care plan to better understand how to care for residents and what is needed for them. LPN #1 stated staff implement residents' care plans by looking at the care plans. An interview was conducted on 3/26/25 at 8:00 AM with LPN (licensed practical nurse) #2. When asked where evidence of medication administration is evidenced, LPN #2 stated on the MAR (medication administration record). When asked the administration times for medications, LPN #2 stated, we have one hour before and one hour after the scheduled administration time. When asked if the care plan lists as an intervention-medications as ordered and they are not administered on time, is the care plan being implemented, LPN #2 stated, no, it is not. An interview was conducted on 3/26/25 at 4:30 PM with RN #4. When asked if the care plan lists as an intervention-medications as ordered and they are not administered on time, is the care plan being implemented, RN #4 stated, no, it is not being implemented. On 3/26/25 at 4:25 PM, ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing was made aware of the concerns. According to the facility's Care Planning policy, which reveals, A licensed nurse, in coordination with the interdisciplinary team, develops and implements an individualized care plan for each patient in order to provide effective, person-centered care, and the necessary health-related care and services to attain or maintain the highest practical physical, mental and psychosocial well-being of the patient. No further information was provided prior to exit.

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 03/27/2025
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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on observation, resident interview, clinical record review, staff interview, and facility document review, it was determined that the facility staff failed to review and/or revise the care plan for three of 13 residents in the survey sample, Residents #12, #7 and #2. The findings include: 1. For Resident #12 (R12), the facility staff failed to revise the comprehensive care plan to reflect hospice care. The physician orders for R12 documented in part, - Do Not Send to ER (emergency room) Call [Name of Hospice/phone number] every shift for Hospice per [Name of hospice physician/registered nurse]. Order Date: 03/06/2025. - Hospice Consult for End Stage Disease. Do not hospitalize. No labs. Order Date: 03/07/2025. - No Labs No Diagnostic Testing every shift for per [Name of hospice physician and registered nurse]. Order Date: 03/06/2025. The comprehensive care plan for R12 documented in part, The resident has an advance directive of DNR (do not resuscitate). Created on: 01/22/2025. Revision on: 01/29/2025. The care plan failed to reflect hospice care. On 3/25/25 at 4:01 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated the care plan was a document that outlined the care residents were supposed to receive. She stated that the staff looked at the care plan to better understand how to care for residents and what was needed for them. On 3/26/25 at 10:57 a.m., an interview was conducted with RN (registered nurse) #3 who stated that they all played a part in reviewing and revising the care plan. She stated that the nursing staff had the ability to update the care plan and revise it as needed and MDS (minimum data set) staff maintained the care plans. She stated that she would expect the care plan to reflect hospice care because it was part of their plan of care. The facility policy Care Planning effective 11/01/2019 documented in part, A licensed nurse, in coordination with the interdisciplinary team, develops and implements an individualized care plan for each patient in order to provide effective, person-centered care, and the necessary health-related care and services to attain or maintain the highest practical physical, mental, and psychosocial well-being of the patient . Care plans will be updated on an ongoing basis as changes in the patient occur, and reviewed quarterly with the quarterly assessment . On 3/26/25 at 4:11 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the concern. No further information was obtained prior to exit. (continued on next page)

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 03/27/2025
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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. For Resident #7 (R7), the facility staff failed to revise the comprehensive care plan to reflect the use of fall mats. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/28/25, the resident scored 13 out of 15 on the BIMS (brief interview for mental status) assessment, indicating they were moderately impaired for making daily decisions. The assessment documented one fall with injury and one fall without injury since the previous assessment. On 3/25/25 at 12:41 p.m., an observation was made of R7 in their room. R7 was observed sitting in bed eating lunch. No fall mats were observed on the floor. At that time an interview was conducted with R7 who stated that they had a couple of falls recently when they were trying to pick things up off the floor. R7 stated that they had hurt their leg with one of the falls and not been injured the other time. R7 was observed with the call bell in reach and was not wearing any socks on their feet. Additional observations of R7 in bed in their room were made on 3/25/25 at 3:47 p.m. and 3/26/25 at 8:22 a.m. No fall mats were observed on the floor on either side of the bed. Review of the progress notes for R7 documented in part, - 1/31/2025 11:57 High Risk Note. Why is resident being reviewed/discussed at High Risk Meeting? Resident was in bed. What Interventions were in place at the time of the incident/occurrence? Fall mats and education on call light, education about bed being in highest position. What are the risks factors or special circumstances that contribute to the area of concern? stated he was exercising. What new Interventions were implemented in response to the incident/occurrence? Lowest bed position and sent out for further evaluation. Is the MD, family and resident aware of these Interventions? Resident is own RP (responsible party), and MD made of aware. A change in condition evaluation for R7 dated 1/24/25 documented in part, . Bed was raised in high position. Pt noted on the floor lying on left side. Abrasion noted to left forehead. Bruise to left side of eye. ROM (range of motion) without pain or discomfort . Pt send to ER secondary to hitting his head. [Name of physician] on-call notified . The physician orders failed to evidence an order for fall mats. The comprehensive care plan for R7 documented in part, The resident is at risk for falls decreased mobility. Created on: 07/24/2024. Revision on: 08/13/2024. The care plan failed to evidence the use of fall mats. On 3/25/25 at 4:01 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated the care plan was a document that outlined the care residents were supposed to receive. She stated that the staff looked at the care plan to better understand how to care for residents and what was needed for them. On 3/26/25 at 10:57 a.m., an interview was conducted with RN (registered nurse) #3 who stated that they all played a part in reviewing and revising the care plan. She stated that the nursing staff had the ability to update the care plan and revise it as needed and MDS (minimum data set) staff maintained the care plans. She stated that the care plan was reviewed after any fall and any new interventions to prevent falls should be added to the care plan. (continued on next page)

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 03/27/2025
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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/26/25 at 1:05 p.m., an interview was conducted with LPN #7 who stated that they attended the risk meetings where the team reviewed any residents who had falls. She stated that they had documented the high risk note on 1/31/25 where they had discussed the fall on 1/24/25. LPN #7 stated that the team had discussed any interventions that were in place prior to the fall and what interventions could be put in place to prevent future falls. She stated that she had documented the fall mats were in place at the time of the fall and that R7 should still have the fall mats in place when in bed unless the order had been discontinued. At that time LPN #7 reviewed R7's physician orders and stated that there was no order for the fall mats in the current or discontinued orders. She reviewed R7's care plan and stated that the fall mats were not on the care plan, but they should be there. On 3/26/25 at approximately 1:15 p.m., LPN #7 observed R7 lying in bed asleep with no fall mats in place and stated that she did not see any fall mats in R7's room. On 3/26/25 at 4:11 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the concern. No further information was obtained prior to exit. 3. For Resident #2 (R2), the facility staff failed to evidence a review of the comprehensive care plan after a fall on 11/27/2024. On the most recent MDS (minimum data set), an admission assessment with an ARD (assessment reference date) of 11/26/24, the resident was assessed as having had one fall without injury since admission to the facility. Review of the progress notes for R2 documented in part, - 11/27/2024 17:20 (5:20 p.m.) Fall Note. Description of the fall/V/S/injuries if any: Resident found on the floor of room near a chair. No distress noted or complaint of pain voiced. Resident alert and verbal, pleasantly confused. No injury noted. Vital signs 124/56-72-22-97.4- 02 sat 100%. What Interventions were in place at the time of the fall? Rounds made by CNA (certified nursing assistant). What are the risk factors that could have contributed to the fall? Resident placed in improper chair, not by staff. What new Interventions were implemented in response to the fall? No. Was the Provider/resident and RP notified at the time of the fall? Communication for [Name of physician] placed in communication book for MD. Additional Comments: Resident resting quietly in bed. No distress noted. The comprehensive care plan for R2 documented in part, The resident is at risk for falls. Created on: 11/21/2024. Revision on: 12/24/2024. The care plan failed to evidence a review after the 11/27/24 fall. The care plan documented a created date of 11/21/24 and interventions added on 12/16/24 and 12/17/24. On 3/25/25 at 4:01 p.m., an interview was conducted with LPN (licensed practical nurse) #1. LPN #1 stated the care plan was a document that outlined the care residents were supposed to receive. She stated that the staff looked at the care plan to better understand how to care for residents and what was needed for them. (continued on next page)

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 03/27/2025
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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/26/25 at 10:57 a.m., an interview was conducted with RN (registered nurse) #3 who stated that they all played a part in reviewing and revising the care plan. She stated that the nursing staff had the ability to update the care plan and revise it as needed and MDS (minimum data set) staff maintained the care plans. She stated that the care plan was reviewed after any fall and any new interventions to prevent falls should be added to the care plan. On 3/26/25 at 4:11 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the concern. No further information was obtained prior to exit.

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 03/27/2025
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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 4.The facility staff failed to meet professional standards by administering medications timely for R5. R5 was admitted to the facility on [DATE] with diagnosis that included but were not limited to acute myeloblastic leukemia in relapse, bone marrow transplant, CHF (congestive heart failure) and renal insufficiency. The most recent MDS (minimum data set) assessment, a Medicare 5-day assessment, with an ARD (assessment reference date) of 2/3/25, coded the resident 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 max assist for bed mobility/transfers/bathing/dressing/toileting and supervision for eating. A review of the comprehensive care plan dated 2/7/25/24 revealed, FOCUS: GENERAL INFECTION: Resident is on long term medication due to AML (acute myeloblastic leukemia). INTERVENTIONS: Medications as ordered. Labs and diagnostics as ordered. A review of the physician orders dated 1/31/25 revealed, Acyclovir Tablet 400 MG Give 1 tablet by mouth every 12 hours for acute myeloid leukemia: prophylactic. No stop date; will be discontinued when safe to do so by VCU Oncology. Cresemba Oral Capsule 186 MG (Isavuconazonium Sulfate) Give 2 capsule by mouth one time a day for AML with mutated NPM1. Revumenib Citrate Oral Tablet 160 MG (Revumenib Citrate) Give 1 tablet by mouth two times a day for AML with mutated NPM1 On hold from 02/20/2025 15:21 to 02/21/2025 10:00 On hold from 02/21/2025 12:33 to 02/24/2025 12:32. Cefdinir Capsule 300 MG Give 1 capsule by mouth one time a day for AML with mutated NPM1. A review of the Medication Admin Audit Report 1/2025 and 2/2025 for R5, revealed: Acyclovir Tablet 400 MG Give 1 tablet by mouth every 12 hours for acute myeloid leukemia: prophylactic. No stop date; will be discontinued when safe to do so by VCU Oncology. Administration Times 9:00 AM and 5:00 PM: Late administration not admin 1/31 till 2/1 12:17 AM, 2/1 10:11 PM, 2/2 10:40 AM, 2/3 6:08 PM, 2/4 10:23 AM, 2/4 7:07 PM, 2/6 11:11 AM, 2/6 11:15 PM, 2/7 10:18 PM, 2/8 PM dose not given till 2/9 6:18 AM, 2/10 10:09 PM, 2/12 11:24 PM, 2/19 11:43 PM, 2/21 10:19 PM, 2/24 10:26 PM, 2/25 11:03 AM. Cresemba Oral Capsule 186 MG (Isavuconazonium Sulfate) Give 2 capsule by mouth one time a day for AML with mutated NPM1. Administration Times 9:00 AM and 9:00 PM: Late administration: 2/2 10:45 AM, 2/4 10:33 AM, 2/5 11:17 AM, 2/25 11:07 AM. Revumenib Citrate Oral Tablet 160 MG (Revumenib Citrate) Give 1 tablet by mouth two times a day for AML with mutated NPM1 On hold from 02/20/2025 15:21 to 02/21/2025 10:00 On hold from 02/21/2025 12:33 to 02/24/2025 12:32. Administration Times 9:00 AM and 5:00 PM: Late administration: 1/31 6:52 PM, 2/1 10:11 PM, 2/2 10:45 AM, 2/3 6:06 PM, 2/4 7:03 PM, 2/6 11:16 PM, 2/8 PM dose not given till 2/9 6:18 AM, 2/10 10:10 PM, 2/12 11:25 PM 2/19 11:43 PM, 2/24 11:03 PM, 2/25 11:02 AM, 2/26 11:20 AM. (continued on next page)

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 03/27/2025
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)

F 0658

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

Cefdinir Capsule 300 MG Give 1 capsule by mouth one time a day for AML with mutated NPM1. Administration Times 9:00 AM and 9:00 PM: Late administration: 2/2 10:40 AM, 2/4 10:23 AM, 2/6 11:14 AM, 2/25 10:59 AM.

An interview was conducted on 3/26/25 at 8:00 AM with LPN (licensed practical nurse) #2. When asked where evidence of medication administration is evidenced, LPN #2 stated on the MAR (medication administration record). When asked the administration times for medications, LPN #2 stated, we have one hour before and one hour after the scheduled administration time. When asked if the care plan lists as an intervention-medications as ordered and they are not administered on time, is the care plan being implemented, LPN #2 stated, no, it is not.

An interview was conducted on 3/26/25 at 4:30 PM with RN #4. When asked if the care plan lists as an intervention-medications as ordered and they are not administered on time, is the care plan being implemented, RN #4 stated, no, it is not being implemented.

On 3/26/25 at 4:25 PM, ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing was made aware of the concerns.

According to the facility's Administration Procedures for all Medications policy, which reveals, Check the MAR/TAR (medication administration record/treatment administration record) for the order. Medications will be administered in a safe and effective manner. Check for vital signs or other tests to be done during or prior to administration of medication.

No further information was provided prior to exit.

Based on observation, resident interview, staff interview, clinical record review and facility document review, it was determined that the facility staff failed to follow professional standards of practice for medication administration for four of 13 residents in the survey sample, Residents #13, #8, #7 and #5.

The findings include:

1. For Resident #13 (R13), the facility staff failed to administer medications in a timely manner.

On 3/25/25 at 11:01 a.m., an observation was made of LPN (licensed practical nurse) #5 administering medications to R13 in their room. LPN #5 was observed preparing medications which included Metoprolol tartrate 25mg one tablet and Eliquis 5mg one tablet into a medication cup and was observed to administer the medication to R13.

The physician orders for R13 documented in part,

- Metoprolol Tartrate Oral Tablet 25 MG (Metoprolol Tartrate) Give 1 tablet by mouth two times a day for heart failure. Order Date: 09/17/2024.

- Eliquis Tablet 5 MG (Apixaban) Give 1 tablet by mouth two times a day for vte (venous thromboembolism). Monitor for bleeding, bruising, and black tarry stools. Order Date: 09/16/2024.

(continued on next page)

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 03/27/2025
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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the eMAR (electronic medication administration record) dated 3/1/25-3/31/25 for R13 documented the Metoprolol Tartrate and Eliquis both scheduled to be administered to R13 each day at 9:00 a.m. and 5:00 p.m. On 3/26/25 at 10:57 a.m., an interview was conducted with RN (registered nurse) #3 who stated that they had an hour before and an hour after the scheduled time to give the medication. She stated that the timeframe was allowed because you were not able to give everyone their medication at the same time. She stated that if the medication was given late or if the nurse were far behind in giving medications, they should notify the physician to make sure that the medication could still be given because it could overlap with another dosage. The facility policy Administration Procedures for all medications revised 8/2020 documented in part, . Medications will be administered in a safe and effective manner . According to Fundamentals of Nursing 6th Edition, 2005: [NAME] A. [NAME] and [NAME] Perry; Mosby, Inc., page 843, All routinely ordered medications should be given within 60 minutes of the times ordered. On 3/26/25 at 4:11 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was presented prior to exit. 2. For Resident #8 (R8), the facility staff failed to administer medications in a timely manner. On 3/25/25 at 10:49 a.m., an observation was made of LPN (licensed practical nurse) #4 administering medications to R8 in their room. LPN #4 was observed preparing medications which included Carvedilol 12. 5mg one tablet and Gabapentin 300mg one tablet into a medication cup and was observed to administer the medication to R8. The physician orders for R8 documented in part, - Carvedilol Tablet 12.5 MG Give 1 tablet by mouth two times a day for HTN (hypertension) Hold for SBP (systolic blood pressure) less than 110 and notify [Name of hospice]. Order Date: 02/26/2025. - Gabapentin Oral Capsule 300 MG (Gabapentin) Give 1 capsule by mouth four times a day for Neuropathy. Order Date: 05/20/2024. Review of the eMAR (electronic medication administration record) dated 3/1/25-3/31/25 for R8 documented the Carvedilol scheduled to be administered to R8 each day at 9:00 a.m. and 9:00 p.m. and the Gabapentin scheduled to be administered to R8 each day at 9:00 a.m., 1:00 p.m., 5:00 p.m., and 9:00 p.m. (continued on next page)

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 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenburnie Rehab & Nursing Center	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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/26/25 at 10:57 a.m., an interview was conducted with RN (registered nurse) #3 who stated that they had an hour before and an hour after the scheduled time to give the medication. She stated that the timeframe was allowed because you were not able to give everyone their medication at the same time. She stated that if the medication was given late or if the nurse were far behind in giving medications, they should notify the physician to make sure that the medication could still be given because it could overlap with another dosage. On 3/26/25 at 4:11 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was presented prior to exit. 3. For Resident #7 (R7), the facility staff failed to administer medications in a timely manner. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/28/25 the resident scored 13 out of 15 on the BIMS (brief interview for mental status) assessment, indicating they were cognitively intact for making daily decisions. On 3/25/25 at 12:41 p.m., an interview was conducted with R7 who stated that they had problems getting their evening and bedtime medications timely. R7 stated that they were not sure what time they were supposed to get them but felt that the nurse always gave theirs last. R7 stated that there were dates when they did not get their bedtime medication until after midnight or in the middle of the night and it caused him to be sleepy the next morning. The eMAR (electronic medication administration record) for R7 documented the following medications scheduled at the following times: - Xarelto 20mg at 5:00 p.m. - Nabumetone 1000mg at 9:00 a.m. and 5:00 p.m. - Bupropion Hcl ER 200mg at 9:00 a.m. and 5:00 p.m. - Hydromorphone HCL 1mg/ml 2ml at 8:00 a.m. and 8:00 p.m. - Gabapentin 300mg at 8:00 a.m., 2:00 p.m. and 9:00 p.m. - Finasteride (6) 5mg at 9:00 p.m. - Seroquel (7) 25mg at 10:00 a.m. and 9:00 p.m. Review of the Medication Admin Audit Report for R7 from 3/1/25-present documented the following medications administered on the following dates and times: - The Xarelto 20mg 5:00 p.m. dose administered on 3/1/25 at 10:47 p.m., on 3/2/25 at 7:11 p.m., the 3/4/25 dose administered at 9:04 a.m. on 3/5/25, on 3/5/25 at 7:51 p.m., on 3/7/25 at 10:10 p.m., on 3/8/25 at 8:05 p.m., on 3/9/25 at 7:22 p.m., on 3/10/25 at 7:11 p.m., on 3/14/25 at 11:08 p.m., on 3/17/25 at 7:36 p.m., on 3/24/25 at 11:04 p.m., and on 3/25/25 at 7:14 p.m. (continued on next page)

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 03/27/2025
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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- The Nabumetone 1000mg 5:00 p.m. dose administered 3/1/25 at 10:47 p.m., on 3/2/25 at 7:02 p.m., on 3/5/25 at 7:51 p.m., on 3/7/25 at 10:07 p.m., on 3/8/25 at 8:05 p.m., on 3/9/25 at 7:22 p.m., on 3/10/25 at 7:11 p.m., on 3/14/25 at 11:08 p.m., on 3/17/25 at 7:36 p.m., on 3/21/25 at 10:47 p.m., on 3/24/25 at 11:04 p.m., and on 3/25/25 at 7:14 p.m. - The Bupropion HCL ER 200mg 5:00 p.m. dose administered 3/1/25 at 10:47 p.m., on 3/2/25 at 7:02 p.m., the 3/4/25 dose administered at 9:04 a.m. on 3/5/25, on 3/5/25 at 7:51 p.m., on 3/7/25 at 10:08 p.m., on 3/8/25 at 8:04 p.m., on 3/9/25 at 7:22 p.m., on 3/10/25 at 7:11 p.m., the 3/12/25 dose administered on 3/13/25 at 7:42 p.m., on 3/14/25 at 11:08 p.m., on 3/17/25 at 7:36 p.m., on 3/21/25 at 10:47 p.m., on 3/24/25 at 11:04 p.m., and on 3/25/25 at 7:14 p.m. - The Hydromorphone HCL 1mg/ml 2ml 8:00 p.m. dose administered on 3/1/25 at 11:22 p.m., the 3/2/25 dose administered at 7:51 a.m. on 3/3/25, the 3/3/25 dose administered at 12:41 a.m. on 3/4/25, the 3/4/25 dose administered at 12:10 a.m. on 3/5/25, on 3/5/25 at 9:53 p.m., the 3/6/25 dose administered at 5:00 a.m. on 3/7/25, on 3/7/25 at 10:10 p.m., the 3/11/25 dose administered on 3/12/25 at 2:00 a.m., on 3/14/25 at 11:13 p.m., the 3/17/25 dose administered on 3/18/25 at 8:20 a.m., the 3/18/25 dose administered on 3/19/25 at 8:14 a.m., the 3/19/25 dose administered on 3/20/25 at 7:50 a.m., the 3/20/25 dose administered on 3/21/25 at 12:18 a.m., on 3/21/25 at 10:51 p.m., the 3/22/25 dose administered on 3/23/25 at 8:04 a.m., on 3/23/25 at 10:41 p.m., and the 3/25/25 dose administered on 3/26/25 at 8:04 a.m. - The Gabapentin 300mg 9:00 p.m. dose administered on 3/1/25 at 11:22 p.m., the 3/2/25 dose administered at 7:51 a.m. on 3/3/25, the 3/3/25 dose administered at 12:41 a.m. on 3/4/25, the 3/4/25 dose administered at 12:10 a.m. on 3/5/25, the 3/6/25 dose administered at 5:00 a.m. on 3/7/25, the 3/11/25 dose administered on 3/12/25 at 2:00 a.m., on 3/14/25 at 11:11 p.m., the 3/17/25 dose administered on 3/18/25 at 8:20 a.m., the 3/18/25 dose administered on 3/19/25 at 8:14 a.m., the 3/19/25 dose administered on 3/20/25 at 7:50 a.m., the 3/20/25 dose administered on 3/21/25 at 12:18 a.m., on 3/21/25 at 10:47 p.m., the 3/22/25 dose administered on 3/23/25 at 8:04 a.m., on 3/23/25 at 10:41 p.m., on 3/24/25 at 11:04 p.m., and the 3/25/25 dose administered on 3/26/25 at 8:04 a.m. - The Finasteride 5mg 9:00 p.m. dose administered on 3/1/25 at 11:22 p.m., the 3/2/25 dose administered at 7:51 a.m. on 3/3/25, the 3/3/25 dose administered at 12:41 a.m. on 3/4/25, the 3/4/25 dose administered at 12:10 a.m. on 3/5/25, the 3/6/25 dose administered at 5:00 a.m. on 3/7/25, the 3/11/25 dose administered on 3/12/25 at 2:00 a.m., on 3/14/25 at 11:09 p.m., the 3/17/25 dose administered on 3/18/25 at 8:20 a.m., the 3/18/25 dose administered on 3/19/25 at 8:14 a.m., the 3/20/25 dose administered on 3/21/25 at 12:18 a.m., on 3/21/25 at 10:47 p.m., the 3/22/25 dose administered on 3/23/25 at 8:04 a.m., on 3/23/25 at 10:41 p.m., on 3/24/25 at 11:04 p.m., and the 3/25/25 dose administered on 3/26/25 at 8:04 a.m. - The Seroquel 25mg 9:00 p.m. dose administered on 3/1/25 at 11:22 p.m., the 3/2/25 dose administered at 7:51 a.m. on 3/3/25, the 3/3/25 dose administered at 12:41 a.m. on 3/4/25, the 3/4/25 dose administered at 12:10 a.m. on 3/5/25, the 3/6/25 dose administered at 5:00 a.m. on 3/7/25, the 3/11/25 dose administered on 3/12/25 at 2:00 a.m., on 3/14/25 at 11:08 p.m., the 3/17/25 dose administered on 3/18/25 at 8:20 a.m., the 3/18/25 dose administered on 3/19/25 at 8:14 a.m., the 3/19/25 dose administered on 3/20/25 at 7:50 a.m., the 3/20/25 dose administered on 3/21/25 at 12:18 a.m., on 3/21/25 at 10:47 p.m., the 3/22/25 dose administered on 3/23/25 at 8:05 a.m., on 3/23/25 at 10:41 p.m., on 3/24/25 at 11:04 p.m., and the 3/25/25 dose administered on 3/26/25 at 8:04 a.m. (continued on next page)

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 03/27/2025
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)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/26/25 at 10:57 a.m., an interview was conducted with RN (registered nurse) #3 who stated that they had an hour before and an hour after the scheduled time to give the medication. She stated that the timeframe was allowed because you were not able to give everyone their medication at the same time. She stated that if the medication was given late or if the nurse were far behind in giving medications, they should notify the physician to make sure that the medication could still be given because it could overlap with another dosage. On 3/26/25 at 4:11 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was presented prior to exit.

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 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenburnie Rehab & Nursing Center	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to provide care and services to promote a resident's highest level of well-being for two of 13 residents, R6 and R2. The findings include: 1. The facility failed to administer treatments as ordered, specifically blood glucose checks and insulin administration for R6. R6 was admitted to the facility on [DATE] with diagnosis that included but were not limited to muscular dystrophy, DM (diabetes mellitus) and CHF (congestive heart failure). The most recent MDS (minimum data set) assessment, a discharge assessment, with an ARD (assessment reference date) of 12/29/24, did not code the resident on the BIMS (brief interview for mental status) score. A review of the MDS Section GG-functional abilities and goals coded the resident as being dependent for bed mobility/transfers/bathing/dressing/toileting and supervision for eating. A review of the comprehensive care plan dated 12/28/24 revealed, FOCUS: The resident is at risk for weight loss or malnutrition. INTERVENTIONS: RD consult as needed. Review dietary preferences with the resident as needed. No evidence on baseline care plan of fall prevention measures listed on admission form implemented. A review of the physician orders dated 12/27/24 revealed, Lantus Solostar Subcutaneous Solution Pen-injector 100 UNIT/ML (Insulin Glargine) Inject 20 unit subcutaneously at bedtime for DM. Accu-Chek's AC and HS before meals and at bedtime. Insulin Lispro (1 Unit Dial) Subcutaneous Solution Pen injector 100 UNIT/ML (Insulin Lispro) Inject 4 unit subcutaneously before meals for DM. A review of the December 2024 MAR (medication administration record) revealed on 12/28/24 not administered and blood sugar not obtained at bedtime at 9:00 PM. Insulin administered and blood sugars were obtained before meals. An interview was conducted on 3/26/25 at 4:30 PM with RN (registered nurse) #4. When asked where evidence of blood sugar checks and insulin administration would be found, RN #4 stated, on the MAR (medication administration record), when asked if the MAR was blank, what did that indicate, RN #4 stated, that it was not done. On 3/26/25 at 4:25 PM, ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing was made aware of the concerns. According to the facility's Administration Procedures for all Medications policy, which reveals, Check the MAR/TAR (medication administration record/treatment administration record) for the order. Medications will be administered in a safe and effective manner. Check for vital signs or other tests to be done during or prior to administration of medication. No further information was provided prior to exit. (continued on next page)

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 03/27/2025
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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. For Resident #2 (R2), the facility staff failed to provide treatment to a skin tear as ordered on dates in November 2024 and December 2024. The physician orders for Resident #2 documented in part, - Cleanse skin tear to left upper arm. Pat dry apply Xeroform and cover with border dressing. One time a day. Order Date. 11/23/2024. - Wound Care: left upper arm. Pat dry apply Xeroform, cover with ABD, and wrap with kerlix. every day shift for wound care. Order Date. 11/25/2024. The eTAR (electronic treatment administration record) for R2 dated 11/1/24-11/30/24 failed to evidence the ordered treatment completed to the left upper arm on 11/24/24 and 11/30/24. The eTAR for R2 dated 12/1/24-12/31/24 failed to evidence the treatment completed to the left upper arm on 12/13/24 and 12/15/24. On 3/26/25 at 10:57 a.m., an interview was conducted with RN (registered nurse) #3 who stated that treatments were evidenced as completed by signing them off on the eTAR. The facility policy Wounds/Skin Impairments effective 7/17/2024 documented in part, .Provide treatment as ordered . On 3/26/25 at 4:11 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was provided prior to exit.

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 03/27/2025
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)
F 0689 Level of Harm - Minimal harm or potential for actual harm 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 staff interview, facility document review and clinical record review, it was determined that the facility staff failed to provide a safe environment by monitoring and implementing fall prevention measures for two of 13 residents, R6 and R7. The findings include: 1.During the abbreviated complaint survey 3/25/25 through 3/27/25 review of the facility event synopsis, the fall or R6 was reviewed. R6 was admitted to the facility on [DATE] with diagnosis that included but were not limited to muscular dystrophy, DM (diabetes mellitus) and CHF (congestive heart failure). The most recent MDS (minimum data set) assessment, a discharge assessment, with an ARD (assessment reference date) of 12/29/24, did not code the resident on the BIMS (brief interview for mental status) score. A review of the MDS Section GG-functional abilities and goals coded the resident as being dependent for bed mobility/transfers/bathing/dressing/toileting and supervision for eating. A review of the facility's nursing admission / readmission Data Collection Form dated 12/27/24 at 9:13 PM revealed, Resident arrived at facility via transportation van on a motorized wheelchair accompanied by his sister. Resident alert and verbal with garbled speech but is able to make needs known. Other diagnosis- muscular dystrophy. History of Falls: History of falls (in the last 3 months)-1-2. Fall Care plan Focus: the resident is at risk for falls Focus: the resident is at risk for falls Goal: the resident will not have an injury related to a fall thru the review period Intervention: non-skid socks while out of bed Intervention: place bed in lowest position while resident is in bed Intervention: place common items within reach of the resident Intervention: remind the resident to use their call light to ask for assistance with ADL Type of device: Bed rails. What is the purpose of the device(s)- to assist with repositioning and movement while in bed. Bed rails are: Indicated and serve as an enabler Are bed rails a resident/resident representative preference? Yes. Risk verses benefits and consent for bed rails from: Resident representative- representative resident's sister requesting side bedrails. Bed rail type- 1/4 partial rail. Bed rail placement- bilateral. A review of the comprehensive care plan dated 12/28/24 revealed, FOCUS: The resident is at risk for weight loss or malnutrition. INTERVENTIONS: RD consult as needed. Review dietary preferences with the resident as needed. No evidence on baseline care plan of fall prevention measures listed on admission form implemented. A review of the physician orders dated 12/27/24 reveals, 1/4 Bilateral siderail up for functional mobility. Progress notes indicate only left siderail on bed. A review of the physician orders dated 12/29/24 revealed, Send out to ER for further eval R/T altered mental status. one time only for altered mental status R/T fall for 1 Day. (continued on next page)

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 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenburnie Rehab & Nursing Center	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of the progress note dated 12/29/24 at 7:14 AM revealed, during rounds / med pass, pt heard saying help. Pt found lying prone with the bottom half of his torso on the bed and the upper part of his torso on the floor. There is a side rail to L-side. No rail on R-side of bed. Management made aware that pt needs. Family request side rail to be put in place. MOD made aware. No injuries noted. Pt Denies pain/discomfort. RP made aware. A review of the progress note dated 12/29/24 at 10:40 AM revealed, Staff responded to the call light being on, pt observed laying on the R side of his bed, in a supine position on the floor. Pt assessed; no injuries noted. VS stable and WNL. Staff assisted Resident back into the bed per facility policy. There is a side rail to L-side. No rail on R-side of bed. Management made aware that pt needs. Family request side rail to be put in place. MOD made aware. Pt Denies pain/discomfort. RP made aware. A review of the progress note dated 12/29/24 at 1:59 PM revealed, Residents RP was at the bedside visiting this afternoon and was very concerned about his falls during night/day shift. Resident was responding appropriately to questions from the staff, and then when his RP would ask him questions, he would present confused and telling stories about things the RP stated never happened. RP stated she wanted him to be sent out to the ER. Nurse obtained VS and they were stable. Nurse Called MD on call and was given a verbal order to send the Resident out for further evaluation. All documents were sent with the RP and EMTS that transported the Resident to VCU Medical Center per RP and Patient request. A review of the progress note dated 12/30/24 at 7:09 PM revealed, Follow up call to St [NAME]'s hospital. Spoke with triage nurse ([NAME]) and she stated that resident will be admitted for generalized weakness and hypoxia. RP/[NAME] called and updated with resident's current clinical status and location. A review of the progress note dated 12/31/24 at 6:32 AM revealed, Followed up with Dr. [NAME] this morning while he was in the facility during rounds, and he was notified of this resident's current location, and clinical diagnosis/admission to St [NAME]'s hospital report. An interview was conducted on 3/26/25 at 10:50 AM with RN (registered nurse) #3. When asked what assessments and interventions are implemented when a resident has a history of falls, RN #3 stated, we put fall mats and put this all on the care plan. If the resident can benefit from bed rails to assist with turning and positioning, we would do a separate assessment. When asked if there was no evidence of fall prevention measures being implemented was a safe environment to prevent accidents in place for the resident, RN #3 stated no. An interview was conducted on 3/26/25 at 4:30 PM with RN #4. When asked what assessments and interventions are implemented when a resident has a history of falls, RN #4 stated, we put non-skid soles, call bell within reach, bed in low position, fall mats and follow the care plan. If the resident can benefit from bed rails to assist with turning and positioning, we would do a separate assessment. When asked if there was no evidence of fall prevention measures being implemented had a safe environment to prevent accidents been put in place for the resident, RN #4 stated no. On 3/26/25 at 4:25 PM, ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing was made aware of the concerns. (continued on next page)

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 03/27/2025
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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to the facility's Fall Management Program policy, which reveals, The center considers all patients to be at risk for falls and provides an environment as safe as practicable for all patients. 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. Discuss fall risks and interventions with the patient and/or responsible party. Consult the maintenance department for any necessary adaptations, if indicated. No further information was provided prior to exit. 2. For Resident #7 (R7), the facility staff failed to implement fall mats as indicated. On the most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 1/28/25, the resident scored 13 out of 15 on the BIMS (brief interview for mental status) assessment, indicating they were moderately impaired for making daily decisions. The assessment documented one fall with injury and one fall without injury since the previous assessment. On 3/25/25 at 12:41 p.m., an observation was made of R7 in their room. R7 was observed sitting in bed eating lunch. No fall mats were observed on the floor. At that time an interview was conducted with R7 who stated that they had a couple of falls recently when they were trying to pick things up off the floor. R7 stated that they had hurt their leg with one of the falls and not been injured the other time. R7 was observed with the call bell in reach and was not wearing any socks on their feet. Additional observations of R7 in bed in their room were made on 3/25/25 at 3:47 p.m. and 3/26/25 at 8:22 a. m. No fall mats were observed on the floor on either side of the bed. Review of the progress notes for R7 documented in part, - 1/31/2025 11:57 High Risk Note. Why is resident being reviewed/discussed at High Risk Meeting? Resident was in bed. What Interventions were in place at the time of the incident/occurrence? Fall mats and education on call light, education about bed being in highest position. What are the risks factors or special circumstances that contribute to the area of concern? stated he was exercising. What new Interventions were implemented in response to the incident/occurrence? Lowest bed position and sent out for further evaluation. Is the MD, family and resident aware of these Interventions? Resident is own RP (responsible party), and MD made of aware. A change in condition evaluation for R7 dated 1/24/25 documented in part, . Bed was raised in high position. Pt noted on the floor lying on left side. Abrasion noted to left forehead. Bruise to left side of eye. ROM (range of motion) without pain or discomfort . Pt send to ER secondary to hitting his head. [Name of physician] on-call notified . The physician orders failed to evidence an order for fall mats. The comprehensive care plan for R7 documented in part, The resident is at risk for falls decreased mobility. Created on: 07/24/2024. Revision on: 08/13/2024. The care plan failed to evidence the use of fall mats. (continued on next page)

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 03/27/2025
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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/26/25 at 1:05 p.m., an interview was conducted with LPN (licensed practical nurse) #7 who stated that they attended the risk meetings where the team reviewed any residents who had falls. She stated that they had documented the high risk note on 1/31/25 where they had discussed the fall on 1/24/25. LPN #7 stated that the team had discussed any interventions that were in place prior to the fall and what interventions could be put in place to prevent future falls. She stated that she had documented the fall mats were in place at the time of the fall and that R7 should still have the fall mats in place when in bed unless the order had been discontinued. At that time LPN #7 reviewed R7's physician orders and stated that there was no order for the fall mats in the current or discontinued orders. She reviewed R7's care plan and stated that the fall mats were not on the care plan but they should be there. On 3/26/25 at approximately 1:15 p.m., LPN #7 observed R7 lying in bed asleep with no fall mats in place and stated that she did not see any fall mats in R7's room. On 3/26/25 at 4:11 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the concern. No further information was obtained prior to exit.

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 03/27/2025
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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident’s drug regimen must be free from unnecessary drugs. Based on observation, staff interview, clinical record review and facility document review, it was determined that the facility staff failed to monitor/follow medication administration orders to prevent unnecessary medications for two of 13 residents in the survey sample, Residents #8 and #2. The findings include: 1. For Resident #8 (R8), the facility staff failed to monitor blood pressures prior to administration of Carvedilol as ordered. On 3/25/25 at 10:49 a.m., an observation was made of LPN (licensed practical nurse) #4 administering medications to R8 in their room. LPN #4 was observed preparing medications which included Carvedilol 12. 5mg one tablet into a medication cup and was observed to administer the medication to R8. No blood pressure was obtained prior to administration of the medication. The physician orders for R8 documented in part, Carvedilol Tablet 12.5 MG Give 1 tablet by mouth two times a day for HTN (hypertension) Hold for SBP (systolic blood pressure) less than 110 and notify [Name of hospice]. Order Date: 02/26/2025. Review of the eMAR (electronic medication administration record) dated 3/1/25-3/31/25 for R8 documented the Carvedilol scheduled to be administered to R8 each day at 9:00 a.m. and 9:00 p.m. The eMAR failed to evidence monitoring of the blood pressure prior to administration. Review of the vital signs for R8 in the clinical record failed to evidence monitoring of the blood pressure prior to administration of the Carvedilol. On 3/26/25 at 10:57 a.m., an interview was conducted with RN (registered nurse) #3 who stated that when a medication had vital sign parameters that normally a progress note came up to allow the nurse to document the vital signs in. She stated that staff should be monitoring the required vital signs for medications that had parameters for administration because it determined whether to administer the medication. On 3/26/25 at 1:43 p.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing who stated that if a medication had parameters for vital signs the order should have supplementary documentation for staff to put in the blood pressure or pulse and whether it was administered or not. She stated that the medication should be held if outside of the parameters. The facility policy, Administration Procedures for all Medications revised 8/2020, documented in part, .Prior to removing the medication package/container from the cart/drawer: a. Check the MAR/TAR for the order . d. Check for vital signs or other tests to be done during or prior to medication administration . On 3/26/25 at 4:11 p.m., ASM #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was presented prior to exit. (continued on next page)

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 11/21/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495391	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenburnie Rehab & Nursing Center	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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	2. For Resident #2 (R2), the facility staff failed to hold medication when the blood pressure was out of the parameters set for administration on dates in November 2024 and December 2024. The physician orders for R2 documented in part, Metoprolol Succinate ER Oral Tablet Extended Release 24 Hour 25 MG (Metoprolol Succinate) Give 12.5 mg by mouth every 12 hours for blood pressure. HOLD FOR SBP (systolic blood pressure) < 110 or HR (heart rate) < 55. Order Date: 11/21/2024. The eMAR (electronic medication administration record) for R2 dated 11/1/24-11/30/24 documented the Metoprolol Succinate administered on 11/22/24 at 9:00 a.m. with a blood pressure of 88/55 and at 9:00 p.m. with a blood pressure of 97/73. It further documented the Metoprolol Succinate administered on 11/26/24 at 9:00 p.m. with a blood pressure of 108/58. The eMAR for R2 dated 12/1/24-12/31/24 documented the Metoprolol Succinate administered on 12/10/24 at 9:00 p.m. with a blood pressure of 108/63. On 3/26/25 at 10:57 a.m., an interview was conducted with RN (registered nurse) #3 who stated that when a medication had vital sign parameters that normally a progress note came up to allow the nurse to document the vital signs in. She stated that staff should be monitoring the required vital signs for medications that had parameters for administration because it determined whether to administer the medication. On 3/26/25 at 1:43 p.m., an interview was conducted with ASM (administrative staff member) #2, the director of nursing who stated that if a medication had parameters for vital signs the order should have supplementary documentation for staff to put in the blood pressure or pulse and whether it was administered or not. She stated that the medication should have been held if the blood pressure was below 110 systolic if ordered. On 3/26/25 at 4:11 p.m., ASM #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was presented prior to exit.

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 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glenburnie Rehab & Nursing Center	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)
F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on staff interview, clinical record review and facility document review, it was determined that the facility staff failed to provide food in a form to meet resident needs for one of 13 residents in the survey sample, Resident #2. The findings include: For Resident #2 (R2), the facility staff failed to communicate a diet change order in a timely manner. The physician orders for R2 documented in part, - Regular diet Regular texture, Thin Liquids consistency. Order Date: 11/21/2024. - Regular diet Dysphagia Mechanically Altered texture, Thin Liquids consistency. Order Date: 11/25/24. The dietary communication form for R2 documented the diet change to the dysphagia mechanically altered texture. The communication form was dated 11/30/24. On 3/26/25 at 11:45 a.m., an interview was conducted with OSM (other staff member) #3, dietary manager. OSM #3 stated that the nurses communicated any diet change orders to them through the dietary communication forms. She stated that the nurse wrote out the communication form, brought it down to her and she entered it into the dietary management system which printed out the meal tickets that went on the trays used during meal service. OSM #3 stated that when a resident was on a mechanically altered diet they ground up the meat in a machine and used softer textured vegetables. On 3/26/25 at 2:31 p.m., an interview was conducted with LPN (licensed practical nurse) #5 who stated that when there was a diet change order they changed it in the electronic medical record and filled out a diet communication slip. She stated that the diet communication slip was taken to the kitchen by hand and dietary staff changed it in their system. The facility policy Diet Order Communications effective 1/29/24 documented in part, .A licensed nurse will complete a Dining Services Communication Form and send it to the Dining Services department indicating all pertinent, patient-specific information . On 3/26/25 at 4:11 p.m., ASM (administrative staff member) #1, the administrator and ASM #2, the director of nursing were made aware of the findings. No further information was presented prior to exit.