DEPART	MENT OF HEALTH	AND HUMAN SERVICES			OMB NO. 0938-039
		& MEDICAID SERVICES	Tevalinini	LE CONSTRUCTION	(X3) DATE SURVEY
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VADDEL	L NURSING AND RE	HAB CENTER	1 1	GALAX, VA 24333	
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F 000	survey and biennia was conducted 03 complaints were in	Medicare/Medicaid standard al State Licensure Inspection 1/07/17 through 03/09/17. Two investigated during the survey.	F 000	allegation of compriance with CFR, Part 483, Subpart B for Preparation and submission o in response to the CMS 2567 not constitute an agreement of Nursing and Rehab Center of	of the requirements of 42 long term care facilities of the plan of correction is for the survey and does or admission by Waddell of the tuth of the facts conclusions stated in the
	Corrections are re CFR Part 483 Feo requirements and for the Licensure of Safety Code surve	equired for compliance with 42 deral Long Term Care Virginia Rules and Regulations of Nursing Facilities. The Life ey/report will follow.		statement of deficiencies. The prepared and submitted becau under state and federal laws. Rehab Center contends that it compliance with the requiren Subpart B throughout the tim statement of deficiencies. In federal law, however, Wadde	use of the requirements Waddell Nursing and t was in substantial nents of 42 CFR, Part 483, ne period stated in the accordance with state and
	118 at the time of consisted of 21 cu (Residents #1 thro reviews (Resident	s 135 certified bed facility was the survey. The survey sample irrent Resident reviews ough #21) and 6 closed record is #22 through #27).	F 226	Center submits this plan of c statement of deficiencies and of compliance with the pertir dates stated in the plan of co- complete in all areas as of A	orrection to address the discovering to serve as it's allegation nent requirements as of the rection and as fully pril 21, 2017.
SS=D	POLICIES	MENT ABUSE/NEGLECT, ETC	1 20 800	and verified by the Administrator on 3 that the employee	e facility 3/9/17 and confirmed 's criminal
	483.12 (b) The facility mu written policies an	ist develop and implement d procedures that:		background check and received on 1 verifications retair	has been checked
	 Prohibit and pr exploitation of res resident property, 	revent abuse, neglect, and idents and misappropriation of		personnel file. 2) All employee record the Human Resour Administrator con	
	investigate any su	ies and procedures to ich allegations, and		and all employee in the completed. 3) In-service education	records were found to
	§483.95,	g as required at paragraph		Assistant on 3/20/ Administrator and	I DON.
	the freedom from	t, and exploitation. In addition to abuse, neglect, and exploitation 483.12, facilities must also) n	4) All employees were the facility Abuse	e provided a copy of Policy on 3/22/17

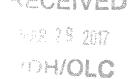
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients (See instructions.) Except for nursing homes, the findings stated above are disclosable 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.

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				1	202 PAINTER ST	
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F 226	educates staff on- (c)(1) Activities that exploitation, and mi property as set forth (c)(2) Procedures for neglect, exploitation resident property (c)(3) Dementia ma prevention. This REQUIREMENT by: Based on staff interview, and the Coofailed to obtain a criof 20 newly hired enterview, and the Coofailed to obtain a criof 20 newly hired enterview, and the Coofailed to obtain a criof 20 newly hired enterview, and the Coofailed to obtain a criof 20 newly hired enterview, and the Coofailed to obtain a criof 20 newly hired enterview, and the Coofailed to obtain a criofailed to obtain a criofaile	heir staff that at a minimum constitute abuse, neglect, sappropriation of resident in at § 483.12. or reporting incidents of abuse, in, or the misappropriation of magement and resident abuse. It is not met as evidenced eview, facility document le of Virginia, the facility staff minal background check for 1 inployees. (Employee #10). Id: Id: Id: Id: Id: Id: Id: Id	F 2	226		or to or no criminal lucted and o the d. reening will Il conduct a oyee records Assistant at
		n that we are in. The North Carolina then came				

According to the policy titled "Abuse, Neglect, and Misappropriation of Property Reporting Policy"



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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1		ONSTRUCT		(X3) DATE SURVEY COMPLETED
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		495126	B WING				03/09/2017
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TWOTEN COT	THE FIRST OF COTT ENGIN				PAINTER S		
WADDE	LL NURSING AND RE	HAB CENTER		GAL	AX, VA 2	4333	
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F 226	start of the survey of under Section VI Pr "A. Criminal completed on all en Also in the policy titl Section 4, Respons the surveyor: "V. Conduct in accordance with the administrative to the survey of the surveyor.	on 3/7/17 stated the following rotection: background checks are	F 2	26	,		
SS=D	surveyor prior to the 483.24, 483.25(k)(l) FOR HIGHEST WE 483.24 Quality of life Quality of life is a fur applies to all care ar residents. Each resifacility must provide services to attain or practicable physical, well-being, consister comprehensive asset 483.25 (k) Pain Managemer The facility must ensprovided to residents consistent with profethe comprehensive professions with the comprehensive p	ndamental principle that nd services provided to facility ident must receive and the the necessary care and maintain the highest mental, and psychosocial nt with the resident's essment and plan of care.	F3	09	2)	The attending physiciar Resident #11 was conta 3/9/17 that ordered pair medications for resident administered but the fact to do a pain assessment non-pharmacological in had been attempted price administration of pain in The attending physician Resident #15 was conta 3/9/17 that no pre-dialyst assessment was complet Resident #15 left for dia A 100% review of reside was conducted by the price nursing staff completed and found no residents wordered pain medication	acted on it #11 was cility failed and that no atervention or to nedication. if for cted on sis ted before allysis. ent charts rofessional on 3/14/17 who were

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Event ID: 042111

Facility ID: VA0257

If continuation sheet Page 3 of 30



first been attempted a non-

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	TO COD MEDICADE	& MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
	FCORRECTION	IDENTIFICATION NUMBER	1		COMPLETED
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WADDEL	L NURSING AND RE	HAB CENTER	1	PAINTER ST LAX, VA 24333	
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	(I) Dialysis. The facresidents who requiservices, consistent of practice, the compared plan, and the repreferences. This REQUIREMED by: Based on staff interview, and clinical failed to provide the to attain or maintain physical, mental, and consistent with the assessment and plates (Resident #11 and Facility staff assessments and facility	cility must ensure that irre dialysis receive such that with professional standards aprehensive person-centered residents' goals and of the sidents' sometimes are and services and psychosocial well-being, resident's comprehensive and of care for 2 of 27 residents (as a sident #15). The sident #15 was reviewed of the sident #11 was reviewed the	F 309	pharmacological interpretation the resident on dialy indicate a pre and possessment. 3) In-service education provided on 4/12/17 Director of Staff Deethe professional nurse addressing proper properties assessments, following Guidelines and facility. The unit nurse supertheir shifts will monitare residents for adherent facility policy concerpharmacological interpretation pretain the pretain post-dialysis. The unit nurse supertheir shifts will monitare and post-dialysis. The unit nurse supertheir shifts will monitare and post-dialysis. The unit nurse supertheir shifts will be pretained use the E-Mar rewill have results scart electronic medical reached list for pretain dialysis will be place binder and retained become and retained become will conduct review of 25% of all adherence to the facility administrated development of an approximation of the sacility administrated provides and retained and retained become the facility administrated provides and retained and retained become the facility administrated provides and retained and retained become the facility administrated provides and retained become the facility administrated provi	rsis's record post-dialysis will be by the velopment for sing staff rocedures for macological idents on pain dialysis ing CMS ity policy. visor during itor all nee to the rming non- erventions and assessment. visor will print eminders and ned into the ecord and also nd post- d into a hard by the DON. nd / or t a weekly residents for lity policy and areas of nunicated to ator for
		assessment reference date		action plan as determ	

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(ARD) of 1/13/17 assessed the resident with a cognitive summary score of 03 out of 15.

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Facility ID: VA0257

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EZELF FILL	C FOR MEDICARE	O MEDICAID SERVICES				OMB N	<u>0. 0938-0391</u>
management of the second second		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	7X2) MU	TIPLE C	ONSTRUCTION	(X3) DATE SURVEY	
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F 309	psychosis, or beha others. Section G the resident to require people for bed mot Section J Health C Section J0100 Pair resident had receive medication regimen needed) medication and received non-repain during the look Resident #11's curricreated on 5/17/16	assessed without delirium, viors that were directed at Functional Status assessed uire extensive assistance of 2 bility, transfers, and toileting, onditions and specifically in Management assessed that red a scheduled pain in, had not received prin (as in or was offered and declined, medication interventions for it back period. Tent comprehensive care plan with revisions beginning ude a care plan that identified		309	facility administrator, DON and ADON. Findings will be distand reviewed by the Quality Assurance – QAPI Committed	cussed	4/21/17
	The February 2017 March 2017 physici order that read "Ult Give 1 tablet by mo (twice a day)." The administration reco Resident #11 receiv medications three (2/8/17 at 1917 (7:17 p.m.) and 2/27/17 at March 2017 medica were reviewed. Remg on 3/1/17 at 19: at 2139 (9:39 p.m.) The February 2017 evidence that a pair or that any non-pha	physician order sheet and ian order sheet included an ram tablet 50 mg (milligrams) buth as needed for pain bid. February 2017 medication rds (MARs) were reviewed. Wed prn (as needed) pain 3) times in February 2017 on 7 p.m.), 2/12/17 at 1630 (4:30 at 2046 (8:46 p.m.). The ation administration records sident #11 received Ultram 50 51 (7:19 p.m.) and on 3/4/17					



Facility ID: VA0257

on 2/8/17, 2/12/17 and 2/27/17.

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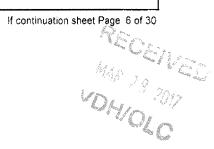
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PREELY (EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
tablet 50 mg give 1 pain BID." There we to the administration of U. The follow-up note p.m.) read "Effective The 2/12/17 at 163 "Ultram tablet 50 meeded for pain BII pain." There was readministration of U. The follow-up note p.m.) read "Effective The 2/27/17 at 20;4 "Ultram tablet 50 meeded for pain BII pain." There was readministration of U. The follow-up note p.m.) read "Effective The 2/27/17 at 20;4 "Ultram tablet 50 meeded for pain BII pain." There was readministration of the non-pharmacologic administration of U. The follow-up note p.m.) read "Effective The March 2017 previdence that a pain or that any non-pharmacological or	rogress note read "Ultram tablet by mouth as needed for was no pain assessment prior on of the Ultram or the use of the Ultram or the use of the Ultram or the use of the Ultram. Idated 2/8/17 at 20:54 (8:54 re." O (4:30 p.m.) note reading give 1 tablet by mouth as Diresident request for feet no pain assessment prior to the lettram. Idated 2/12/17 at 17:34 (5:34 re." A6 (8:46 p.m.) note reading give 1 tablet by mouth as Diresident request for leg no pain assessment prior to the lettram. Idated 2/12/17 at 17:34 (5:34 re." A6 (8:46 p.m.) note reading give 1 tablet by mouth as Diresident request for leg no pain assessment prior to the lettram. Idated 2/27/17 at 23:41 (11:41 re." Fogress notes did not reveal in assessment had been done armacological interventions or to medication administration		309			

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The 3/1/17 19:51 (7:51 p.m.) progress note read

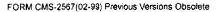
Event ID 042111

Facility ID: VA0257



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F 309	needed for pain BII assessment prior to Ultram or the use of	age 6 ng give 1 tablet by mouth as D." There was no pain the administration of the finon-pharmacological to the administration of Ultram.	F:	309			
	The follow-up note p.m.) read "Effective	dated 3/1/17 at 20:45 (8:45 e."					
	"Ultram tablet 50 m needed for pain BII assessment prior to Ultram or the use of	9:39 p.m.) progress note reading give 1 tablet by mouth as D." There was no pain the administration of the of non-pharmacological to the administration of Ultram.					
	The follow-up note p.m.) read "Effective	dated 3/4/17 at 22:04 (11:04 /e."					
	licensed practical n The staff developm had not yet put into	viewed the staff development nurse on 3/8/17 at 8:22 a.m. nent L.P.N. stated the facility place non-pharmacological nin. She stated "It's in the					
	for pain and to not interventions prior t was discussed in the	acility to assess Resident #11 offer/use non pharmacological to medication administration ne end of the day meeting on with the administrative staff.					
		ested the policy on pain from ing on 3/9/17 at 9:00 a.m.					
		he staff development L.P.N.					



assessments since the facility began using the electronic system (approximately one year) on



Facility ID: VA0257

If continuation sheet Page 7 of 30



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	DE CORRECTION IDENTIFICATION NUMBER:		STREET ADDRESS, CITY, STATE, Z 202 PAINTER ST GALAX, VA 24333		00/2011	
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F 309	3/9/17 and was able resident sustained a resident sustained a resident sustained a policy read in part: on admission to the review, whenever s and with any onset 1. The interdiscipling plan to identify the gathe care plan will be needed. 2. The nurse will exand/or the resident signs and systems (3. Since the policy record, it is not need documentation of the on the back of the Nadministration record. The information cidentify: a. Location c. Pain quality. d. Oe. Aggravating factors symptoms. 5. The resident will regular intervals. The	e to locate only one after the a fall. wed the facility policy on pain ain protocol on 3/9/17. The "A pain evaluation will occur facility, at each quarterly ignificant change in condition of new pain. hary team will establish a care goals of the pain program and reviewed and updated as reliable the nonverbal resident with dementia for nonspecific sic) that could reflect pain. Is to utilize the pain flow response of the medication did. The pain flow record will of the pain. Is Pain intensity. Inset and duration of the pain response of the pain intensity. In the pain flow record will of the pain. In the pain response of the pain intensity. In the pain at the physician will be notified of the pain will	F 3		·Y)	
	No further information exit conference on 3 2. The facility staff for documentation for R Resident #15 was ac 2/10/17 with the follo limited to heart failure	on was provided prior to the /9/17. ailed to provide dialysis esident #15. Imitted to the facility on wing diagnoses of, but not e, diabetes, diabetes,				



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(X4) ID PREFIX TAG	VIDER OR SUPPLIER JURSING AND RE SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	A. BUILDING B. WING S	STREET ADDRESS, CITY, STATE, ZIP CODE 202 PAINTER ST GALAX, VA 24333 PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	
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Re	•			DEFICIENCY)	ROPRIATE DATE
Int 15 wa to pe Re the	ata Set) with an A ate) of 2/17/17 as rerview for Menta out of a possible as coded as requi 2 staff members rsonal hygiene. esident #15's clini a surveyor on 3/9	age 8 coded on the MDS (Minimum RD (Assessment Reference having a BIMS (Brief I Status) as having a score of escore of 15. Resident #15 firing extensive assistance of 1 for dressing, bathing and cal record was reviewed by /17. The dialysis assessment the clinical record for when the	F 309		
res foll Th do- 9:3 ask pro a re sta bef the dire a c Ser ""	e director of nurse cumented finding 80 am in the conficed the director obtacol the nurses esident went to dited "The nurses fore and after the in chart them in the ctor of nursing a copy of a policy tit rvices. In this po The resident will	ding for dialysis on the 6/17, 2/17/17, and 2/13/17. sing was notified of the above is on 3/9/17 at approximately erence room. The surveyor of nursing what was the were to follow regarding when ialysis. The director of nursing are to assess the resident resident goes to dialysis and ne clinical record." The also provided the surveyor with led "End Stage Renal Dialysis licy the following was stated: receive an assessment and ne transportation to the			
On noti doc	3/9/17 at approx ified the administ cumented finding further informatio	on was provided to the			



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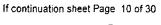
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	Continued From pa	ge 9 UGS & BIOLOGICALS	F	131		t #20 eye drops and emir insulin was d		
30-0	The facility must prodrugs and biological	ovide routine and emergency ils to its residents, or obtain		â	3/8/17 as 2) All phan checked	s being opened. macy storage areas on 3/8/17 for unla	s were beled	
unlicensed personnel to law permits, but only usupervision of a license (a) Procedures. A facily pharmaceutical services that assure the accurate dispensing, and administration of the procedures of the procedures of the pharmaceutical services that assure the accurate dispensing, and administration of the procedures		art. The facility may permit el to administer drugs if State y under the general			medication and none were The Pharmacy Consultant a review of the pharmacy areas on 3/21/17 and none found. 3) The professional nursing states are the professional states are the professional states are the professional states.		conducted storage were	
		acility must provide vices (including procedures urate acquiring, receiving, ninistering of all drugs and the needs of each resident.		2	nurses w Wedneso respectiv unlabele	ressional nursing standard monitor Mondarday and Friday the repharmacy storaged medication and vars necessary any for	ny – ir ge areas for will	
		ation. The facility must e services of a licensed		2	1) In-servic on 3/31/2	on that is unlabele be education will be 17 by the Director ment for the profes	e provided of Staff	
disposition of all condetail to enable an a (3) Determines that that an account of a maintained and period (g) Labeling of Drugger Drugs and biological labeled in accordance professional principle appropriate accesso		stem of records of receipt and attrolled drugs in sufficient accurate reconciliation; and		4	nursing s procedur 5) The DO			
		•			monthly storage a medication	nt will conduct at l monitoring of the areas for unlabeled ons and will replace	pharmacy ce as	
		s used in the facility must be be with currently accepted es, and include the			The phar findings QAPI Co	y any unlabeled mermacy consultant we to the Quality Assommittee for necessing and follow up.	vill present urance –	,



(h) Storage of Drugs and Biologicals.

(1) In accordance with State and Federal laws,







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C	ENTER	RS FOR MEDICARE	& MEDICAID SERVICES), 0936-0391
STA	TEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRU NG			TE SURVEY
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N/	AME OF I	PROVIDER OR SUPPLIER			STREET ADD	RESS, CITY, STATE, ZIP CODE		
					202 PAINTER	R ST		
W	ADDEL	L NURSING AND RE	HAB CENTER		GALAX, VA			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EA	PROVIDER'S PLAN OF CORREC' ACH CORRECTIVE ACTION SHO SS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
	F 431	locked compartmer	re all drugs and biologicals in hts under proper temperature t only authorized personnel to	F 4	31			
		permanently affixed controlled drugs list Comprehensive Dru Control Act of 1976 abuse, except when package drug distriquantity stored is more readily detected. This REQUIREMENT by: Based on observation document review, a facility staff failed to	NT is not met as evidenced ion, staff interview, facility and clinical record review, the date medications when residents (Resident #20 and					
		The facility staff when opened for Re The surveyor and re the medication cart	failed to date eye medications					
		bottle of Lumigan 0 for Resident #20 that eyes at bedtime. To the surveyor found in recorded on the bottle.	01% eye drops with directions at read to give 1 drop into both ne bottle was open; however, no date when opened tle. Registered nurse #1 and stated she saw no date					



The surveyor interviewed R.N. #1. R.N. #1 was

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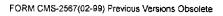
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			<u> </u>	MB NO. 0938-0391
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CIT	Y, STATE, ZIP CODE	
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F 431	Continued From pa	ge 11	F 4	1 31		
	stated bottles were	were to be dated. R.N. #1 supposed to be dated when the Lumigan eye drops were				
	on 3/8/17 at 11:15 a DON when medical DON stated medical opened. The DON 3/7/17 and no issue	iewed the director of nursing a.m. The surveyor asked the tions should be dated. The ations should be dated when stated the carts were checked as found. The surveyor by policy on labeling and dating				
	"Storage and Expira Biologicals, Syringe The policy read in por biological package follow manufacturer respect to expiration medications. Facility opened on the med	s and Needles" on 3/8/17. art "5. Once any medication pe is opened, Facility should r/supplier guidelines with				
	the concern with da opened in the end of	ned the administrative staff of ting medications when if the day meeting on 3/8/17 at on 3/9/17 at 10:15 a.m.				
	No further information	on was provided prior to the 8/9/17.				
	with diagnoses that glaucoma, Vitamin I	dmitted to the facility 2/1/14 included but not limited to 312 deficiency, anemia, havioral disturbances,				



hypertension, and major depressive disorder.

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CENTER	S FOR MEDICARE	& MEDICAID SERVICES				OMB	NO. 0938-0391	
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F 431	Continued From pa	ge 12	F	31				
	assessment with an (ARD) of 2/24/17 as cognitive summary Resident #20's curr read in part "Lumiga drop in both eyes at 2. The facility staff	ual minimum data set (MDS) n assessment reference date ssessed the resident with a score of 12 out of 15. ent physician orders for 3/8/17 an Solution 0.01% Instill 1 t bedtime for glaucoma."						
	checked the medica 3/8/17 at 10:40 a.m opened bottle of Le #21's name and with (Levemir 20 units at have a date located packaging. L.P.N. # stated she was unal	censed practical nurse #2 ation cart 2 on the first floor on . The surveyor observed an vemir insulin with Resident h directions for administration to bedtime). The bottle did not on the bottle or the #2 checked for the date and ble to find one. She was (vials of medications should						
	on 3/8/17 at 11:15 a DON when medicate DON stated medical opened. The DON: 3/7/17 and no issue:	ewed the director of nursing .m. The surveyor asked the ions should be dated. The tions should be dated when stated the carts were checked is found. The surveyor y policy on labeling and dating						
	"Storage and Expira Biologicals, Syringes	red the facility policy titled tion of Medication, s and Needles" on 3/8/17. art "5. Once any medication						



or biological package is opened, Facility should





If continuation sheet Page 13 of 30



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***************************************				GALAX, VA 24333			
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F 431	Continued From pa	ige 13	F4	1 31			
		r/supplier guidelines with					
		ty staff should record the date					
	opened on the med	lication container when the hortened expiration date once					
	the concern with da opened in the end of	ned the administrative staff of iting medications when of the day meeting on 3/8/17 at n on 3/9/17 at 10:15 a.m.					
		on was provided prior to the					
	and readmitted 11/2 included but not lim mellitus, Vitamin B1 D deficiency, hyperl psychosis, bipolar d	idmitted to the facility 5/8/13 21/16 with diagnoses that ited to type 2 diabetes 2 deficiency, anemia, Vitamin ipidemia, unspecified isorder, major depressive and Parkinson's disease.					
	(MDS) assessment reference date (ARI	terly minimum data set with an assessment D) of 2/27/17 assessed the itive summary score of 13 out					
F 441	3/8/17 read in part " (milliliter) (Insulin De subcutaneously at b dependent diabetes 483.80(a)(1)(2)(4)(e)(f) INFÉCTION CONTROL,	F 44	41			
	PREVENT SPREAD (a) Infection prevent	o, LINENS ion and control program.					



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED C
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F 441 Continued From page 14

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

- (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 (facility assessment implementation is Phase 2);
- (2) Written standards, policies, and procedures for the program, which must include, but are not limited to:
- (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility:
- (ii) When and to whom possible incidents of communicable disease or infections should be reported;
- (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;
- (iv) When and how isolation should be used for a resident; including but not limited to:
- (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and
- (B) A requirement that the isolation should be the

- F 441
- 1. The SDC (staff development coordinator) reviewed and completed the infection control tracking form on 3/10/17 to address the resolution date of resident infections. Resident #19 in room 128-D was removed from isolation on 3/9/17. Resident #10 was removed from isolation on 3/9/17.
- 2. All facility infection control logs for the pat 6-month was reviewed by the SDC and Administrator and were found to be completed on 3/10/17. No residents on facility review conducted on 3/10/17 were found to be in isolation.
- 3. All facility staff will be in-serviced by 4/12/17 concerning proper infection guidelines and facility policy, including monitoring visitors and sitters to current infection control / isolation procedures as address by the signage at the resident's room.
- 4. The unit nurse supervisor during their shifts will monitor proper placement of infection control isolation signage and adherence to proper infections control practices.
- 5. The SDC will present the infection control monitoring log at the monthly Quality Assurance Committee meeting for review and completion by the committee members.
- 6. The Administrator and DON will conduct a weekly facility rounds review for compliance with proper infection control practices. Identified areas of concern will be communicated to the facility administrator for development

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 042111

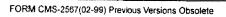
Facility ID: VA0257

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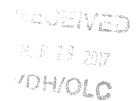
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F 441	circumstances. (v) The circumstance must prohibit emploisease or infected	sible for the resident under the resident under which the facility reses with a communicable skin lesions from direct tests or their food, if direct	F4	141	of an appropriate action plan as determined by the facility admi DON, and ADON as appropriate Findings will be discussed and by the Quality Assurance – QA Committee.	inistrator te. monitor	, 4/21/17	
	by staff involved in c (4) A system for rec	ne procedures to be followed direct resident contact. ording incidents identified PCP and the corrective facility.						
	process, and transprespread of infection. (f) Annual review. Tannual review of its I program, as necessathis REQUIREMEN by:	hel must handle, store, ort linens so as to prevent the he facility will conduct an PCP and update their ary. This not met as evidenced on, staff interview, facility						
i i	document review, an facility staff failed to c control program in re	d clinical record review, the ensure an effective infection						
-	The findings included	1.						
t f	he surveyor by the fa	ol tracking form provided to acility was incomplete. The idicate if the infections were oing.						





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	On 03/07/17 during ADON (assistant diprovided a list of ite the survey. The infe form was one of the The facility provided their infection control for November 2016-document provided incomplete. Under the Resolved" the document provided incomplete. Under the majority of the Resolved the majority of the Re	g the entrance conference the irector of nursing) was ems that would be required for ection control line list/tracking e items requested. d the surveyor with copies of rol tracking form on 03/08/17 G-March 2017. However, the to the surveyor was the column titled "Date ument failed to identify if the resolved or was ongoing for Residents listed. Toximately 9:35 a.m. the SDC coordinator) provided the copy of their infection control ead in part "It is the policy of le a safe, sanitary and ment and to help prevent the ansmission of disease and ity will have an effective and control program which not limited to, the following eillance, including process and roximately 8:20 a.m. the dithe SDC during this erbalized to the surveyor that	F 4	441			
		eam was notified of the above e survey team on 03/09/17 at i a.m.					



No further information regarding this issue was

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	PROVIDER OR SUPPLIER	HAB CENTER		202	EET ADDRESS, CITY, STATE, ZIP CO PAINTER ST LAX, VA 24333		30,00,20,1
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F 441	provided to the survice onference. 2. The facility staff is signage on Resider. Resident #19 was in 3/4/17 with the follow limited to anemia, himal nutrition, anxiety respiratory failure air resident was coded (Minimum Data Set) Reference Date) of (Brief Interview Men a possible sore of 1st coded as requiring expressions.	rey team prior to the exit called to post infection control at #19's door. cadmitted to the facility on wing diagnoses of, but not	F	141			
	During the initial tou licensed practical nu with the surveyor on by room 128 D, the I verbal report of Resi MRSA in the leg worthere was no infection resident's door or on sitting beside the resident's also am, to no infection control son the isolation cart to Again, at 2:30 am, the resident's door on 12 sitting beside the resident's door on 12 sitting the	r on 3/7/17 at 12:45 pm, tree (LPN #1) made rounds the 500 hallway. Upon going LPN #1 gave the surveyor a dent #19 had an infection of and. The surveyor noted that on control signage on the the isolation cart that was ident's door. another observation on room 128 D and there was ignage on the resident's door beside of the resident's room. ere was no signature on 18 D or on the isolation cart ident's door. The surveyor /17 at 8:35 am, the surveyor					



again observed no infection control signature on the door of 128 D or on the isolation cart sitting

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F 441	Continued From pa beside the door.	ge 18	F	141			
	control policy from I which was provided 9:35 am. (RN) #1 p of the policy titled "I	sted a copy of the infection Registered nurse (RN) #1 to the surveyor on 3/8/15/at provided the surveyor a copy infection Control" which stated entinent signage will be posted					
	notified the administ	timately 9:45 am, the surveyor trative team of the above above documented findings.					
	surveyor prior to the 3. The facility staff to	on was provided to the exit conference on 3/9/17. failed to ensure visitors ontrol guidelines for Resident					
	3/7/17 and 3/8/17. If the facility 8/29/16 a diagnoses that inclu tract infection with E (ESBL-extended-spe pulmonary embolus symbolic dysfunction	ectrum ?-lactamases), and deep vein thrombosis, ns, Alzheimer's disease, dementia without behavioral					
	(MDS) assessment reference date (ARD)) of 1/18/17 assessed the itive summary score of 09 out					

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Resident #10 was observed on 8/7/17 at 2:00 p.m. At the entrance to Resident #10's room, the

Event ID: 042111

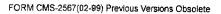
Facility ID: VA0257

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF F	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	
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				GALAX, VA 24333	
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F 441	Continued From pa	ge 19	F 4	! 41	
	surveyor observed a top of the cart that is surveyor did as instito wear a gown and knocked on the doc door. The sitter was personal protective. Resident #10 was of 8:05 a.m. The 3 drawas still in place. The and gloves as instructional gloves as instructional gloves as instructional gloves as instructional gloves. The sident #10's room same visitor as on 3 PPE. She stated should be given the sitter if she had bee	a 3 drawer cart and a sign on read "Contact Isolation". The ructed on the card which was I gloves. The surveyor or and a visitor opened the sobserved without any type of equipment. Abserved again on 3/8/17 at lawer cart with the signage he surveyor donned the gown acted on the card and entered in. The surveyor observed the B/7/17 without any type of the was the "sitter" and stayed from 7:00 a.m. to 3:00 p.m. day. The surveyor asked the in told about Resident #10's er responded "Should I be			
	record. Resident #1 1502 (3:02 p.m.) that (urinary tract infection The progress note different places	red Resident #10's clinical 0 had orders dated 3/6/17 at read "Contact Isolation-UTI on) ESBL positive." ated 3/6/17 1510 (3:10 p.m.) ated on Contact Isolation for IP (responsible party)			
; ;	#2 on 3/8/17 at 8:10 educated the family a control but had failed education. The surv	ewed licensed practical nurse a.m. L.P.N. #2 stated she and the sitter about infection I to document any of the eyor called the responsible as unable to reach the			







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	infection control wit from the staff devel nurse on 3/8/17 at 9. The surveyor review "Companion or Sitte Home/Assisted Livia "Requirements: The meet the following of facility orientation are appropriate policies Control, resident an and follow such policy for the facility infection control policy for the facility infection control policy infection control policy infection control policy infection preventing Spread determined that a reprevent the spread determined that a reprevent the spread determined that a reprevent infection prevention part "Provide education infection prevention ensure compliance well as State and fee Precautions read "Cithe use of appropriar gloves upon entering supplies (PPE) will be Resolving Protocols cleared after 3 negations." The facility will information or supplies (PPE) will information in the surveyor and surveyor and the surveyor and the surveyor and the surveyor and surveyor and the surveyor and the surveyor and the surveyor and surveyor and the surveyor and the surveyor and the surveyor and s	sted the facility policy on ha focus on visitor education opment licensed practical 2:00 a.m. wed the facility policy titled or Policy-Nursing ng Facility" on 3/8/17. e companion or sitter must equirements. 6. Attend and training requirements on governing HIPPA, Infection d companion or sitter safety cies." eviewed the infection control titled "Infection Control." The cy read in part under of Infection "1. When it is esident needs isolation to of infection, this facility will "Facility Components of and Control Program" read in cion, including training in and control practices, to with facility requirements as deral regulation." Contact ontact precautions require the PPE, including a gown and gother oom. Cart holding the estationed outside of room." read in part "ESBL will be the cultures are obtained." m any transportation agent	F	!4 1			
	(i.e. ambulance atter	ndants, funeral home, etc.,) if infection and the type."					

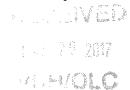
FORM CMS-2567(02-99) Previous Versions Obsolete

The surveyor interviewed the staff

development/licensed practical nurse on 3/8/17 at

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA - IDENTIFICATION NUMBER		1	TIPLE CONST	(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER	HAB CENTER		202 PAIN1	ODRESS CITY, STATE, ZIP CO ER ST VA 24333	DDE
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F 44	that when the facilit needed isolation, a visitors and staff. T visitor, or staff the r surveyor interviewe again on 3/9/17 at 7 L.P.N. #2 stated shit the sitter but had fa education. SD L.P. responsibility for the stated that was part and make sure staff education to the fan just got busy and hat that if wasn't docum surveyor also requesitter to meet the reconsister.	on control. SD L.P.N. stated by identified a resident who sign was posted for family. The staff explains to the family, eason for the isolation. The d the staff development L.P.N. 7:30 a.m. SD L.P.N. stated e had provided education to illed to document the N. stated she took e lack of follow-up. SD L.P.N. to ther follow-up to go back if had documented their nily/visitors. She stated she adn't done it and then stated lented, it wasn't done. The sted the education about the quirements in the facility er Policy." SD L.P.N. stated	F4	41		
F 502 SS=D	the concern with infethe day meeting on 3/9/17 at 10:15 a No further information exit conference on 3 483.50(a)(1) ADMIN (a) Laboratory Service (1) The facility must services to meet the	on was provided prior to the /9/17. ISTRATION	F 50	2 1)	Resident #9 attending contacted on 3/9/17 ar that the facility had dr for November 2016 ar BMP for August 2016 were not in the medicathe attending physician orders.	nd made aware awn the TCP3 nd the CBA and , but the results il record, and

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 042111

Facility ID: VA0257

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED		
		495126	B. WING				03/06	9/2017	
	PROVIDER OR SUPPLIER			STREE 202 P/	MNT	DDRESS, CITY, STATE ZIP CODE TER ST VA 24333	1 03/08	3/2U 1 /	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x		PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOUL OSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE	
	review, the facility significants, Resident and English Talents. The findings included a physician ordered to blood count), a BMF T3 (Thyroid test). Resident # 9 was and 11/1/13. Resident # not limited to: eleval anxiety disorder, dia anxiety disorder	erview and clinical record staff failed to obtain a laboratory test for 2 of 27 is #9 and #6. ed. the facility staff failed to obtain aboratory test CBC (complete P (basic metabolic panel), and dmitted to the facility on 9's diagnoses include but are ted blood pressure, dementia, abetes, and thyroid disorder. It #9's clinical record revealed minimum data set (MDS) with rence date of 2/14/17, the ed the resident to usually be understood and as having and long term memory. of Resident #9's clinical the physician had given altory test, TCP3 (Thyroid be with T3) to be done yearly, be obtained every three st, November, and February). If 9's electronic clinical record lab tests was done, for the August 2016, CBC early T3 for November 2016,	F	502	2) 3)	laboratory tracking policy of provide daily alert and sche tracking information for laboratesting and receipt of laboratesults. The unit secretary monitor the tracking information daily and will prepare the alaboratory paper work to that acknowledged by the charge The RN Unit Supervisor will 100% of resident charts for completion of scheduled and physician ordered laborator recorded results.	of g none. ed a new which will eduled boratory atory will nation appropriate nen be ge nurse. ill monitor ry tests for monitor trending alth record riew of ary N will lity tee for		

in locating the labs. After looking she reported to

the surveyor "they were not found".



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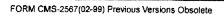
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				10	FURM APPROVEL VIB NO. 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 "		INSTRUCTION		(X3) DATE SURVEY COMPLETED
		495126	B. WING	·			C 03/09/2017
	PROVIDER OR SUPPLIER	HAB CENTER		202 PA	T ADDRESS, CITY, STATE, AINTER ST AX, VA 24333	ZIP CODE	00.0012
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F 502	Continued From pa	ge 23	F 5	02			
	meeting with the ad	dimately 10:15 am, during a ministrator, director of nurses rector of nurses, the missing cussed.					
	provided to the surv were not obtained. 2. The facility staff t	17, no further information was eyor related to the labs that failed to obtain a physician ests for Resident #6.					
	with the following dia high blood pressure anxiety disorder, obe high cholesterol, and resident was coded (Minimum Data Set) Reference Date) of as having a BIMS (E Status, an assessme possible score of 15 coded as requiring to	mitted to the facility 9/4/15 agnosis of, but not limited to , dementia, thyroid disorder, esity, diabetes, low sodium, d psychotic disorder. The on the quarterly MDS with an ARD (Assessment 1/28/17 scored the resident brief Interview for Mental ent protocol) of 0 out of a . Resident #6 was also otal dependence of 2 staff ig, personal hygiene and					
1	of Resident #6's cha this review, the surve	eted a clinical record review rt on 3/7/17. In performing eyor noted that the physician BMP, and a TPC3 every					
!	The surveyor could n abs in the electronic	ot find the results of these medical record.					
j 5	Registered nurse (Ri surveyor on 3/7/17.	N) #1 was interviewed by the The surveyor asked if these					

above documented findings had been performed



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	A MEDICAID SERVICES				VID 110. 0000 000.				
T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1			(X3) DATE SURVEY COMPLETED				
	105400	D MING			C				
	495126	R MING			03/09/2017				
NAME OF PROVIDER OR SUPPLIER WADDELL NURSING AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 202 PAINTER ST GALAX, VA. 24333						
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	CF		BE COMPLETION				
as ordered by the p	hysician. RN #1 stated "I	F 5	02						
The administrative team was notified of the above documented findings by the surveyor on 3/7/17 at 3:25 pm.									
RN #1 returned to the surveyor on 3/8/17 at approximately 9 am and stated that she could not find out why these labs were not drawn.									
surveyor prior to the exit conference on 3/9/17. 483.50(a)(2)(i) LAB SVCS ONLY WHEN		F 5	04 1)	The attending physicians for residents #5 #8 #1 #6 and a					
(a) Laboratory Services				contacted on 3/9/17 and adv. Residents #5 BMP, #8 CBC	ised that				
(2) The facility must			BMP, #1 Microalbumbin, #6 HgbA1C, and #11 CMP labo	oratory					
physician's order prior to obtaining a laboratory test for 5 of 27 Residents, Residents #5, #8, #1, #6, and #11 The findings included: 1. For Resident #5 the facility staff failed to obtain a physician's order prior to obtaining a BMP			2)	physician orders. No new or change of orders were provide the attending physicians. A 100% review of resident c was conducted by the profess nursing staff completed on 3, and found no residents with a physician ordered laboratory. The facility has implemented laboratory tracking policy who provide daily alert and sched tracking information for laboratoring and receipt of laborators. The unit secretary we monitor the tracking information formation that the control of	ders or ded by harts sional /10/17 non- tests. la new nich will uled ratory ory ill tion				
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa as ordered by the p don't know but I will The administrative is documented finding 3:25 pm. RN #1 returned to the approximately 9 am find out why these is No further informatic surveyor prior to the 483.50(a)(2)(i) LAB ORDERED BY PHY (a) Laboratory Servic (2) The facility must (i) Provide or obtain ordered by a physici practitioner or clinical accordance with Sta practice laws. This REQUIREMEN by: Based on staff inter review the facility sta physician's order prior test for 5 of 27 Resid #6, and #11 The findings included 1. For Resident #6 the a physician's order p	Continued From page 24 as ordered by the physician. RN #1 stated "I don't know but I will look into this for you." The administrative team was notified of the above documented findings by the surveyor on 3/7/17 at 3:25 pm. RN #1 returned to the surveyor on 3/8/17 at approximately 9 am and stated that she could not find out why these labs were not drawn. No further information was provided to the surveyor prior to the exit conference on 3/9/17. 483.50(a)(2)(i) LAB SVCS ONLY WHEN ORDERED BY PHYSICIAN (a) Laboratory Services (2) The facility must- (i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review the facility staff failed to obtain a physician's order prior to obtaining a laboratory test for 5 of 27 Residents, Residents #5, #8, #1,	Continued From page 24 as ordered by the physician. RN #1 stated "I don't know but I will look into this for you." The administrative team was notified of the above documented findings by the surveyor on 3/8/17 at approximately 9 am and stated that she could not find out why these labs were not drawn. No further information was provided to the surveyor prior to the exit conference on 3/9/17. 483.50(a)(2)(i) LAB SVCS ONLY WHEN ORDERED BY PHYSICIAN (a) Laboratory Services (2) The facility must- (ii) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review the facility staff failed to obtain a physician's order prior to obtaining a laboratory service obtain a physician's order prior to obtaining a BMP	Continued From page 24 as ordered by the physician. RN #1 stated "I don't know but I will look into this for you" The administrative team was notified of the above documented findings by the surveyor on 3/7/17 at 3:25 pm. RN #1 returned to the surveyor on 3/8/17 at approximately 9 am and stated that she could not find out why these labs were not drawn. No further information was provided to the surveyor provided to	CORRECTION (X1) PROVIDER SUPPLIER 495126 9 WING STREET ADDRESS. CITY. STATE. ZIP CODE 202 PAINTER ST GALAX, VA 24333 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 24 as ordered by the physician. RN #1 stated "I don't know but I will look into this for you." The administrative team was notified of the above documented findings by the surveyor on 3/8/17 at approximately 9 am and stated that she could not find out why these labs were not drawn. No further information was provided to the surveyor prior to the exit conference on 3/9/17. 483.50(a)(2)(i) LAB SVCS ONLY WHEN ORDERED BY PHYSICIAN (a) Laboratory Services (2) The facility must- (i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws. Based on staff interview and clinical record review the facility staff failed to obtain a physician's order prior to obtaining a laboratory test for 5 of 27 Residents, Residents #5, #8, #1, #6 and found no residents with physician ordered aboratory the facility staff failed to obtain a physician's order prior to obtaining a BMP SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES 202 PAINTER ST GALAX, VA 24333 FROVIDER'S PLAN OF CORRECTION SHOULD (EACH CORRECTIVE ACTION SHOULD (



Event ID: 042111

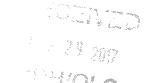
Facility ID: VA0257

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	THE PROPERTY OF THE PARTY OF TH				(OMB NO. C	1938-039
		E & MEDICAID SERVICES	Tonin	TIPLE CONST		(X3) DATE	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '	ING		COMPL	LETED
		495126	B. WING			03/09	9/2017
NAME OF I	PROVIDER OR SUPPLIER		1		DDRESS, CITY STATE, ZIP CODE	-	
WADDEL	LL NURSING AND RE	HAB CENTER		202 PAINT GALAX, '	TER ST VA 24333		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL ROSS-REFERENCED TO THE APPROPERTIES OF T	D BE	(X5) COMPLETION DATE
	o7/25/16 and readrincluded but not liming fracture, Alzheir obstructive pulmonicataracts. The most recent Millian ARD (assessme coded the Resident cognitive patterns.) Resident #5's clinic 03/07/16. It contains BMP dated 08/26/1 locate a physician's The surveyor asked if she could locate the development nurse copy of an order who be completed on 09 nurse stated that the on 08/26/16 by mist again on 09/01/16. The concern of the discussed with the ameeting on 03/08/1. No further information.	age 25 Idmitted to the facility on mitted on 12/14/16. Diagnoses nited to anemia hypertension, imer's disease, chronic hary disease, constipation, and IDS (minimum data set) with ent reference date) of 12/28/16 at as 10 out of 15 in section C, This is a quarterly MDS. Ical record was reviewed on ned a laboratory report for a 16. The surveyor could not a order for this lab test. Id the staff development nurse the physician's order. The staff e provided the surveyor with a hich indicated the test was to 9/01/16. Staff development he lab had completed the test stake, but had also completed it missing physician's order was administrative team during a 17 at approximately 1525. It the facility staff failed to sorder prior to obtaining a od count) and a BMP (basic	F 5	4)	laboratory paper work to the acknowledged by the charge. The RN Unit Supervisor we 100% of resident charts for completion of scheduled and physician ordered laborator recorded results. The DON and ADON will daily the alert tracking and section of the electronic head will conduct a 25% reversident records for necessal laboratory result. The DON present findings to the Quanta Assurance - QAPI Committed necessary monitoring and for the property of the property	ge nurse. yill monitor r nd ry tests for monitor trending alth record yiew of ary N will lity tee for	,

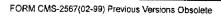


metabolic panel).

Resident #8 was admitted to the facility on

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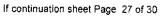
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				OMB I	OMB NO. 0938-0391		
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIER WADDELL NURSING AND REHAB CENTER (Y4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL FROM TAG (ROSS-REFERENCE) TO THE PREFIX RESULATORY OR LSC IDENTIFYING INFORMATION) F 504 COntinued From page 26 11/20/14 and readmitted on 05/24/16. Diagnoses included but not limited to hypertension, diabetes mellitus, hyperifipidemia, multiple sclerosis, anxiety, depression, chronic obstructive pulmonary disease, myasthenia gravis, end stage renal disease, and cataracts The most recent MDS (minimum date set) with an ARD (assessment reference date) of 02/04/17 coded the Resident #3's clinical record was reviewed on 03/07/17. It contained a laboratory report for a CBC and BMP dated 09/16/16. The surveyor could not locate a physician's order for these labs. The surveyor asked the staff development nurse if she could locate the missing order, and she could not. The concern of the missing physician's order was discussed with the administrative team during a meeting on 03/08/17 at approximately 1525. No further information was provided prior to exit. 3. The facility staff failed to obtain a physician order prior to obtaining a laboratory test on Resident #1. Resident #1 was readmitted to the facility on 12/21/16 with the following diagnoses of, but not limited to heart failure, high blood pressure, diabetes, dementia, Parkinson's Disease, anxiety									
		495126	B. WING				C 03/09/2017		
		HAB CENTER		202	PAINTER ST		(X3) DATE SURVEY COMPLETED C 03/09/2017		
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	x	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TION SHOULD BE THE APPROPRIATE	COMPLETION		
	11/20/14 and readmincluded but not liming mellitus, hyperlipide anxiety, depression pulmonary disease, reflux disease, myarenal disease, and of the most recent ME an ARD (assessment cognitive patterns. The most recent ME an ARD (assessment cognitive patterns. The most recent ME and ARD (assessment cognitive patterns. The Resident #8's clinical 03/07/17. It contained CBC and BMP dated could not locate a pliabs. The surveyor and an anticolor of the resident of the could not. The concern of the rediscussed with the ameeting on 03/08/17. No further information 3. The facility staff for order prior to obtaining Resident #1. Resident #1 was real 12/21/16 with the foll limited to heart failured disorder and depression the MDS (Minimum (Assessment Referent).	nitted on 05/24/16. Diagnoses ited to hypertension, diabetes mia, multiple sclerosis, chronic obstructive dysphagia, gastroesophageal sthenia gravis, end stage cataracts. OS (minimum date set) with not reference date) of 02/04/17 as 15 out of 15 in section C, his is a quarterly MDS. All record was reviewed on ad alaboratory report for a diog/16/16. The surveyor mysician's order for these isked the staff development cate the missing order, and missing physician's order was dministrative team during a lat approximately 1525. In was provided prior to exitatile to obtain a physician and a laboratory test on dmitted to the facility on owing diagnoses of, but not e, high blood pressure.	F 5	604					



assessment tool used) with a score of 3 out of a



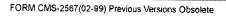






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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495126	B. WING	;		0:	C 3/ 09/2017
NAME OF	PROVIDER OR SUPPLIER			S	STREET ADDRESS. CITY, STATE, ZIP CODE	1	NUGIEG
				l	202 PAINTER ST		
WADDEI	LL NURSING AND RE	HAB CENTER			GALAX, VA 24333		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETION DATE
F 504		•	F 5	504		***************************************	
	coded as requiring	5. Resident #1 was also extensive assistance of 1 staffing and personal hygiene.					
	The surveyor conducted a clinical record review of Resident #1's chart on 2/23/17. In performing this review, the surveyor noted there was a result in the chart dated on 6/14/16 for a Microalbumbin. There was no physician order noted in the clinical record for this laboratory test.						
		team was notified of the above gs on 3/8/17 at 3:35 by the					
		ion was provided to the earlt conference on 3/9/17.					
	The facility staff f order prior to obtaini Resident #6.	failed to obtain a physician ing a laboratory test for					
	with the following dia anemia, coronary and pressure, diabetes a disorder, and psychological quarterly MDS (Minin (Assessment References and the resident was coded a Interview for Mental approtocol) score of 0 con Resident #6 was also extensive assistance	Imitted to the facility on 9/4/15 agnoses of, but not limited to rtery disease, high blood arthritis, dementia, anxiety otic disorder. On the imum Data Set) with an ARD ence Date) of 1/2/8/17 the as having a BIMS (Brief Status, an assessment out of a possible score of 15. so coded as requiring e of 1 staff member for nal hygiene and bathing.					
•	The surveyor conductof Resident #6's clini	cted a clinical record review ical record on 3/7/17. In					



performing this review, the surveyor noted there



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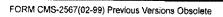


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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				ATE SURVEY OMPLETED
		495126	B WING			0	C 3/09/2017
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
	HgbA1C. There was the clinical record for the administrative to documented finding. No further information surveyor prior to the 5. The facility staff for order prior to obtain the Resident #11. The clinical record of 3/7/17 through 3/9/1 admitted to the facility included but not limit hypothyroidism, hypothyroidism	chart dated on 8/22/16 for a is no physician order noted in or this laboratory test. eam was notified of the above s on 3/8/17 at 3:25 pm. on was provided to the exit conference on 3/9/17, failed to obtain a physician ing a laboratory test for f Resident #11 was reviewed 7. Resident #11 was ty 7/24/14 with diagnoses that ted to pain, anemia, erlipidemia, major depressive nsient cerebral ischemic pertension, gastroesophageal acture left arm and trigger is erly minimum data set (MDS) assessment reference date iessed the resident with a	F 50)4			

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CENTERS	FOR MEDICARE	& MEDICAID SERVICES					O. 0938-0391
	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DA	ATE SURVEY OMPLETED
		495126	B. WINC	·		0:	C 3/09/2017
	OVIDER OR SUPPLIER NURSING AND RE	HAR CENTER		l	EET ADDRESS, CITY, STATE, ZIP CODE PAINTER ST	-	
VVADDELL	HUKSING AND KE	HAD CENTER		GAI	LAX, VA 24333		
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8 silatif w no ar if to cin w el ar la pa 71 cc ph 37	the would check the best was marked as marked on the color idea why the core CMP in addition to the nursing staff of the lab tests obtained as stated the surrently doing labo. November 2016, and to schedule lab ectronic record un mount of months, be in the electronic aper." The surveyor information or the surveyor information of the surveyor information or the su	f development L.P.N. stated e lab request form to see what d. 8:45 a.m. SD LPN informed BMP (basic metabolic panel) lab request form but she had ntracting laboratory completed of a BMP. The surveyor asked compared the physician order sined. She stated yes. SD admissions nurse was ratory audits that were started SD LPN stated there was no coratory tests in the current alless it was ordered every x She stated "You can't track or record like you can on the administrative of the ng laboratory tests without a see end of the day meeting on the was provided prior to the	F	504			





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