| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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| F 000 | INITIAL COMMENTS<br><br>An unannounced Medicare/Medicaid abbreviated complaint survey was conducted 10/8/2019 through 10/16/2019. An extended survey was conducted 10/9/2019 through 10/16/2019. Significant corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care Requirements. Eight complaints were investigated during the survey.<br><br>The census in this 159 bed facility was 153 at the time of the survey. The survey sample consisted of 7 Resident reviews (Residents 1-7.) | F 000 | | |
| F 558 SS=D | Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3)<br><br>§483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, facility documentation review, clinical record review and in the course of a complaint investigation, the facility failed to accommodate the Resident's need of mechanical lift assistance with transfers, for one Resident (Resident #7) in a survey sample of 7 Residents.<br><br>The findings included:<br><br>Resident #7 was discharged from the facility on 6/28/19. A closed record review was conducted.<br><br>Resident #7, was admitted to the facility on | F 558 | 1. Resident #7 no longer resides in the facility as of 06/28/2019<br>2. Residents who reside in the facility have the potential to be affected. Quality review of residents that are in house will be completed by the DON or designee to ensure that residents have the appropriate documentation to support ADL care was provided. Follow up based on findings.<br>3. Certified Nursing Staff will be re-educated by the DON or designee on documenting ADLS that support care that was provided to the resident. | 11/20/19 |

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

Electronically Signed | 11/14/2019

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| F 558 | Continued From page 1<br>1/7/19. Her diagnoses included but were not limited to: amyotrophic lateral sclerosis (ALS), neuromuscular dysfunction of bladder, muscle weakness, and contracture of left hand.<br><br>Resident #7's most recent MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 6/21/19 was coded as a quarterly assessment. Resident #7 was coded as having a BIMS (Brief Interview for Memory Status) score of 15, which indicated no cognitive impairment. She was also coded as requiring total assistance with two staff members for her activities of daily living, which included transfers, personal hygiene, bathing, and toileting.<br><br>On 10/15/19 from 11:04 A.M. until 2:41 PM observations were made on all three floors of the facility; sit to stand lifts were observed on each floor. After staff obtained a battery for each lift from the nurse, the staff were able to demonstrate the sit to stand lift was operational.<br><br>On 10/15/19 and 10/16/19 a review was conducted of Resident #7's closed record. Review of the nursing notes revealed an entry dated 5/7/19 at 14:00 "Guest has refused breakfast and lunch meal stating that she could not eat in the bed. Guest was offered assistance with consuming meals and was also offered to be propped up in the bed at highest point and still refused. Guest was made aware that left [sic] devices were not in working condition".<br><br>Another entry dated 6/12/19 at 1:39 PM read, "CNA [certified nursing assistant] attempted to retrieve the SST [sit to stand] lift to assist guest to bed. Lift was being used, guest made aware". An additional entry in the nursing notes on 6/12/19 at | F 558 | 4. The DON and the clinical interdisciplinary team will review ADL documentation during their daily Clinical Meeting to ensure that CNA documentation was completed. This will continue weekly for 8 weeks. The results of the quality monitoring will be presented to the Quality Assurance committee monthly for review, analysis and further recommendations.<br>5. Date of compliance 11-20-19 | |

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|---|---|---|---|---|
| F 558 | Continued From page 2 | F 558 | | |

2:05 PM read, "staff unable to retrieve the SST lift from upper floor due to elevator being down guest made aware".

On 10/15/19 a review of Resident #7's careplan revealed that Resident #7 required assistance with ADL's as evidenced by a focus statement initiated on 1/16/19 and revised on 3/1/19 that read, "the resident has an ADL self-care performance deficit r/t [related to] ALS and muscle weakness".

Review of ADL flow record for Resident #7 revealed that on 6/12/19 transfer assistance was coded at 6 AM as total care with assistance of 2 staff members. No further assistance with transfers was documented on the date of 6/12/19.

On 10/15/19 at 11:14 AM an interview was conducted with CNA B. When asked about the availability of the sit to stand lift ,CNA B stated, "sometimes I just have to look for it. It may be upstairs or down stairs".

On 10/16/19 a review of the facility policy titled "ADL flow record" was reviewed and read, "An ADL flow record will be completed for each resident daily on each shift by the CNA assigned to provide care."

The Administrator and DON were informed of the failure of the staff to accommodate the needs of Resident #7 on 10/16/19 during a complaint investigation review.

No further information was provided.

COMPLAINT DEFICIENCY

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|---|---|---|---|---|
| F 567 | Continued From page 3 | F 567 | | |
| F 567 SS=D | Protection/Management of Personal Funds CFR(s): 483.10(f)(10(i)(ii)<br><br>§483.10(f)(10) The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds.<br>(i) The facility must not require residents to deposit their personal funds with the facility. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in this section.<br>(ii) Deposit of Funds.<br>(A) In general: Except as set out in paragraph (f)( l0)(ii)(B) of this section, the facility must deposit any residents' personal funds in excess of $100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed $100 in a non-interest bearing account, interest-bearing account, or petty cash fund.<br>(B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) | F 567 | | 11/20/19 |

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|---|---|---|---|---|
| F 567 | Continued From page 4<br>The facility must maintain personal funds that do not exceed $50 in a noninterest bearing account, interest-bearing account, or petty cash fund. This REQUIREMENT is not met as evidenced by:<br>Based on Resident interview, staff interview, clinical record review, facility documentation review and in the course of a complaint investigation, the facility staff failed to protect the residents' right to manage their own money for 2 residents (Residents #5 and #3) in a survey sample of 7 residents.<br><br>The findings included:<br><br>1. For Resident #5, the facility staff failed to provide access to the Resident's Trust Fund (RTF).<br><br>Resident #5, a 76 year old male, was admitted to the facility on 01/30/18. Clinical record review revealed that Resident #5 was his own Responsible Party.<br><br>On 10/15/19 at approximately 11:00 AM, an interview was conducted with Resident #5 and he stated, "I know I'm supposed to get $40 a month, I have never gotten anything, no money at all, I have no idea where my money has gone, they are stealing it all from me, nobody will even talk to me about it when I ask....I came here with my cell phone and it was time for me to pay my phone bill but nobody here would listen that I needed my money for my phone bill, my phone service got cut off so I just gave my phone to my sister to keep because what was the point of having it here? It's just not right how I am treated, they ignore me". | F 567 | ¿ Resident # 5 was provided a copy of his account statement on 10/15/2019. A copy of the Authorization and Agreement to handle Resident Funds was provided that contained his signature. Resident # 3 no longer resides in the facility as of 08/13/2019. The facility has made revisions to the policy titled Resident Trust Fund Application for Representative Payee to ensure resident rights are honored.<br>¿ Residents who reside in the facility have the potential to be affected. Quality review of residents that are in house was completed by the Regional BOM and Travel Business Office Manager to ensure that residents have a copy of their account statements and appropriate Representative Payee. Follow up based on findings.<br>¿ The Vice President of Revenue Cycle educated the Admissions Director, HRC-Payroll □AP, Business Development Coordinator, Executive Director, Receptionist and Assistant business Manager on the policy for Resident Trust Fund regarding the resident□s right to manage their own financial accounts. Residents will be provided a statement quarterly and upon request. If the resident chooses to deposit their personal funds with the facility, there must be signed authorization, residents who withdraw money may be provided a receipt and the | |

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| F 567 | Continued From page 5<br>On 10/15/19 at approximately 1:00 PM, a copy of the Authorization and Agreement to Handle Resident Funds was provided and contained Resident #5's written signature. Additionally, a copy of the Resident Fund Management Service Statement for Resident #5 from the opening of his Resident Trust Fund to present was requested and received. There was a withdrawal on 10/17/18 for $12.00 with a notation "Barbershop" and a withdrawal on 4/12/19 for $15.00 with a reference #953331 noted. There were no other withdrawal entries other than Care Cost payments for the Facility room and board. Verification of authorization for the 2 withdrawals, $12.00 and $15.00, was requested and provided.<br><br>On 10/15/19 at approximately 3:00 PM, an interview was conducted with the Interim Business Office Manager (Employee I) who confirmed that authorization for the $12.00 on 10/17/18 for the Barbershop was not sufficient because the "Daily Report of Beauty Shop Charges" dated 10/1/18 did not contain Resident #5's signature for payment authorization. She stated that in the event he could not sign, two witnesses would be required to sign on his behalf, however the verification did not contain two witness signatures for authorization either.<br><br>On 10/16/19 at approximately 9:00 AM, a follow-up interview was conducted with Resident #5 who stated, "I have made a lot of requests about trying to find out where my money is, I have never received any money and I don't know anything about withdrawals in my account, I wanted money to pay my cell phone bill back last year but that never happened so I lost my cell phone service, no one cares...I finally received a copy of my account statement yesterday for the | F 567 | account will be reconciled at that time. Residents who open a trust Account must have the Executive Director signature.<br>¿ The Executive Director will complete quality monitoring weekly for 8 weeks to ensure compliance with RFMS accounts, statements, and account reconciliation The results of the quality monitoring will be presented to the Quality Assurance committee monthly for review, analysis and further recommendations.<br>¿ Date of compliance 11-20-19 | |

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|---|---|---|---|---|
| F 567 | Continued From page 6 | F 567 | | |

first time but it's not right and no one has bothered to go over it with me to answer my questions-they just dropped it off and said they will be around sometime later, there are several folks in here that they do the same thing too, it's just not right...I cannot even have what is supposed to be rightfully mine".

In summary, the facility staff failed to provide Resident #5 access to his Resident Trust Fund.

COMPLAINT DEFICIENCY

2. For Resident #3 the facility staff required the Resident to set-up a patient trust fund account and deposit funds with the facility despite having already stated a desire to not open an account.

Resident #3 was originally admitted to the facility on 12-28-16, with a readmission on 8-1-17, following a hospitalization. Resident #3 was discharged from the facility on 8-13-19. The Resident's diagnoses included; Parkinson's disease, dementia, diabetes, epilepsy, congestive heart failure, claustrophobia, anxiety, hypothyroidism, hypertension, hallucination, and benign tumor of the meninges covering of the brain.

The Resident's most recent (MDS) Minimum Data Set, was a discharge assessment, with an Assessment Reference Date of 8-13-19, and coded Resident #3 as being able to understand, and to be understood by others. The Resident was coded as having memory deficits, and was moderately cognitively impaired. The Resident

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|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

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|---|---|
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|---|---|---|---|---|
| F 567 | Continued From page 7 | F 567 | | |

required extensive assistance from staff for bed mobility, transferring, dressing and toileting.

A review of the closed record was conducted.

On 10-16-19 during a closed record review, it was revealed that Resident #3 had executed a durable power of attorney (POA) appointing her daughter as her authorized representative to act on her behalf prior to admission to the facility. On 12-28-16 during the admission process, Resident #3's daughter/POA signed pages 10 and page 12 of the admissions agreement indicating she did not want to open a Resident Trust Fund Account. Despite this request, the facility business office manager sent Resident #3's daughter/POA a letter on 3-15-17, along with a "corrected patient trust account agreement" asking her to sign to open an account, due to a cash payment being received.

On 10-16-19 during a closed record review, it was also revealed that Resident #3's daughter/POA had signed page 19 of the admissions agreement on 12-28-16, stating "I do not want my social security check assigned to [facility name redacted]." Despite this request by Resident #3's POA, the facility staff completed an application to become Representative Payee for Resident #3's social security benefits on 12-29-16. The facility physician then completed on 1-5-17 a "Physician's/Medical Officer's statement of patient's capability to manage benefits" indicating that Resident #3 was unable to handle her financial affairs, making no reference to Resident #3's written POA executed 6-11-10 appointing her daughter to handle her financial affairs on her behalf, in the event Resident #3 was no longer able to manage her affairs herself.

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|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

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|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 567 | Continued From page 8 | F 567 | | |

On 10-16-19 during the closed record review it was identified that from 6-20-18 until 9-4-19 there were a total of 4 communications found addressed to the facility [name redacted] on behalf of Resident #3. The first being that the Social Security Administration had received the application from the facility applying to be representative payee for Resident #3.

On 10-16-19 during the closed record review it was identified that from 3-2-18 until 5-24-19 there were 8 cash withdrawals from Resident #3's Resident Trust Fund Account, which totaled $370. Each of these cash withdrawals contained illegible signatures, lack of 2 witnesses, or the Resident signed. Resident #3 had a diagnosis of dementia, had impaired decision making per the facilities' assessment of the Resident, and the physician had indicated the Resident was unable to handle financial affairs. However, the facility permitted the cash withdrawals without sufficient signatures/authorization.

On 10-16-19 at 6:52 PM during an interview with Employee J, the Regional Director of Business Office Services when asked about Resident #3's trust account, Employee J stated, "I've looked at it, I know it's not good, signatures are not legible and there aren't two signatures".

On 10/16/19 at approximately 3:30 PM a review was conducted of the facility policy titled "Resident Trust Fund- Application for Representative Payee Status" with a revision date of 6/28/19. The policy read, "Upon notification from the Care Center's Executive Director, the Business Office Manager will initiate, complete, and mail the Request for Representative Payee

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|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 567 | Continued From page 9<br>application in a timely manner".<br><br>This same policy, referenced above, further stated, "The business office manager should file for Representative Payee in those cases where the resident is not capable of handling their own funds". This policy doesn't take into account or allow the Resident to allow their previously selected representative such as a power of attorney to manage their financial affairs on their behalf.<br><br>The facility staff were made aware of the concern of the facility policy violating Resident #3's right to manage his or her financial affairs on the afternoon of 10-16-19.<br><br>On 10-16-19 at approximately 6:00 PM, the facility staff made revisions to the facility policy titled "Resident Trust Fund- Application for Representative Payee Status," and presented the survey team with the updated policy. The revisions included the regulation text which allows the Resident the right to manage their financial affairs and the facility to only apply for Representative Payee upon written request of the Resident.<br><br>No further information was provided. | F 567 | | |
| F 568 SS=D | COMPLAINT DEFICIENCY.<br>Accounting and Records of Personal Funds<br>CFR(s): 483.10(f)(10)(iii)<br><br>§483.10(f)(10)(iii) Accounting and Records.<br>(A) The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally | F 568 | | 11/20/19 |

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|---|---|---|---|
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|---|---|
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|---|---|---|---|---|
| F 568 | Continued From page 10<br>accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.<br>(B) The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.<br>(C)The individual financial record must be available to the resident through quarterly statements and upon request.<br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, resident interview, staff interview, clinical record review, facility documentation review and in the course of a complaint investigation, the facility staff failed to provide financial records for one resident, (Resident #5), in a survey sample of 7 residents.<br><br>The findings included:<br><br>For Resident #5, the facility staff failed to provide quarterly statements of the Resident's Trust Fund (RTF).<br><br>Resident #5, a 76 year old male, was admitted to the facility on 01/30/18. Clinical record review revealed that Resident #5 was his own Responsible Party.<br><br>On 10/15/19 at approximately 11:00 AM, an interview was conducted with Resident #5 and he stated, "I know I'm supposed to get $40 a month, I have never gotten anything, no money at all, I have no idea where my money has gone, they are stealing it all from me, nobody will even talk to me about it when I ask....".<br><br>On 10/15/19 at approximately 3:00 PM, an interview was conducted with the Interim | F 568 | ¿ Resident # 5 was provided a copy of his account statement on 10/15/2019<br>¿ Residents who reside in the facility have the potential to be affected. Quality review of residents that are in house was completed by the Regional BOM and Travel Business Office Manager to ensure that residents have a copy of their account statements. Follow up based on findings<br>¿ The Vice President of Revenue Cycle educated the Admissions Director, HRC-Payroll □AP, Business Development Coordinator, Executive Director, Receptionist and Assistant Business Manager on Resident Trust Fund Policy. Residents will be provided a statement quarterly and upon request. If the resident chooses to deposit their personal funds with the facility; they must sign authorization. Residents who withdraw money will be provided a receipt at the time of withdraw upon request. Residents who open a trust Account must have the Executive Director signature to ensure proper execution.<br>¿ The Executive Director will complete quality monitoring weekly for 8 weeks to ensure compliance with RFMS accounts, | |

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|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 568 | Continued From page 11<br>Business Office Manager (Employee I) who confirmed that there was no evidence that Resident #5 received any quarterly statements of his Resident Trust Fund since the opening of the account in May 2018 and stated, "None of his quarterly statements have been signed by him to acknowledge his receipt of them, which our policy requires, I cannot say that he received any quarterly statement to date".<br><br>A facility policy was requested and received. Facility policy entitled, "Resident Trust Fund - RTF Quarterly Statement", revision date 2/26/2019, read: "Policy: A quarterly written Resident Trust Fund statement is issued to the resident", "Procedure: 7. A signed copy of in-house statements should be obtained as acknowledgment from all competent residents".<br><br>In summary, the facility staff failed to provide quarterly statements to Resident #5 regarding his Resident Trust Fund. | F 568 | statements, and account reconciliation. The results of the quality monitoring will be presented to the Quality Assurance committee monthly for review, analysis and further recommendations.<br>¿ Date of compliance 11-20-19 | |
| F 602 SS=J | COMPLAINT DEFICIENCY<br>Free from Misappropriation/Exploitation<br>CFR(s): 483.12<br><br>§483.12<br>The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms.<br>This REQUIREMENT is not met as evidenced by:<br>Based on resident interview, staff interview, | F 602 | ¿ Resident #6 received a refund check | 11/20/19 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 602 | Continued From page 12<br>facility documentation review, clinical record review, financial record review, and in the course of a complaint investigation, the facility staff failed to prevent misappropriation and exploitation of resident financial assets for 3 of 7 residents (Resident #6, #5, #3).<br><br>Immediate Jeopardy for Residents #6 and #5 was called on 10/16/2019 at 3:43 PM. It was removed on 10/16/2019 at 4:30 PM. After removal, it was lowered to a level 3 isolated for Residents #6 and #5<br><br>The findings include:<br><br>1. The facility staff applied for and received representative payee status from Social Security without the permission or knowledge of Resident #6, who was his own responsible party. Because Resident #6 did not have access to his money, he lost his apartment and his furnishings. His situation resulted in psychological harm including humiliation embarrassment, fear, becoming homeless while legally blind.<br><br>2. For Resident #5, the facility staff made an unauthorized withdrawal from his personal fund account and failed to provide him with any financial accounting of this account. This situation induced ongoing fear and anxiety, feelings of helplessness, fear of identity theft, and inability to communicate with advocates, including family. He continues to have no access to his personal financial accounts. This situation created ongoing fear and anxiety causing psychological harm.<br><br>3. For Resident #3 the facility staff misappropriated the Resident's funds by applying | F 602 | on 6-4-19 from the facility RFMS account in the amount of $887.00 and a check from the operating account on 6-5-19 for $847.00. The Regional Vice President of Revenue reviewed the statement with resident #5 provided his quarterly statement on 10/15/2019. Resident #5 will have a refund for $12, the check has been requested. Resident #3 no longer resides in the facility as of 8-13-2019. No corrective actions taken.<br>¿ A review of residents Resident Funds Management System (RFMS) for current residents will be conducted by the Regional Director of Business Office Services (RDBOS) to ensure that residents signed agreements for the facility to become their rep payee. Review of current residents in house with RFMS accounts was conducted to ensure Physician statement was accurately completed for those incapable of managing their own funds and social security check assignment. Noted discrepancies will be corrected immediately. Facility will pay restitution to those residents, as deemed appropriate, with regard to investigative findings. Review of current residents for misappropriation was completed by the Interdisciplinary team 10-16-19.<br>¿ A)Regional Vice President of Revenue conducted education with the facility Business Office Manager, HR/Payroll, Admissions Coordinator and ED on 10-16-19 to ensure understanding of the centers Policy and Procedure for obtaining Representative Payee, application process, maintaining resident | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 602 | Continued From page 13<br>to become representative payee for the Resident's Social Security Income, despite the Resident's Power of Attorney stating they did not authorize or desire this and the facility permitted multiple withdrawals from the Resident's account without sufficient supporting evidence.<br><br>1. Resident #6 was a 54 year old who was admitted to the facility on 2/6/19. His diagnoses included Legal Blindness, Hypertension, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Generalized Muscle Weakness, Diabetes Mellitus, Type 2, Rheumatoid Arthritis, Major Depressive Disorder, and Anxiety Disorder.<br><br>The Minimum Data Set, which was a Quarterly Assessment with an Assessment Reference Date of 5/16/19 was reviewed. Resident #6 was coded as having a Brief Interview of Mental Status Score of 15, indicating no cognitive impairment. Resident #6 was coded as having no rejection of care, physical or verbal behavioral issues. He had impaired range of motion in both his upper, and lower extremities on the left side. He required the physical assistance of one person for bed mobility, transfers, walking, bathing, eating, dressing, toileting, and personal hygiene.<br><br>Resident #6's care plan was reviewed. There was no documentation that he was a danger to himself or others. As his own responsible party, Resident #6 exercised his right to determine which outside appointments he would attend. An excerpt from the care plan read, "wishes to stay in facility LTC (Long Term Care)...Diabetes Mellitus. Diabetes medication as ordered by doctor. Monitor/document for side effects...At risk | F 602 | funds, banking system and providing quarterly statements. Education was also provided on federal regulation 483.10(f)(10) in regard to resident□s rights to manage his or her financial affairs and the procedure for managing accounts if the resident thus chooses to deposit his or her money in the RFMS.<br>B) Executive Director will review social security check assignment for accuracy and completeness upon admission.<br>C) Authorization to open an RFMS account will be reviewed by the executive director or don for accuracy prior to an account being opened.<br>D) Quarterly statements will be issued to the resident or designated representative. A signed copy of in-house statements will be obtained as acknowledgment from competent residents and filed with copies of mailed statements.<br>E) Executive Director will review Physician/Medical officer statement of patient□s capability to manage benefits with DON prior to request. Upon completion, Executive Director will review and validate NO/NO prior to submission to SSA to become rep payee on behalf of the resident.<br>¿ Quality Monitoring will be conducted by the RVPR for compliance with process to ensure resident□s rights to manage his or her financial affairs and the procedure for managing accounts if the resident thus chooses to deposit his or her money in the RFMS. Quality Monitoring will be conducted for 8 weeks, and then 1 x monthly for 4 months to ensure continued compliance. Findings of the RDBOS will | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 602 | Continued From page 14<br>for Falls r/t [related to] Gait/balance problems, Psychoactive drug use, Vision/hearing problems. Anticipate and meet the resident's needs...uses anti-anxiety medications r/t Anxiety Disorder. Monitor for side effects...uses antidepressant medication r/t Depression. Monitor/document side effects and effectiveness Q-SHIFT [EVERY SHIFT]...bladder incontinence r/t Impaired Mobility and vision. The resident's risk for septicemia will be minimized...impaired visual function r/t Blindness, Glaucoma...ADL [Activities of Daily Living] self-care deficit r/t Impaired balance. Assist with ADLs as needed."<br><br>On 10/9/19 a review was conducted of a complaint submitted to the State Agency. An excerpt read: "the facility took his Social Security check without his permission...his scheduled discharge date was 6/14/19, the administrator had his clothes packed on 6/7/19 and ordered him to leave the facility in the rain...Resident alleges that he has been sleeping at Walmart and any other place that he can find."<br><br>The Discharge Summary dated 6/7/19 was reviewed. There was no physician evaluation of discharge, no physician's signature, no medical status measurements, no nutritional status and requirements, no mental and psychosocial status, no list of medications, no reason for discharge, and no facility staff signature.<br><br>On 10/9/19, a review of facility documentation was conducted, revealing 2 documents by the facility's attending physician.<br>1) 2/26/19. Physician's/Medical Officer's Statement of Patient's Capability to Manage Benefits. An excerpt read, "Do you expect the patient to be able to manage funds in the future? | F 602 | be reported to the ED who will then report these findings to the QAPI (Quality Assurance Performance Improvement) Committee monthly x 6 months for continued substantial compliance and/or revision.<br>¿ Date of compliance 11-20-19 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 602 | Continued From page 15 | F 602 | | |

No."
2) 5/7/19. Do you believe the patient is capable of managing or directing the management of benefits in his or her own best interest? Unsure. Record says he is legally blind. However he wants to manage his own finances. Do you expect the patient to be able to manage funds in the future? Yes."

On 10/15/19 at approximately 12:22 P.M. an interview was conducted with the Interim Business Office Manager (Employee I). The regular Business Office Manager was "unavailable, and not allowed to return to work due to the fact that she was being investigated due to 'financial issues in the Business office'", according to the Senior Operations Director (Employee E). The Interim Business Office Manager was asked for a copy of Resident #6's signed Resident Trust Account Agreement and Beneficiary form. The form she submitted had Resident #6's name typed on it, but was not signed by him or any witnesses. Resident #6 had not authorized the facility to establish a Resident Trust Account, neither did he authorize the facility to be his Beneficiary.

In addition, she submitted 2 letters from Social Security.

One addressed to Resident #6 dated 4/1/19 read in part "We are writing to tell you that we have information that shows you need help managing your money and meeting your needs. Because of this information, we plan to send your Social Security benefits to [name of facility]. We will call this organization your representative payee."

Another dated 6/28/19 which was addressed to

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 602 | Continued From page 16 | F 602 | | |

the facility read in part, "We have decided that it would be best for [name of Resident #6] to have his checks sent to him. The money you will need to return includes saved and invested benefits...interest earned... money you have left over from any checks we sent you...any checks you might receive after the date of this letter."

On 10/16/19 from 10:10 A.M. until 11:00 A. M., a telephone interview was conducted with Resident #6, who gave permission to be on speakerphone with the entire survey team present. During the interview, Resident #6 related the circumstances of his discharge from the facility. Resident #6 often paused and cried during the interview. He stated that he was a veteran. Resident #6 was asked to describe the impact the discharge and losing control of his Social Security funds had on him. He stated, "... I felt embarrassed, humiliated, it's not anger, it's you are afraid because I can't see. They can do anything to me. I don't have the resources, family or contacts. You become numb inside because you witness what's going on and they lie so fluently."

Resident #6 stated that the facility Vice President had called him 2 times since the previous night (10/15/19) to invite him to return to the facility, because the administrator and Business Office Manager no longer worked at the facility. 'I said to the man, why would you invite me back to the alley where I was mugged? You caused me to lose my residence because I couldn't pay for my apartment, and lose everything in it'. They gave me my May and June Social Security checks back in June, but it was too late by then. I had lost everything. I'm still homeless. About a month ago, I ended up in the hospital I'm supposed to get an infusion every 6 weeks to stay alive."

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 602 | Continued From page 17 | F 602 | | |

2. Resident #5, a 76 year old male, was admitted to the facility on 01/30/18. Clinical record review revealed that Resident #5 was his own Responsible Party. Resident #5 presented as alert and oriented to person, place, time, and situation and was able to converse easily.

On 10/15/19 at approximately 11:00 AM, an interview was conducted with Resident #5 and he stated, "I know I'm supposed to get $40 a month, I have never gotten anything, no money at all, I have no idea where my money has gone, they are stealing it all from me, nobody will even talk to me about it when I ask....I came here with my cell phone and it was time for me to pay my phone bill but nobody here would listen that I needed my money for my phone bill, my phone service got cut off so I just gave my phone to my sister to keep because what was the point of having it here? It's just not right how I am treated, they ignore me".

On 10/15/19 at approximately 1:00 PM, a copy of the Authorization and Agreement to Handle Resident Funds was provided and contained Resident #5's written signature. Additionally, a copy of the Resident Fund Management Service Statement for Resident #5 from the opening of his Resident Trust Fund to present was requested and received. There was a withdrawal on 10/17/18 for $12.00 with a notation "Barbershop" and a withdrawal on 4/12/19 for $15.00 with a reference #953331 noted. There were no other withdrawal entries other than Care

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 602 | Continued From page 18 | F 602 | | |

Cost payments for the Facility room and board. Verification of authorization for the 2 withdrawals, $12.00 and $15.00, was requested and provided.

On 10/15/19 at approximately 3:00 PM, an interview was conducted with the Interim Business Office Manager (Employee I) who confirmed there was no evidence that Resident #5 received any quarterly statements of his Resident Trust Fund since the opening of the account in May 2018. Employee I also confirmed that authorization for withdrawal of $12.00 on 10/17/18 to the Barbershop was not sufficient because the "Daily Report of Beauty Shop Charges" dated 10/1/18 did not contain Resident #5's signature for payment authorization. She stated that in the event he could not sign, two witnesses would be required to sign on his behalf, however the verification did not contain two witness signatures for authorization either.

On 10/16/19 at approximately 9:00 AM, a follow-up interview was conducted with Resident #5 who stated, "I have made a lot of requests about trying to find out where my money is, I have never received any money or statements and I don't know anything about withdrawals in my account, I wanted money to pay my cell phone bill back last year but that never happened so I lost my cell phone service, no one cares...I finally received a copy of my account statement yesterday for the first time but it's not right and no one has bothered to go over it with me to answer my questions-they just dropped it off and said they will be around sometime later, there are several folks in here that they do the same thing to, it's just not right...I cannot even have what is supposed to be rightfully mine".

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 602 | Continued From page 19 | F 602 | | |

Resident #5 stated, "I have been a working man all of my life and I have always paid my bills and managed my money. I may not have had very much in my life but I worked long and hard for what I did have and I managed myself up to the point that I arrived here. When I came here, I agreed to allow them [the facility] to take my Social Security check to pay for my room but I have been asking to see my account for a long time, over a year, and nothing. I feel as though my identity has been stolen. I feel robbed. I feel like [S**T] every day. I am a victim of this system and nobody cares. It's on my mind every day, I can't stop thinking about it. I don't go out of my room anymore, I used to go outside but I don't go anymore".

Immediate Jeopardy was called on 10/16/2019 at 3:43 PM

The facility Removal Plan was submitted by the facility on 10/16/19 and verified as having been implemented. The Immediate Jeopardy was abated at 4:30 P.M.

The plan read:

1. Resident #6 received a refund check on 6-4-2019 from the facility RFMS (Resident Funds Management System) account in the amount of $887.00, and a check from the operating account on 6-5-2019 for $847.00. The Regional Vice President of Revenue reviewed the statement with Resident #5 and provided his quarterly statement on 10/15/2019. Resident #5 will have a refund of $12.00, the check has been requested.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 602 | Continued From page 20 | F 602 | | |

2. A review of residents' RFMS for current residents will be conducted by the Regional Director of Business Office Services (RDBOS) to ensure that residents signed agreements for the facility to become their representative payee. Review of current residents in house with RFMS accounts was conducted to assure the physician statements were accurately completed for those incapable of managing their own funds and Social Security check assignment. Noted discrepancies will be corrected immediately. Facility will pay restitution to those residents as deemed appropriate with regard to investigative findings. A review of current residents for misappropriation was completed by the interdisciplinary team on 10-16-2019.

3. A) Regional Vice President of Revenue conducted education with the facility Business Office Manager, Human Resources/Payroll, Admissions Coordinator, and Executive Director on 10/16/2019 to ensure understanding of the Center's policy and procedure for obtaining Representative Payee, application process, maintaining resident funds, banking system, and providing quarterly statements. Education was also provided on federal regulation 483.10(f) (10) regarding resident rights to manage their financial affairs, and the procedure for managing accounts if the resident chooses to deposit money in the RFMS.

B) Executive Director will review Social Security check assignments for accuracy and completeness upon admission.

C) Authorization to open an RFMS account will be reviewed by the Executive Director or Director of Nursing for accuracy prior to an account being

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 602 | Continued From page 21 | F 602 | | |

opened.

D) Quarterly statements will be issued to the resident of designated representative. A signed copy of in-house statements will be obtained as acknowledgement from all competent residents and filed with copies of mailed statements.

E) Executive Director will review Physician/Medical Officer statement of patient capability to manage benefits with the Director of Nursing prior to request. Upon completion Executive Director will review and validate NO/NO prior to submission to become Representative Payee on behalf of the resident. Regional Vice President of Revenue will review compliance with processes weekly for 8 weeks, and then monthly for 4 months to ensure continued compliance.

4. Ad-Hoc QAPI held on 10-16-19 to review the deficient practice and changes to company policy BO-427. Findings will be reported to the Executive Director who will then report these findings to the QAPI monthly x 6 months for continued substantial compliance and/or revision.

3. For Resident #3 the facility staff misappropriated the Resident's funds by applying to become representative payee for the Resident's Social Security Income, despite the Resident's Power of Attorney stating they did not authorize or desire this and the facility permitted multiple withdrawals from the Resident's account without sufficient supporting evidence.

Resident #3 was originally admitted to the facility

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 602 | Continued From page 22 | F 602 | | |

on 12-28-16, with a readmission on 8-1-17, following a hospitalization. Resident #3 was discharged from the facility on 8-13-19. The Resident's diagnoses included; Parkinson's disease, dementia, diabetes, epilepsy, congestive heart failure, claustrophobia, anxiety, hypothyroidism, hypertension, hallucination, and benign tumor of the meninges covering of the brain.

The Resident's most recent (MDS) Minimum Data Set, was a discharge assessment, with an Assessment Reference Date of 8-13-19, and coded Resident #3 as being able to understand, and to be understood by others. She was coded as moderately impaired for daily decision making with poor decisions. The Resident was coded as having memory deficits, and was moderately cognitively impaired. The Resident required extensive assistance from staff for bed mobility, transferring, dressing and toileting.

A review of the closed record was conducted.

On 10-16-19 during a closed record review, it was revealed that Resident #3 had executed a durable power of attorney (POA) appointing her daughter as her authorized representative to act on her behalf prior to admission to the facility. On 12-28-16 during the admission process, Resident #3's daughter/POA signed pages 10 and page 12 of the admissions agreement indicating she did not want to open a Resident Trust Fund Account. Despite this request, the facility business office manager sent Resident #3's daughter/POA a letter on 3-15-17, along with a "corrected patient trust account agreement" asking her to sign to open an account, due to a cash payment being received.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 602 | Continued From page 23 | F 602 | | |

On 10-16-19 during a closed record review, it was also revealed that Resident #3's daughter/POA had signed page 19 of the admissions agreement on 12-28-16, stating "I do not want my social security check assigned to [facility name redacted]." Despite this request by Resident #3's POA, the facility staff completed an application to become Representative Payee for Resident #3's social security benefits on 12-29-16. The facility physician then completed on 1-5-17 a "Physician's/Medical Officer's statement of patient's capability to manage benefits" indicating that Resident #3 was unable to handle her financial affairs, making no reference to Resident #3's written POA executed 6-11-10 appointing her daughter to handle her financial affairs on her behalf, in the event Resident #3 was no longer able to manage her affairs herself.

On 10-16-19 during the closed record review it was identified that from 6-20-18 until 9-4-19 there were a total of 4 communications found addressed to the facility [name redacted] on behalf of Resident #3. The first being that the Social Security Administration had received the application from the facility applying to be representative payee for Resident #3.

On 10-16-19 during the closed record review it was identified that from 3-2-18 until 5-24-19 there were 8 cash withdrawals from Resident #3's Resident Trust Fund Account, which totaled $370. Each of these cash withdrawals contained illegible signatures, lack of 2 witnesses, or the Resident signed. Resident #3 had a diagnosis of dementia, had impaired decision making per the facility assessment, the physician had indicated the Resident was unable to handle financial

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 602 | Continued From page 24 | F 602 | | |

affairs but the facility permitted the cash withdrawals without sufficient signatures/authorization.

On 10-16-19 at 6:52 PM during an interview with Employee J, the Regional Director of Business Office Services when asked about Resident #3's trust account, Employee J stated, "I've looked at it, I know it's not good, signatures are not legible and there aren't two signatures".

On 10/16/19 at approximately 3:30 PM a review was conducted of the facility policy titled "Resident Trust Fund- Application for Representative Payee Status" with a revision date of 6/28/19. The policy read, "Upon notification from the Care Center's Executive Director, the Business Office Manager will initiate, complete, and mail the Request for Representative Payee application in a timely manner".

This same policy, referenced above, further stated, "The business office manager should file for Representative Payee in those cases where the resident is not capable of handling their own funds". This policy doesn't take into account or allow the Resident to allow their previously selected representative such as a power of attorney to manage their financial affairs on their behalf.

The facility staff were made aware of the concern of the facility policy violating Resident #3's right to manage his or her financial affairs on the afternoon of 10-16-19.

On 10-16-19 at approximately 6:00 PM, the facility staff made revisions to the facility policy titled "Resident Trust Fund- Application for

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 602 | Continued From page 25<br>Representative Payee Status," and presented the survey team with the updated policy. The revisions included the regulation text which allows the Resident the right to manage their financial affairs and the facility to only apply for Representative Payee upon written request of the Resident.<br><br>No further information was provided. | F 602 | | |
| F 622 SS=D | COMPLAINT DEFICIENCY.<br>Transfer and Discharge Requirements<br>CFR(s): 483.15(c)(1)(i)(ii)(2)(i)-(iii)<br><br>§483.15(c) Transfer and discharge-<br>§483.15(c)(1) Facility requirements-<br>(i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless-<br>(A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;<br>(B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;<br>(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;<br>(D) The health of individuals in the facility would otherwise be endangered;<br>(E) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the | F 622 | | 11/20/19 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 622 | Continued From page 26 | F 622 | | |

resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or
(F) The facility ceases to operate.
(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.

§483.15(c)(2) Documentation.
When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.
(i) Documentation in the resident's medical record must include:
(A) The basis for the transfer per paragraph (c)(1)(i) of this section.
(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).
(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by-
(A) The resident's physician when transfer or

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 622 | Continued From page 27<br>discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and<br>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.<br>(iii) Information provided to the receiving provider must include a minimum of the following:<br>(A) Contact information of the practitioner responsible for the care of the resident.<br>(B) Resident representative information including contact information<br>(C) Advance Directive information<br>(D) All special instructions or precautions for ongoing care, as appropriate.<br>(E) Comprehensive care plan goals;<br>(F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.<br>This REQUIREMENT is not met as evidenced by:<br>Based on resident interview, staff interview, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to ensure that one of seven residents (Resident #6) was able to remain in the facility while his appeal to the Virginia Department of Medical Assistance Services was reviewed.<br><br>The Findings Included:<br><br>Resident #6 was discharged on 6/7/19 even though he had appealed it.<br><br>Resident #6 was a 54 year old who was admitted to the facility on 2/6/19. His diagnoses included Legal Blindness, Hypertension, Hemiplegia and | F 622 | ¿ Resident #6 no longer resides in the facility as of 06/07/2019. No corrective actions were taken.<br>¿ Residents who reside in the facility have the potential to be affected. Discharges are being reviewed in the morning meeting to ensure a safe discharge plans and needs are met.<br>¿ Licensed Nursing Staff and social workers will be educated on appropriate and safe discharge planning by the DON or designee. The Executive Director and DON will be educated by the Regional Director of Clinical Services on the process for appealing discharges to include no resident may be discharged during the appeal process. Discharges will | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 622 | Continued From page 28<br>Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Generalized Muscle Weakness, Diabetes Mellitus, Type 2, Rheumatoid Arthritis, Major Depressive Disorder, and Anxiety Disorder.<br><br>The Minimum Data Set, which was a Quarterly Assessment with an Assessment Reference Date of 5/16/19 was reviewed. Resident #6 was coded as having a Brief Interview of Mental Status Score of 15, indicating no cognitive impairment. Resident #6 was coded as having no rejection of care, physical or verbal behavioral issues. He had impaired range of motion in both his upper, and lower extremities on the left side. He required the physical assistance of one person for bed mobility, transfers, walking, bathing, eating, dressing, toileting, and personal hygiene.<br><br>On 10/9/19 a review was conducted of facility documentation, revealing 2 different Involuntary Discharge Notices that were given to Resident #6. The first one was a 5-Day Involuntary Discharge Notice dated 4/23/19. An excerpt read, "This is to notify you that you will be transferred/discharged from our facility to SAFE LOCATION OF DISCHARGE BASED ON RESIDENT'S NEEDS, effective 4/30/19. You are being discharged because the health and safety of the resident, other residents or staff is endangered."<br><br>The second Involuntary Transfer Discharge Notice was issued on 5/6/19. An excerpt read: "This is to notify you that you will be transferred/discharged from our facility to SAFE LOCATION OF DISCHARGE BASED ON RESIDENT'S NEEDS, effective 6/6/19 You are being discharged because the health and safety | F 622 | be reviewed during the daily meeting to ensure plans have been outlined to implement a safe discharge and the Executive Director will ensure that no discharges have been arranged for any resident who has requested an appeal.<br>¿ Quality monitoring will be conducted by the Executive Director or designee to ensure residents have a safe and proper discharge plan weekly for 8 weeks and the Regional Director of Clinical Services will validate compliance monthly.<br>The results of the quality monitoring will be presented to the Quality Assurance committee monthly for review, analysis and further recommendations.<br>¿ Date of compliance: 11-20-19 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 622 | Continued From page 29 | F 622 | | |

of the resident, other residents or staff is endangered."

Resident #6 appealed the decision. On 4/30/19 the facility administrator received a letter from the Commonwealth of Virginia, Department of Medical Assistance Services, regarding Resident #6's Appeal Request. An excerpt read, "[Resident #6] filed an appeal regarding the proposed discharge from your facility. [Resident #6] is entitled to a pre-disposition hearing under the due process requirements of Goldberg v Kelly. Therefore, [Resident #6] must remain in the facility pending the decision of the hearing officer."

On 10/10/19 a review of facility documentation was conducted. There was no evidence of the outcome of the Appeals Hearing.

On 10/15/19, at approximately 2:00 P.M. the Facility Senior Operations Director [Employee E] stated that he didn't know the outcome of the Appeal. At approximately 6:00 P.M., he submitted email correspondence regarding the Appeal. An excerpt from the email written by Employee E to The Virginia Department of Medical Assistance Services read: "10/15/19 at 3:46 PM. We are inquiring about his appeal hearing and whether it was ever held, and if it was canceled is you would be able to provide us with the reason why." An excerpt from the response email from the Virginia Department of Medical Assistance Services read:"10/15/19 at 5:23 PM. As discussed, no hearing took place as the case was administratively resolved. This typically means that the notice of discharge was withdrawn. The case was closed on 7.2.19."

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 622 | Continued From page 30 | F 622 | | |

On 10/9/19, a review was conducted of Resident #6's clinical record, revealing the a nurse's progress note. An excerpt read, "5/24/19. Met with resident and discussed that we will be assisting him to get payee for his Social Security benefits...he was made aware that the Notice of Discharge was rescinded."

Fourteen Days later on 6/7/19 at 6:12 P.M., an excerpt from the Social Service progress note read, "6/7/19. SW [social worker] reiterated today as guest discharge date. Resident again stated that his son will be here to pick him up on Friday of next week. SW stated that the ED [Executive Director] did not approve of that. ED requested we meet with the guest together to reiterate discharge will be today...attending this meeting was the ED, DON [Director of Nursing] Nurse Manager Central Supply Manager and guest....Ed again informed guest that today is his discharge date and next Friday was not an option because guest does not meet criteria for LTC [Long Term Care]. ED stated a taxi will be called and he will discharge at 1:30 P.M. When guest was approached later he was calling 911. Two officers arrived and spoke with resident. As a result per ED, guest was to exit the building at 4:05 P.M. and if not the officers would return to escort him off the property. Shortly after 4:00 P.M. a young man arrived to pick guest up. Guest was unable to pack all his belongings in the vehicle and stated he would come back tomorrow to gather the rest. While typing this note the same young [man?] that came earlier returned to gather the remainder of the item belonging to [Resident #6]".

On 10/10/19 at approximately 9:00 A.M., an interview was conducted with the Director of Social Services (Employee P) in the conference

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 622 | Continued From page 31 | F 622 | | |

room with another surveyor present. When asked about the circumstances of Resident #6's discharge, she stated, "We have kept other people here many times until we could find a place to go. When we went up to speak to him he said he felt threatened. It was me, the ED and the Medical Supply guy, who is a very big guy. I didn't decide who was there. The ED asked the supply guy to come."

When Employee P was asked if she had ever felt threatened by Resident #6, she said "I didn't ever feel threatened by him" "He called me a few days after he left to ask for help regarding his medications. I told him that I didn't cover that area. I did not document, or follow-up with anyone at the facility regarding his request."

The facility policy on Transfer/Discharge Notification & Right to Appeal, dated 3/26/18 was reviewed. An excerpt read, "Transfer and discharges of residents initiated by the center will be conducted according to Federal and/or State regulatory requirements. The center must permit each resident to remain in the center, and not transfer or discharge the resident from the center unless...The center may not transfer or discharge the resident while the appeal is pending, when a resident exercises his or her right to appeal a transfer or discharge notice...unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the center. The center must document the danger that failure to transfer or discharge would pose."

On 10/16/19 from 10:10 A.M. until 11:00 A. M., a telephone interview was conducted with Resident #6, who gave permission to be on speakerphone with the entire survey team present. When asked

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 622 | Continued From page 32<br>to describe the circumstances of his discharge from the facility, he stated, "[Interim Business Office Manager- Employee I. (She had not yet been designated as the Interim Manager as of the date of the discharge on 6/7/19)] came up to my room and said she was going to call the police on me. She said how disgusting I was. She said, "You better believe I'm gonna call the police and get you out of here. The Director of Nursing [Employee B] had a letter. The Nurse Manager [Employee Q] read it to me. It said I was a danger to myself and others. The Head of Housekeeping [Employee H] said I had to get out. I'm 6'4", 340 pounds. I'm real dark, I wear diamonds in my ear. I wear Christian Dior. So in the eyes of some people, race plays a part so automatically I'm the boogie man. Later that day, the housekeeping guy was walking up the hall so he walked up on me. He was in my personal space, one foot in front of me, I couldn't move my rollator. He said I was too loud and disrespectful to staff. I told him to move out of my way. The Unit Manager [Employee Q] encouraged me to go downstairs and report it. I went to Human Resources. The next thing I knew [Unit Manager Employee Q] calls me into her office and read me a letter. She said it came from the corporate office saying that I had to vacate."<br><br>"After that, I found out that they had a meeting with certain CNA's [Certified Nursing Assistants], who were told to avoid my room. I asked the DON about it. She denied it. I reported it to the Appeals [Virginia Department of Medical Assistance Services] people and the Ombudsman. | F 622 | | |
| F 624 SS=J | Preparation for Safe/Orderly Transfer/Dschrg CFR(s): 483.15(c)(7) | F 624 | | 11/20/19 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 624 | Continued From page 33<br>§483.15(c)(7) Orientation for transfer or discharge.<br>A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand.<br>This REQUIREMENT is not met as evidenced by:<br>Based on resident interview, staff interview, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to orient one of seven residents (Resident #6) to ensure a safe and orderly discharge, resulting in Immediate Jeopardy.<br><br>Immediate Jeopardy was called on 10/9/19 at 2:30 P.M. It was removed on 10/10/19 at 11:45 A.M. After removal, it was lowered to a level 3 isolated.<br><br>The Findings Included:<br><br>1. Resident #6 was discharged on 6/7/19 against his will in an unsafe manner to an unknown location with an unknown individual. The facility failed to give him education and a glucometer to manage his medication, which included sliding scale insulin. The facility also gave the resident 50 Tablets of Lorazepam, which is a controlled narcotic.<br><br>Resident #6 was a 54 year old who was admitted to the facility on 2/6/19. His diagnoses included Legal Blindness, Hypertension, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Generalized | F 624 | ¿ Resident #6 was discharged from the facility on 06/07/ 2019 accompanied by a male friend and did not disclose the location he was going to. The facility did speak with resident #6 on 10/8/2019 to offer readmission and he declined.<br><br>¿ Residents that reside in the facility have the potential to be affected. The facility Social Worker will conduct a quality review of residents with pending plans to discharge within the next two weeks. The facility Social Worker and Charge Nurse will ensure that arrangements are made for a safe discharge to include but not limited education on safe and proper medication administration of all medication, medically necessary equipment, a safe discharge location, and given proper discharge instructions in a form and manner that the resident can understand.<br><br>¿ The Regional Director of Clinical Services will educate the licensed nurses and IDT staff regarding the discharge process to include: arrangements are made for a safe discharge to include but not limited to education on safe and | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|---|---|---|---|---|
| F 624 | Continued From page 34<br>Muscle Weakness, Diabetes Mellitus, Type 2, Rheumatoid Arthritis, Major Depressive Disorder, and Anxiety Disorder.<br><br>The Minimum Data Set, which was a Quarterly Assessment with an Assessment Reference Date of 5/16/19 was reviewed. Resident #6 was coded as having a Brief Interview of Mental Status Score of 15, indicating no cognitive impairment. Resident #6 was coded as having no rejection of care, physical or verbal behavioral issues. He had impaired range of motion in both his upper, and lower extremities on the left side. He required the physical assistance of one person for bed mobility, transfers, walking, bathing, eating, dressing, toileting, and personal hygiene.<br><br>Resident #6's care plan was reviewed. There was no documentation that he was a danger to himself or others. As his own responsible party, Resident #6 exercised his right to determine which outside appointments he would attend. An excerpt from the care plan read, "wishes to stay in facility LTC (Long Term Care)...Diabetes Mellitus. Diabetes medication as ordered by doctor. Monitor/document for side effects...At risk for Falls r/t [related to] Gait/balance problems, Psychoactive drug use, Vision/hearing problems. Anticipate and meet the resident's needs...uses anti-anxiety medications r/t Anxiety Disorder. Monitor for side effects...uses antidepressant medication r/t Depression. Monitor/document side effects and effectiveness Q-SHIFT [EVERY SHIFT]...bladder incontinence r/t Impaired Mobility and vision. The resident's risk for septicemia will be minimized...impaired visual function r/t Blindness, Glaucoma...ADL [Activities of Daily Living] self-care deficit r/t Impaired balance. Assist with ADLs as needed." | F 624 | proper medication administration, usage medically necessary equipment, a safe discharge location, and the resident and or responsible party will be given proper discharge instructions in a form and manner that the resident can understand. Executive Director, Director of Nursing, Social Services, and Licensed Nurses were educated as of midnight on 10-9-19.<br>¿ Quality monitoring will be conducted to ensure residents have a safe and proper discharge 3 times a week x 3 months.<br>¿ Date of compliance 11-20-19 | |

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|---|---|---|---|---|
| F 624 | Continued From page 35 | F 624 | | |

On 10/9/19 a review was conducted of facility documentation, revealing 2 different Involuntary Discharge Notices that were given to Resident #6. The first one was a 5-Day Involuntary Discharge Notice dated 4/23/19. An excerpt read, "This is to notify you that you will be transferred/discharged from our facility to SAFE LOCATION OF DISCHARGE BASED ON RESIDENT'S NEEDS, effective 4/30/19. You are being discharged because the health and safety of the resident, other residents or staff is endangered."

The second Involuntary Transfer Discharge Notice was issued on 5/6/19. An excerpt read: "This is to notify you that you will be transferred/discharged from our facility to SAFE LOCATION OF DISCHARGE BASED ON RESIDENT'S NEEDS, effective 6/6/19 You are being discharged because the health and safety of the resident, other residents or staff is endangered."

Resident #6 appealed the decision but was still discharged.

On the day of the discharge, at 6:12 P.M., an excerpt from the Social Service progress note read, "6/7/19. SW (social worker) reiterated today as guest discharge date. Resident again stated that his son will be here to pick him up on Friday of next week. SW stated that the ED [Executive Director] did not approve of that. ED requested we meet with the guest together to reiterate discharge will be today...attending this meeting was the ED, DON [Director of Nursing] Nurse Manager Central Supply Manager and guest....Ed again informed guest that today is his discharge

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 624 | Continued From page 36 | F 624 | | |

date and next Friday was not an option because guest does not meet criteria for LTC [Long Term Care]. ED stated a taxi will be called and he will discharge at 1:30 P.M. When guest was approached later he was calling 911. Two officers arrived and spoke with resident. As a result per ED, guest was to exit the building at 4:05 P.M. and if not the officers would return to escort him off the property. Shortly after 4:00 P.M. a young man arrived to pick guest up. Guest was unable to pack all his belongings in the vehicle and stated he would come back tomorrow to gather the rest. While typing this note the same young [man?] that came earlier returned to gather the remainder of the item belonging to [Resident #6]".

On 10/10/19 at approximately 9:00 A.M., an interview was conducted with the Director of Social Services (Employee P) in the conference room with another surveyor present. When asked about the circumstances of Resident #6's discharge, she stated, "We have kept other people here many times until we could find a place to go. When we went up to speak to him he said he felt threatened. It was me, the ED and the Medical Supply guy, who is a very big guy. I didn't decide who was there. The ED asked the supply guy to come."

When Employee P was asked if she had ever felt threatened by Resident #6, she said "I didn't ever feel threatened by him" "He called me a few days after he left to ask for help regarding his medications. I told him that I didn't cover that area. I did not document, or follow-up with anyone at the facility regarding his request."

There was no documentation that the facility provided Resident #6 with education or a

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 624 | Continued From page 37 | F 624 | | |

glucometer so that he could safely self-administer physician ordered sliding scale insulin. The signed physician order read, "6/1/19. Novolog Solution. Inject as per sliding scale: If 201-300 =2; 301 - 400 =4; 401-500 = 6;501-600 =call MD According to the Medication Administration, during the 7 day period prior to Discharge on 6/7/19, Resident #6's blood sugars ranged from 146 to 405, requiring various amounts of insulin.

On 10/10/19, an interview was conducted with the Director of Nursing (Employee B) at approximately 10:00 A.M. in the conference room with another surveyor present. She submitted the Discharged Resident Medication Transfer Record and stated the Resident #6 was "given the rest of his medications that were left in the medication cart." An excerpt read: "Lorazepam (Ativan) 2 MG Tablets 1 Tab by mouth twice daily for anxiety. Narcotic. Quantity 50. Novolog FlexPen 100/ML Unit as per sliding scale subcutaneous before meals. Quantity 1."

When asked how Resident #6 would be able to determine how much insulin to administer, the DON stated that she didn't know. She was asked if it was normal practice for the facility to be unaware who the resident left with and where he went. The DON stated that if she had done the discharge, "I would ask if they had a glucometer at the time. He could bottom out-blood sugar drop. He could die. The nurse should go over the parameters with the resident."

When asked if it was safe to give a homeless resident 50 Ativan tablets with no way to secure them, the DON stated "I told you everything I know. We should have documented who he went with on the Discharge Summary and made sure

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 624 | Continued From page 38 | F 624 | | |

he signed in the right place. I think nurses should ask about discharging residents with Ativan."

When asked about the importance of providing residents with education, a glucometer, and instructions prior to discharge, the DON stated, "So they will have an understanding of what's going on or how their stay was."

The Discharge Summary dated 6/7/19 was reviewed. There was no physician evaluation of discharge, no physician's signature, no medical status measurements, no nutritional status and requirements, no mental and psychosocial status, no list of medications, no reason for discharge, and no facility staff signature.

The facility policy on Transfer/Discharge Notification & Right to Appeal, dated 3/26/18 was reviewed. An excerpt read, "Transfer and discharges of residents initiated by the center will be conducted according to Federal and/or State regulatory requirements. The center must permit each resident to remain in the center, and not transfer or discharge the resident from the center unless...The center may not transfer or discharge the resident while the appeal is pending, when a resident exercises his or her right to appeal a transfer or discharge notice...unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the center. The center must document the danger that failure to transfer or discharge would pose."

On 10/16/19 from 10:10 A.M. until 11:00 A. M., a telephone interview was conducted with Resident #6, who gave permission to be on speakerphone with the entire survey team present. When asked to describe the circumstances of his discharge

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 624 | Continued From page 39 | F 624 | | |

from the facility, he stated, "[ Interim Business Office Manager- Employee I. (she had not yet been designated as the Interim Manager as of the date of the discharge on 6/7/19)] came up to my room and said she was going to call the police on me. She said how disgusting I was. She said, "You better believe I'm gonna call the police and get you out of here. The Director of Nursing [Employee B] had a letter. The Nurse Manager [Employee Q] read it to me. It said I was a danger to myself and others.... Later that day, the housekeeping guy was walking up the hall so he walked up on me. He was in my personal space, one foot in front of me, I couldn't move my rollator. He said I was too loud and disrespectful to staff. I told him to move out of my way. The Unit Manager [Employee Q] encouraged me to go downstairs and report it. I went to Human Resources. The next thing I knew [Unit Manager Employee ] calls me into her office and read me a letter. She said it came from the corporate office saying that I had to vacate."

Resident #6 often paused and cried during the interview. He stated that he was a veteran. Resident #6 was asked to describe the impact the discharge had on him. He stated, "When I was told this by the housekeeping guy, I had to get out in the rain, I had nowhere to go so I slept at Walmart that night. I felt embarrassed, humiliated, it's not anger, it's you are afraid because I can't see. They can do anything to me. I don't have the resources, family or contacts. You become numb inside because you witness what's going on and they lie so fluently.... About a month ago, I ended up in the hospital I'm supposed to get an infusion every 6 weeks to stay alive."

According to hospital records dated 8/16/19,

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 624 | Continued From page 40 | F 624 | | |

Resident #6 was taken to the emergency room via ambulance. He presented with Abdominal Pain level 10, Altered Mental Status, and Weakness. An excerpt read, "Received intravenous tissue plasminogen activator. Unilateral weakness, Patient paged as a stroke alert. Admitted to the Intensive Care Unit." Resident #6 was discharged to a long term care facility on 8/22/19.

Immediate Jeopardy was called on 10/9/19 at 2:30 P.M.

The facility Removal Plan was submitted by the facility on 10/10/19 and verified as having been implemented. The Immediate Jeopardy was removed on 10/10/19 at 11:45 A.M.

The removal plan read:

1. Resident #6 was discharged from the facility on June 7, 2019 accompanied by a male friend and did not disclose the location he was going to.

2. Residents that reside in the facility have the potential to be affected. The facility Social Worker has conducted a quality review of residents with pending plans to discharge. The facility Social Worker and Charge Nurse will ensure that arrangements are made for a safe discharge to include education on safe and proper medication administration of narcotics and insulin, a safe discharge location, and given proper discharge instructions.

3. The Regional Director of Clinical Services will educate the licensed nurses and IDT staff regarding the discharge process to include: arrangements are made for a safe discharge to

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

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|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 624 | Continued From page 41<br>include education on safe and proper medication administration to include but not limited to narcotics and insulin, facility will have a safe discharge location, and the resident and or responsible party will be given proper discharge instructions. Current Executive Director, Director of Nursing, Social Services, licensed nurses were educated as of midnight on 10-9-19. Licensed nursing staff will not work until educated.<br><br>4. The interdisciplinary team will review residents with plans to discharge weekly in morning meeting to ensure discharge arrangements have been made to detail discharge location, transportation, medication management, home health services, treatment, and follow-up appointment needs of resident as necessary.<br><br>5. Adhoc QAPI meeting held with the IDT on 10/9/2019 at 4:15 P.M. | F 624 | | |
| F 658 SS=D | Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)<br><br>§483.21(b)(3) Comprehensive Care Plans<br>The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-<br>(i) Meet professional standards of quality.<br>This REQUIREMENT is not met as evidenced by:<br>Based on staff interview, facility documentation review, clinical record review, and in the course of a complaint investigation, the facility staff failed for 2 of 7 residents (Residents #4 and #3) to ensure that services provided to residents met professional standards of nursing care.<br><br>Findings included: | F 658 | ¿ Resident #4 was discharged from the facility on 5/7/2019. Resident #3 was discharged from the facility on 8/13/2019. No corrective actions were taken.<br>¿ Residents that reside in the facility have the potential to be affected. A quality review will be conducted by the Director of Clinical Services for late medication | 11/20/19 |

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|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 658 | Continued From page 42<br><br>1. Resident #4, a 73 year old female was admitted to the facility on 4/27/2019 and discharged on 5/7/2019. Her diagnoses included coronary artery disease, and obesity.<br><br>Resident #4's MDS (Minimum Data Set) with an ARD (Assessment Reference Date) of 5/7/2019 was coded as a discharge assessment. She had a BIMS (Brief Interview of Mental Status) score of 13/15 indicating no cognitive impairment. She was coded as needing the limited assistance of one person for her activities of daily living and was coded as being always continent of stool and occasionally incontinent of bladder.<br><br>An examination of the facility Medication Administration Audit Report revealed that medications for Resident #4 were given many hours past the scheduled time on many occasions.<br><br>The following are physician orders, time scheduled and time given:<br><br>Humulin Quikpen insulin 20 units every 12 hours<br>4/27/2019 21:00, 4/28/2019 00:34<br>5/01/2109 21:00, 5/02/2019 06:01<br>5/6/2019 21:00, 5/7/2019 01:57<br><br>Insulin per sliding scale<br>5/3/2019 21:00, 5/4/2019 00:13<br>5/6/2019 21:00, 5/7/2019 01:49<br><br>Colace 100 mg (milligram) every 12 hours<br>4/27/2019 21:00, 4/27/2019 23:42<br>5/01/2019 21:00, 5/02/2019 06:01<br>5/03/2019 21:00, 5/04/2019 00:09<br>5/6/2019 21:00, 5/7/2019 01:57 | F 658 | administration and Physician and RP□s will be notified as indicated and follow up based on findings.<br>¿ The Director of Nursing or designee, including external nurse consultant will re-educate all licensed nursing staff on following the six rights of medication administration and following MD orders for administering medications and treatments timely. Provider will be notified when medications were not administered.<br>¿ Unit Managers and or designee will conduct medication and treatments administration observations weekly for 8 weeks to cover each shift to validation that medications and treatments are administered per physician order. Variances will be addressed, and corrective action and or education will be provided. Findings to be reported to QAPI committee monthly and updated as indicated. Quality monitoring schedule modified based on findings<br>¿ Date of compliance:11-20-19 | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 658 | Continued From page 43 | F 658 | | |

Levocetirizine 5 mg daily
5/03/2019 21:00, 5/04/2019 00:13
5/6/2019 21;00, 5/7/2019 01:57

Coreg 6.25.mg every 12 hours
4/27/2019 21:00, 4/27/2019 22:44
5/0/2019 21:00, 5/0/2019 00:08
5/6/2019 21:00, 5/7/2019 01:49

Pravastatin 20 mg daily
5/03/2019 22:00, 5/04/2019 00:13

An interview was conducted with Employee C, Director of Clinical Services on 10/15/2019 at 4:15 PM. She stated that nurses often administer medications and chart the information at a later time.

Facility Policies and Procedures for Medication Records 11/30/2014 was examined. It stated; "2. The date and time of medication administration and the name or initials of the staff person administering the medication shall be recorded at the time the medication is administered."

The facility stated using Potter and Perry for their nursing standards and reference. Potter and Perry "Fundamentals of Nursing" 6th Edition page 841 describes nursing standards relating to medication administration.

"Standards are those actions that ensure safe nursing practice ...the six rights of medication administration include the following:
1. The right medication
2. The right dose
3. The right client

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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|---|---|---|---|---|
| F 658 | Continued From page 44<br>4. The right route<br>5. The right time<br>6. The right documentation.<br>No further information was supplied.<br><br>2. Resident #3 was admitted to the facility on 8-1-17, and discharged on 8-13-19. The Resident's diagnoses included; Parkinson's disease, dementia, diabetes, epilepsy, congestive heart failure, claustrophobia, anxiety, hypothyroidism, hypertension, hallucination, and benign tumor of the meninges covering of the brain.<br><br>The Resident's most recent (MDS) Minimum Data Set, was a discharge assessment, with an Assessment Reference Date of 8-13-19, and coded Resident #3 as being able to understand, and to be understood by others. The Resident was coded as having memory deficits, and moderately cognitively impaired. The Resident required extensive assistance from staff for bed mobility, transferring, dressing and toileting.<br><br>A review of the closed record was conducted.<br><br>On 10-17-19 a review was conducted of Resident #3's clinical record, revealing physician's orders, nursing notes, and Treatment Administration Records (TARs) documented by nursing staff.<br><br>Resident #3's signed physician order read, "7-22-19, Neck pillow behind neck every night at bedtime, related to low back pain." The pillow was ordered on 7-22-19, and was placed on the Treatment Administration Record on that day. On | F 658 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 495423 | A. BUILDING _____ B. WING _____ | C 10/16/2019 |

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|---|---|
| BONVIEW REHABILITATION AND HEALTHCARE | 7246 FOREST HILL AVE RICHMOND, VA 23225 |

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| F 658 | Continued From page 45<br>7-22-19, 7-23-19, and 7-24-19 nursing staff signed the document stating that the pillow was not used, and documented to refer to the nursing notes for an explanation. The nursing notes for those 3 days were reviewed and there was no explanation why the pillow was omitted. All other days were documented that the pillow was administered as ordered.<br><br>The facility was notified of findings on 10-18-19 at the end of day meeting. No further information was provided. | F 658 | | |
| F 880 SS=E | Infection Prevention & Control<br>CFR(s): 483.80(a)(1)(2)(4)(e)(f)<br><br>§483.80 Infection Control<br>The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.<br><br>§483.80(a) Infection prevention and control program.<br>The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:<br><br>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; | F 880 | | 11/20/19 |

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| F 880 | Continued From page 46<br>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:<br>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;<br>(ii) When and to whom possible incidents of communicable disease or infections should be reported;<br>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;<br>(iv)When and how isolation should be used for a resident; including but not limited to:<br>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and<br>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.<br>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and<br>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.<br><br>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.<br><br>§483.80(e) Linens.<br>Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.<br><br>§483.80(f) Annual review. | F 880 | | |

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| F 880 | Continued From page 47<br>The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by:<br>Based on observation, staff interview, facility documentation review, and in the course of a complaint investigation, the facility staff failed to maintain shower equipment and the shower room in a sanitary manner to prevent the spread of infection in 2 of 3 shower rooms.<br><br>The findings included:<br><br>1) On 10/15/19 at 2:22 PM the shower room on the 2nd floor was observed with CNA D present. The shower stretcher mat was lifted by CNA D and there was multiple areas of brown residue that appeared to be feces on the shower stretcher. CNA D was asked what the matter was, CNA D stated "looks like hair" as she picked up a quarter size piece of the brown substance with a gloved hand. It was a solid matter with some visible strains of hair intertwined in it. When CNA D was asked what the procedure is for cleaning us such equipment, CNA D stated, "we go to the cleaning people or we use bleach wipes, we are supposed to do it after each patient". When asked if she would say it was cleaned after the last use, CNA D stated "I wouldn't, to be honest".<br><br>On 10/15/19 at 2:41 PM an interview was conducted with CNA E while in the shower room on the 3rd floor. When asked about the cleaning of shower equipment, CNA E stated "we are supposed to clean the entire shower room every shift and the equipment after each use".<br><br>On 10/15/19 at 2:58 PM the facility Administrator | F 880 | ¿ The shower rooms on 2nd and 3rd floor were cleansed and disinfected by housekeeping staff on 10/15/2019 and the pink substance was removed. The shower stretchers on 2nd and 3rd floor were cleansed and disinfected by housekeeping staff on 10/15/2019 and the brown material was removed.<br>¿ Quality monitoring of shower rooms was conducted by the Executive Director as of 10/16/2019 to ensure that the shower rooms and equipment were cleansed and sanitized to prevent the spread of infection and no pink or brown substance was noted.<br>¿ The Executive Director will educate the housekeeping staff and certified nursing assistants, on facility infection control practices regarding the prevention of nosocomial infection and proper cleansing and sanitation of shower rooms and equipment.<br>¿ The Executive Director to conduct random quality monitoring of shower rooms and equipment weekly to ensure proper cleansing and disinfecting in between residents. Quality Monitoring to be conducted weekly x 8 weeks and as needed thereafter. Findings to be reported to QAPI committee monthly and updated as indicated. Quality monitoring schedule modified based on findings.<br>¿ Date of Compliance: 11-20-19 | |

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|---|---|---|---|---|
| F 880 | Continued From page 48 | F 880 | | |

accompanied this writer to the shower room on the 2nd floor. The Housekeeping manager (Employee H) was in the shower room with two housekeeping staff. The housekeepers stepped out and left the Administrator, Employee H and Employee K in the shower room with this writer. When asked if they would lift the mat/pad on the shower stretcher, Employee H did so and again, multiple areas of brown material were noted on the mesh material. Employee H stated "it is nursing's responsibility" when asked who is responsible for cleaning the shower stretcher.

On 10/16/19 at 3:56 PM a copy of the facility policy regarding cleaning of multi-resident use equipment was requested. At approximately 4:20 PM the facility administrator provided a policy titled "Cleaning and disinfection of Resident-Care items and equipment" with a review date of 9/1/17. The policy stated "resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection and the OSHA Bloodborne Pathogens Standard". Page 2 of the policy stated, "durable medical equipment must be cleaned and disinfected before residue by another resident. Reusable resident care equipment will be decontaminated and/or sterilized between residents according to manufacturer's instructions."

2) On 10/15/19 at 2:22 PM the shower room on the 2nd floor was observed with CNA D present. There was a pink substance observed on the wall on the right side of the shower room from the floor to approximately 6 inches off the floor. CNA D was asked, "what is this pink on the wall and floor" and CNA D stated "I don't know".

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|---|---|---|---|---|
| F 880 | Continued From page 49 | F 880 | | |

3) On 10/15/19 at 2:41 PM an observation of the shower room on the 3rd floor was made with CNA E present. A pink colored substance was observed on the wall and floor around the toilet in the shower room. CNA E was asked what the substance was and CNA E stated "I do not know".

On 10/15/19 at 2:58 PM the Facility Administrator (Employee A) accompanied this writer to the shower room on the 2nd floor. The Housekeeping manager (Employee H) was in the shower room with two housekeeping staff. The housekeepers stepped out and left the Administrator, Employee H and Employee K in the shower room with this writer. This writer asked what the pink colored substance on the floor and wall was. Employee H stated "I don't know what it is". Employees A, H and K were notified that a complaint had been received alleging mold in the shower room.

The Centers for Disease Control and Prevention (CDC) recognizes in their Emerging Infectious Disease article Volume 25, Number 11-November 2019 "Serratia marcescens, which can cause nosocomial outbreaks,and urinary tract and wound infections, is abundant in damp environments. It can be easily found in bathrooms, including shower corners and basins, where it appears as a pink-orange-red discoloration, due to the pigment known as prodigiosin." article accessed online at : https://wwwnc.cdc.gov/eid/article/25/11/et-2511_article

No further information was provided.

COMPLAINT DEFICIENCY.

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