

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0180	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2021
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NAME OF PROVIDER OR SUPPLIER DOGWOOD VILLAGE OF ORANGE COUNTY HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 120 DOGWOOD LANE ORANGE, VA 22960
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(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) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure survey was conducted 6/22/2021 through 6/24/2021. Corrections are required for compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 164 certified bed facility was 135 at the time of the survey. The survey sample consisted of 40 current Resident reviews and 5 closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: 12 VAC 5-371-250 (G) cross reference to F656.</p> <p>12 VAC 5-371-200 (B)(1)(ii) cross reference to F658.</p> <p>12 VAC 5-371-220 (A) and (B) and (D) cross reference to F689.</p> <p>12VAC5-371-220 cross reference to F695.</p>	F 001	<p>F656</p> <p>1.Residents #70 and #115 had their oxygen adjusted to the correct flow rate to match physician orders and care plan on 6/24/21.</p> <p>2. The other residents of the facility that use oxygen have the potential to be affected.</p> <p>3. Facility Nursing staff will be re-educated on 7/3/21 on ensuring that residents that require oxygen will have a command hook placed on their concentrator where the oxygen bag is to be placed. Residents receiving oxygen, per physician orders, will receive the amount ordered and the care plan will match to follow physician orders.</p> <p>4. To ensure compliance, audits will be conducted by Director of Nursing (or Designee) every week x 4 weeks, then monthly x 3 months related to: ensuring that residents that require</p>	7/28/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/07/21

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F 001	Continued From page 1	F 001	<p>oxygen will have a command hook placed on their concentrator where the oxygen bag is to be placed. Residents receiving oxygen, per physician orders, will receive the amount of oxygen ordered and the care plan will match to follow physician orders. This information will be forwarded to QAPI for review. Completion date: 07/28/2021</p> <p>F658</p> <ol style="list-style-type: none"> 1. Resident # 480 had a physician order placed on 6/23/21 for his continuous positive airway pressure device. 2. The other residents of the facility that receive md orders including continuous positive airway pressure devices have the potential to be affected. 3. Facility Nursing staff will be re-educated on 7/3/21 obtaining orders for residents who require them including continuous positive pressure devices. A letter with communication to families, residents, and staff was issued on 7/1/21 to educate families, residents, and staff that residents receiving respiratory services, including continuous positive airway pressure, the equipment must be given to the nurse. 4. To ensure compliance, audits will be conducted by Director of Nursing (or Designee) every week x 4 weeks, then monthly x 3 months related to: obtaining orders for residents who require them including continuous positive pressure devices. <p>This information will be forwarded to QAPI</p>	

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F 001	Continued From page 2	F 001	<p>for review. Completion date: 07/28/2021</p> <p>F689 1. Resident #108 remains with supervision and in an environment that is free of accidents and hazards. 2. The other residents of the facility that require supervision have the potential to be affected. 3. Facility Nursing staff were re-educated on 7/3/21 to the updated form documenting on new admissions every shift for 72 hours including residents who are exit-seeking. Placing residents who are exit-seeking on increased supervision and document findings. Alarmed exterior doors will be tested frequently to ensure the alarm is functioning properly. 4. To ensure compliance, audits will be conducted by Director of Nursing/Maintenance (or Designee) every week x 4 weeks, then monthly x 3 months related to: documenting on new admissions every shift for 72 hours including those who are exit-seeking placing these residents on increased supervision and document findings; auditing of the recording of alarm testing process to ensure completion. This information will be forwarded to QAPI for review. Completion date: 07/28/2021</p> <p>F695 1. Residents #70, and #115 had their oxygen corrected to match the physician</p>	

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F 001	Continued From page 3	F 001	<p>order and care plan. Resident #480 had an order placed on 6/23/21 for his continuous positive airway pressure device to be placed and cleaned. The device was cleaned on 6/23/21 and placed in a bag. Resident #480 was seen by the Nurse Practitioner on 6/28/21 with continuous positive airway pressure device listed in progress notes and lungs clear to auscultation.</p> <p>2. The other residents of the facility that require respiratory device, including oxygen and continuous positive airway pressure devices, have the potential to be affected.</p> <p>3. Facility Nursing staff were re-educated on 7/3/21 to administer oxygen as ordered per physician orders and care plan and have oxygen bag on the command strip placed on concentrator to avoid any disturbances with dial flow meter. Staff educated on obtaining orders as required, including for a continuous positive airway pressure device, completing the baseline care plan on admission with checking all boxes including the Liters Per Minute box appropriately including the special treatment procedures to include continuous positive airway pressure device, completing the nursing admission assessment to show devices, including a continuous positive airway pressure device, and cleaning continuous positive airway devices, as ordered.</p> <p>4. To ensure compliance, audits will be conducted by Director of Nursing (or Designee) every week x 4 weeks, then monthly x 3 months related to: administering oxygen as ordered per</p>	

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F 001	Continued From page 4	F 001	<p>physician orders and care plan and hanging oxygen bag on the command strip placed on concentrator to avoid any disturbances with dial flow meter. Staff educated on obtaining orders as required including for a continuous positive airway pressure device, completing the baseline care plan on admission with checking all boxes including the Liters Per Minute box appropriately including the special treatment procedures to include continuous positive airway pressure device, completing the nursing admission assessment to show devices including a continuous positive airway pressure device and cleaning continuous positive airway devices as ordered.</p> <p>This information will be forwarded to QAPI for review.</p> <p>Completion date: 07/28/2021</p>	