STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495109	A. BUILDING _____ B. WING _____	**09/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE LAURELS OF UNIVERSITY PARK	**2420 PEMBERTON RD RICHMOND, VA 23233**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0557 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, and facility document review it was determined facility staff failed to provide privacy during medication administration for one of seven residents in the survey sample, Resident #4. LPN (licensed practical nurse) #3 was observed administering an insulin injection to Resident #4 without pulling the privacy curtain (curtain hung between two beds) in a semi-private (shared) room. The findings include: Resident #4 was admitted to the facility with [DIAGNOSES REDACTED]. Resident #4's most recent MDS (minimum data set), a quarterly assessment with an ARD (assessment reference date) of 07/03/20, coded Resident #4 as scoring a 2 (two) on the staff assessment for mental status (BIMS) of a score of 0 - 15, 2- being severely impaired for making daily decisions. Section I of the assessment documented Resident #4 diagnosed with [REDACTED].#4 having received insulin injections 7 (seven) days during the seven day assessment period. On 9/15/20 at approximately 11:20 a.m., an observation was made of LPN (licensed practical nurse) #3 performing a bedside glucometer (finger stick test to check blood sugar) check and administering sliding scale insulin (1) (dosage adjusted according to blood sugar). Resident #4 was observed sitting in a wheelchair between the two beds in a semi-private (shared) room and was closest to the bed beside the window. The privacy curtain was observed open between the two beds. Another resident was observed lying in the bed closest to the doorway. LPN #3 was observed performing hand hygiene and gathering supplies to perform the glucometer test. LPN #3 entered Resident #4's room and explained the procedure prior to performing the glucometer check. LPN #3 failed to close the privacy curtain during the glucometer testing to provide privacy for Resident #4. LPN #3 reviewed the glucometer results of 162 with Resident #4 and returned to the medication cart to obtain insulin. LPN #3 prepared the appropriate dosage of insulin according to the physician's orders [REDACTED].#4's room. LPN #3 explained the procedure to Resident #4, lifted Resident #4's shirt exposing the residents abdomen and injected the insulin into the lower abdomen. LPN #3 failed to close the privacy curtain during the administration of the insulin to Resident #4. On 9/15/20 at approximately 11:45 a.m., an attempt was made to interview Resident #4 regarding the observation of LPN #3 not providing privacy during the glucometer and insulin administration. Due to Resident #4's cognitive status, the interview was not completed. The comprehensive care plan dated 04/30/2020 for Resident #4 documented in part, (Name of Resident #4) is at risk for fluctuation in blood sugar levels R/T (related to): DM (diabetes mellitus). Date Initiated 08/26/2020. Revision on: 08/26/2020. Review of the POS [REDACTED]=2; 200-249=3; 250-299=5; 300-349=7, subcutaneously (into the fatty tissue under the skin) before meals and at bedtime for DM (diabetes mellitus) call MD (medical doctor) if <60 (less than 60) or >350 (greater than 350). Order Date 11/14/2019; Start Date 11/14/2019. Review of the MAR (medication administration record) for Resident #4 dated 9/1/2020-9/30/2020 documented a glucose reading of 162 at 11:30 a.m. on 9/15/20 and Resident #4 having received 2 (two) units of Humalog insulin according to the physician's orders [REDACTED].#3. When asked if privacy was provided for residents during medication administration, LPN #3 stated that it was. LPN #3 stated that medications were administered in resident rooms and that the privacy curtains were pulled or the doors were closed for privacy. LPN #3 stated that it was their usual practice to pull the privacy curtain when giving Resident #4 their insulin but had forgotten and that it should have been pulled. On 9/15/20 at approximately 11:50 a.m., an interview was conducted with RN (registered nurse) #1, the unit manager. RN #1 stated that residents were given medications in their rooms to promote privacy. RN #1 stated that if a resident was in a semi-private room the privacy curtain would be pulled to promote privacy and the door would be closed to ensure that they were not seen from the hallway. On 9/15/20 at approximately 12:00 p.m., ASM (administrative staff member) #1, the administrator was made aware of the findings. A request was made to ASM #1 for the facility policy for privacy during medication administration and insulin administration. On 9/15/20 at 5:01 p.m., ASM #1 provided via email documents titled Subcutaneous injection and Subcutaneous injection skills checklist. Subcutaneous injection documented in part, .Preferred injection sites for insulin are the arms, abdomen, thighs, and buttocks .Implementation .Perform hand hygiene. Confirm the patient's identity using at least two patient identifiers. Provide privacy . Subcutaneous injection skills checklist documented in part, . Objective: To administer a subcutaneous injection according to the standard of care .Checklist step .Perform hand hygiene. Confirm the patient's identity using at least two patient identifiers. Provide privacy . No further information was provided prior to exit. References: 1. Insulin A protein hormone that is synthesized in the pancreas from proinsulin and secreted by the beta cells of the islets of Langerhans, that is essential for the metabolism of carbohydrates, lipids, and proteins, that regulates blood sugar levels by facilitating the uptake of glucose into tissues, by promoting its conversion into glycogen, fatty acids, and triglycerides, and by reducing the release of glucose from the liver, and that when produced in insufficient quantities results in diabetes mellitus. This information was obtained from the website: https://www.merriam-webster.com/dictionary/insulin#medicalDictionary 2. [MEDICAL CONDITION] A brain disorder that seriously affects a person's ability to carry out daily activities) this information was obtained from the website: https://www.nlm.nih.gov/medlineplus/alzheimersdisease.html. 3. Diabetes mellitus A chronic disease in which the body cannot regulate the amount of sugar in the blood. This information was obtained from the website: https://www.nlm.nih.gov/medlineplus/ency/article/ 4.htm. 4. Insulin pen Insulin pens are devices that look like regular pens with a fine short needle on the tip. The pens have enough insulin in them for a few injections. Some pens have a case filled with insulin that you change when it is empty. Other pens are thrown away when the case is empty. Put a new needle on the tip of the pen each time you give yourself an injection (shot). Make sure that you use the type of insulin and needle for your kind of pen. Do not share your insulin pen or cartridge with others. This information was obtained from the website: https://www.fda.gov/consumers/free-publications-women/insulin#Insulin_Devices

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.