STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495295	A. BUILDING _____ B. WING _____	10/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERSIDE HEALTH & REHAB CNTR	2344 RIVERSIDE DRIVE DANVILLE, VA 24540

(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 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 10/4/16 through 10/5/16. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 180 certified bed facility was 162 at the time of the survey. The survey sample consisted of 25 Resident reviews with 22 current (Residents #1 through #22) and 3 closed record reviews (Residents #23- #25).	F 000	The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected November 4, 2016.	11-4-16
F 155 SS=D	483.10(b)(4) RIGHT TO REFUSE; FORMULATE ADVANCE DIRECTIVES The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section. The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law. This Requirement is not met as evidenced by: Based on staff interview and clinical record	F 155	F 155 1. The DDNR form for Resident #15 has been corrected.	11-4-16

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	10-19-16

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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F 155	Continued From page 1	F 155		

review, the facility staff failed to ensure the DDNR (Durable Do Not Resuscitate) form was complete for 1 of 25 residents (Resident #15).

The findings included:

The facility staff failed to ensure the DDNR was complete for Resident #15.

The clinical record of Resident #15 was reviewed 10/4/16 and 10/5/16. Resident #15 was admitted to the facility 7/30/16 with diagnoses that included but not limited to rhinitis, candidiasis, anxiety, anemia, hypertension, edema, weakness, cellulitis of bilateral lower extremities, urinary tract infection, hypothyroidism, peripheral vascular disease, and complete small bowel obstruction.

Resident #15's admission minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/5/16 assessed the resident with a cognitive summary score of 15 out of 15 in Section C Summary Score.

The clinical record contained a Virginia Department of Health Durable Do Not Resuscitate (DDNR) order dated 8/1/16. The DDNR form included in the clinical record read in part:

I further certify (must check 1 or 2):
1. The patient is CAPABLE of making an informed decision...
2. The patient is INCAPABLE of making an informed decision...

If you checked 2 above, check A, B, or C below:
A. While capable of making an informed decision, the patient has executed a written advanced directive...

2. Current residents DDNR forms were audited and corrections were made as needed.
3. Licensed Staff will be educated on ensuring DDNR forms are complete per form directions.
4. New admissions will be monitored by Unit Managers/Designee to assure that DDNR forms are filled out correctly.
5. Any noncompliance will be reported to the QA Committee for tracking and trending.

11-4-16

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F 155	Continued From page 2 B. While capable of making an informed decision, the patient has executed a written advanced directive which appoints a "Person Authorized to Consent on the Patient's Behalf "... C. The patient has not executed a written advanced directive... There were no checks in any of the boxes on the DDNR form. The section at the bottom of the DDNR form had been signed by the physician and resident. The form was dated 8/1/16. A review of the admission physician orders dated 7/30/16 included Resident #15's order for "DNR-Do Not Resuscitate". The surveyor interviewed the unit manager licensed practical nurse #1 on 10/4/16 at 3:55 p.m. L.P.N. #1 responded that she was surprised the form (DDNR) was incomplete. The surveyor informed the administrator, the director of nursing, and the regional registered nurse of the above finding on 10/5/16 at 1:20 p.m. and again at 3:45 p.m. No further information was provided prior to the exit conference on 10/5/16.	F 155		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This Requirement is not met as evidenced by: Based on staff interview and clinical record review it was determined that the facility staff failed to	F 309	F309 1. A Physicians order for dialysis was obtained for Resident #18 at the time of the survey.	11-4-16

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F 309	Continued From page 3 obtain a physician order prior to providing dialysis services for 1 of 25 Residents in the sample survey, Resident #18. The Findings Included: Resident #18 was a 68 year old female who was admitted on 9/27/16. Admitting diagnoses included but were not limited to: hypertension, seizures, chronic kidney disease, end stage renal disease, Clostridium difficile colitis. No Minimum Data Set (MDS) was available due to Resident #18's recent admission. On October 4, 2016 at 1 p.m. the surveyor made an initial tour of the North Wing with a Registered Nurse (RN #1), who was the Unit Manager (UM). The UM (RN #1) reported to the surveyor that Resident #18 received dialysis on Monday, Wednesday and Friday of each week. On October 5, 2016 at 1:45 p.m. the surveyor reviewed Resident #18's clinical record. Review of the clinical record produced signed physician orders dated 9/27/16. Review of the signed physician orders did not include a physician order for Resident #18 to receive dialysis. Continued review of the clinical record produced "Progress Notes" dated 9-27-16. The Progress Note read in part ... "Resident is on dialysis m-w-f (Monday, Wednesday and Friday)." (sic) Further review of the Progress Notes produced a nursing note dated 9/28/16, that documented that Resident #18 was out to a local vendor for dialysis services. Continued review of the clinical record produced "Dialysis Communication Forms" dated 9/28/16, 9/30/16 and 10/3/16 that documented that Resident #18 received dialysis at a local dialysis vendor. On October 5, 2016 at 2:05 p.m. the surveyor notified the Director of Nurses (DON) and Corporate Compliance Nurse (CCN) that Resident #18 was receiving dialysis services at a	F 309	2. Current residents receiving dialysis were audited to ensure that Physician orders were in place for those residents that receive dialysis and corrections were made as indicated. 3. Licensed staff will be educated on obtaining Physician orders for residents who attend dialysis. 4. New admissions that receive dialysis will be audited by the Unit Manager/Designee to ensure that Physician orders are present on any new dialysis resident. 5. Any noncompliance will be reported to the QA Committee for tracking and trending.	11-4-16

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F 309	Continued From page 4 local dialysis clinic three times a week. The surveyor notified the DON and CCN that Resident #18 did not have a physician order for dialysis. The surveyor and CCN reviewed Resident #18's clinical record. The CCN was unable to local a physician order for Resident #18 to receive dialysis services/treatment. On October 5, 2016 at 3:45 p.m. the survey team met with the Administrator (Adm), DON, Assistant Director of Nursing (ADON) and the CCN. The surveyor notified the Administrative Team (AT) that Resident #18 was receiving dialysis treatment/services at a local vendor. The surveyor notified the AT that Resident #18 did not have a physician order to receive dialysis treatment/services. No additional information was provided prior to exiting the facility as to why the facility staff failed to obtain a physician order for prior to providing dialysis services for Resident #18.	F 309		
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This Requirement is not met as evidenced by: Based on observation, staff interview and clinical record review it was determined that the facility staff failed to obtain a physician order prior to	F 328	F328 1. A Physicians order was obtained for Oxygen for Resident # 13 at the time of the survey. 2. Current residents receiving Oxygen were audited to ensure that Physician Orders were in place for Oxygen and corrections were made as indicated. 11-4-16	

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F 328	Continued From page 5 providing oxygen to 1 of 25 Residents in the sample survey, Resident #13. The Findings Included: Resident #13 was a 99 year old female who was originally admitted on 2/1/16 and readmitted on 2/24/16. Admitting diagnoses included, but were not limited to: hypertension, atrial fibrillation, digoxin toxicity, chronic kidney disease, and a pleural effusion. The most current Minimum Data Set (MDS) assessment located in the clinical record was a Quarterly MDS assessment with an Assessment Reference Date (ARD) of 8/30/16. The facility staff coded that Resident #13 had a Cognitive Summary Score of 15. The facility staff also coded that Resident #13 required set up assistance with Activities of Daily Living (ADL's). In Section J. Special Treatments, Procedures, and Programs the facility staff coded that Resident #13 received oxygen therapy within the past 14 days. On October 4, 2016 at 2:40 p.m. the surveyor observed Resident #13 sitting on the side of her bed. The surveyor observed an oxygen concentrator on the right hand side of the bed. On October 4, 2016 at 2:55 p.m. the surveyor reviewed Resident #13's clinical record. Review of the clinical record produced signed physician orders dated 9/30/16. Review of the signed physician orders did not include a physician order for Resident #13 to receive oxygen. On October 5, 2016 at 7:20 a.m. the surveyor observed Resident #13 in bed. Resident #13 was sleeping. The surveyor observed that Resident #13 was receiving 2 liters of oxygen via a nasal cannula. On October 5, 2016 at 7:25 a.m. the surveyor went into Resident #13's room for a medication administration with a RN (#2). Resident #13 was receiving oxygen at 2 liters per minute via a nasal	F 328	3. Licensed Staff were educated on ensuring that Physician orders are present for any resident receiving Oxygen. 4. Unit Managers/Designee will monitor new admissions to ensure that Physician orders for Oxygen are in place for any new resident receiving Oxygen. 5. Any noncompliance will be reported to the QA Committee for tracking and trending.	11-4-16

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F 328	Continued From page 6 cannula. On October 5, 2016 at 8:25 a.m. the surveyor notified the Unit Manager (UM), who was a Registered Nurse (RN #1), that the surveyor had observed that Resident #13 was receiving oxygen at 2 liters per minute. The surveyor notified the UM (RN #1) that Resident #13 did not have a physician order to receive oxygen. The surveyor and UM (RN #1) reviewed Resident #13's clinical record. The UM (RN #1) was unable to locate a physician order for Resident #13 to receive oxygen. On October 5, 2016 at 1:20 p.m. the survey team met with the Administrator (Adm), Director of Nursing DON and the Corporate Compliance Nurse (CCN). The surveyor notified the Administrative Team (AT) that Resident #13 was receiving oxygen at 2 liters per minute. The surveyor notified the AT that Resident #13 did not have a physician order to receive oxygen. No additional information was provided prior to exiting the facility as to why the facility staff failed to obtain a physician order for prior to providing oxygen for Resident #13.	F 328		
F 502 SS=D	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. 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 ordered laboratory test for 1 of 25 residents, Residents #8. The finding included:	F 502	F502 1. The Physician for Resident # 8 was notified of the missing CBC for 9/23/16.	11-4-16

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F 502	Continued From page 7 The facility staff failed to obtain physician ordered laboratory tests CBC (complete blood count) lab test for Resident #8. Resident #8 was admitted to the facility 8/11/16 with diagnoses that included but not limited to anxiety, end stage renal disease, esophageal reflux disorder, anemia, high blood pressure, and diabetes. A review of Resident #8's clinical record revealed on the most recent minimum data set (MDS) with an assessment reference date of 8/24/16, the facility staff assessed the resident to understand and to be understood. He was assessed to have a cognitive summary score of 11. On 10/5/16, a review of Resident #8's clinical record revealed that the physician had given an order for a CBC weekly, starting August 26 through September 26. A review of the laboratory reports in Resident #8's clinical record revealed no results for the 9/23/16 laboratory test. On 10/5/16 at 1:15 pm, the director of nurses (DON) was asked to assist with locating the missing lab test. She said she would check the chart. At 3:15pm, the administrator, director of nurses and regional nurse consultant were informed of the missing CBC laboratory test. The regional nurse consultant told the surveyor the lab was not done. Prior to exit on 10/5/16, the above information was again discussed with the administrator and the director of nurses.	F 502	2. Current residents Lab orders will be audited to ensure that Labs were obtained according to Physician orders and corrections will be made as indicated. 3. Licensed Staff will be educated on following Physicians orders for labs test that are ordered. 4. Unit Manager/Designee will review the Order Listing report and verify that there is a lab result for each lab ordered. 5. Any noncompliance will be reported to the QA Committee for tracking and trending.	11-4-16
F 504	483.75(j)(2)(i) LAB SVCS ONLY WHEN	F 504		

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F 504 SS=D	Continued From page 8 ORDERED BY PHYSICIAN	F 504		

The facility must provide or obtain laboratory services only when ordered by the attending physician.

This Requirement is not met as evidenced by:
Based on staff interview and clinical record review, the facility staff failed to obtain a physician order prior to obtaining laboratory tests for 1 of 25 residents (Resident #9).

The findings included:

The facility staff failed to obtain a physician order prior to obtaining laboratory tests for Resident #9. The facility staff obtained a Dilantin level on 5/18/16 and 5/23/16 and a BMP (basic metabolic panel) on 6/27/16 without physician orders.

The clinical record of Resident #9 was reviewed 10/5/16. Resident #9 was admitted to the facility 6/5/12 and readmitted 8/19/16 with diagnoses that included but not limited to new onset diabetes mellitus type 2, sepsis, urinary tract infection, hypertension, psychosis, hyperlipidemia, gastroesophageal reflux disease, dysphagia, convulsions, depression, and Vitamin D deficiency.

Resident #9's quarterly minimum data set (MDS) assessment with an assessment reference date (ARD) of 8/25/16 assessed the resident with a cognitive summary score of 10 out of 15 in Section C Summary Score.

The surveyor reviewed the laboratory section of the clinical record on 10/5/16. The laboratory section contained laboratory results for Dilantin

F504

1. The Physician for resident # 9 was notified of the laboratory test performed on 5/18/16, 5/23/16 and 6/27/16 during the Survey Period.
2. Current residents Lab orders will be audited to ensure that Labs were obtained according to Physician orders and corrections will be made as indicated.
3. Licensed Staff will be educated on following Physicians orders for labs test that are ordered.

11-4-16

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F 504	Continued From page 9 levels obtained 5/18/16 and 5/23/16 and a BMP obtained 6/27/16. The surveyor was unable to locate a physician order for the laboratory results. The surveyor informed the unit manager licensed practical nurse #1 of the above and requested assistance to locate the physician orders on 10/5/16 at 8:50 a.m. The surveyor informed the administrator, the director of nursing, and the regional nurse consultant of the above failure to locate a physician order for the laboratory tests on 10/5/16 at 1:20 p.m. and again at 3:45 p.m. The unit manager L.P.N. #1 stated she was unable to locate the physician orders for the aforementioned laboratory tests. No further information was provided prior to the exit conference on 10/5/16.	F 504	4. Unit Manager/Designee will review the Order Listing report and verify that there is a lab result for each lab ordered. 5. Any noncompliance will be reported to the QA Committee for tracking and trending.	11-4-16