

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>VA0198</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/19/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVERSIDE CONVAL CENTER-SALUDA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>672 GLOUCESTER ROAD SALUDA, VA 23149</b>
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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 Inspection was conducted 03/16/21 through 03/19/21. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No complaints were investigated during the survey.</p> <p>The census in this 60 licensed bed facility was 52 at the time of the survey. The survey sample consisted of 27 resident 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: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12 VAC 5-371-150 (B)(1). Cross Reference to F-550.</p> <p>12 VAC 5-371-250 (I). Cross Reference to F-656.</p> <p>12 VAC 5-371-250 (F). Cross Reference to F-657.</p> <p>12 VAC 5-371-220 (C)(1). Cross Reference to F-686.</p> <p>12 VAC 5-371-220 (B). Cross Reference to F-759.</p> <p>12 VAC 5-371-220 (B). Cross Reference to F-760.</p>	F 001	<p>12 VAC 5-371-150 (B)(1). Cross Reference to F-550. S/S: E Resident Rights/ Exercise of Rights CFR(s): 483.10(a) (1) (2)</p> <ol style="list-style-type: none"> <li>1. One to one education was provided to team members caring for residents #18, #250, #23, and #24 regarding permission to enter their room on April 9, 2021.</li> <li>2. Administrator/designee will complete a 100% audit of staff entering resident rooms to observe and ensure staff obtain permission prior to entering the room by April 16, 2021.</li> <li>3. DON/designee will educate team members on importance of maintaining resident dignity, privacy and permission prior to entering the resident room.</li> <li>4. Administrator/designee will review 10% of resident rooms to ensure staff are obtaining permission prior to entering a</li> </ol>	4/23/21

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

TITLE

(X6) DATE

Electronically Signed

04/09/21

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F 001	Continued From page 1  12 VAC 5-371-300 (A). Cross Reference to F-761.	F 001	<p>resident room twice a week for 4 weeks and weekly for 8 weeks. The results of the audits will be reported to the QAPI committee by the DON/designee for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>5. All corrective actions will be completed by April 23, 2021.</p> <p>12 VAC 5-371-250 (I). Cross Reference to F-656. S/S: D Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)</p> <ol style="list-style-type: none"> <li>1. Resident #1 comprehensive care plan was updated to include his limited range of motion due to Hemiplegia and measurable goals for the care area of dentition by April 6, 2021.</li> <li>2. The DON/designee will complete a 100% audit of all residents comprehensive care plan regarding those with limited range of motion and ensure measurable goals are completed for the care area of dentition by April 16, 2021.</li> <li>3. The DON/designee will educate the nursing care plan team on updating and revising care plans as related to residents with limited range of motion and measurable goals for the care area of dentition.</li> <li>4. DON/designee will perform audits on 6 resident care plans weekly for 4 weeks and 3 residents care plans weekly for 8 weeks to ensure a comprehensive care plan was developed for those residents with limited range of motion and measurable goals for the care area of dentition. The results of the audits will be</li> </ol>	

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F 001	Continued From page 2	F 001	<p>reported to the QAPI committee by the DON/designee for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>5. All corrective actions will be completed by April 23, 2021.</p> <p>12 VAC 5-371-250 (F). Cross Reference to F-657. S/S: D Care Plan Timing and Revision CFR(s):483.21 (b)(2)(i)-(iii)</p> <ol style="list-style-type: none"> <li>1. Resident # 1 comprehensive care plan has been reviewed and revised to include all of his dental care needs and related pain on April 9, 2021. Resident has an appointment with the dentist on April 22, 2021.</li> <li>2. The DON/designee will complete a 100% audit of all resident's dental care plans to ensure they are reviewed and revised for accuracy related to the resident's oral/dental status and related pain.</li> <li>3. The DON/designee will educate the nursing care plan team on timeliness of reviewing and revising care plans to meet resident care needs.</li> <li>4. DON/Designee will perform audits on 6 care plans a week for 4 weeks and then 3 care plans a week for 8 weeks for timeliness and accuracy of resident's oral/dental status and related pain. The results of the audits will be reported to the QAPI committee by the DON/Designee for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</li> <li>5. All corrective actions will be completed by April 23, 2021.</li> </ol>	

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F 001	Continued From page 3	F 001	<p>12 VAC 5-371-220 (C)(1). Cross Reference to F-686. S/S: D Treatment/Services to Prevent/Heal Pressure Ulcer CFR(s): 483.25 (b)(1)(i)(ii)</p> <ol style="list-style-type: none"> <li>1. Resident #23 appointment to the wound clinic was rescheduled and transportation was provided on March 29, 2021.</li> <li>2. The DON/designee will audit 100% of residents who have appointments to ensure that transportation is arranged and confirmed by April 16, 2021.</li> <li>3. DON/designee will educate clinical staff on arranging transportation for residents scheduled appointments.</li> <li>4. DON/designee will review 3 resident appointments weekly for 8 weeks to ensure transportation is arranged and confirmed. The results of the audits will be reported to the QAPI committee by the DON/designee for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</li> <li>5. All corrective actions will be completed by April 23, 2021.</li> </ol> <p>12 VAC 5-371-220 (B). Cross Reference to F-759. S/S: D Free of Medication Error Rate 5% or More CFR (s): 483.45 (f)(1)</p> <ol style="list-style-type: none"> <li>1. The DON educated licensed nurse LPN B responsible for the medication errors for resident #29 on March 19, 2021. The DON reviewed the medication administration policy and procedure with focus on triple check of medications prior to administration, expiration dates, and the</li> </ol>	

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F 001	Continued From page 4	F 001	<p>importance of following provider orders. The provider and responsible representative were notified of the medication errors for resident # 29 on March 17, 2021. Resident #29 had no adverse outcomes as a result of the medication errors. The resident's medications were audited and all were corrected as of March 17, 2021.</p> <p>2. The DON/designee will complete a 100% audit of the medication carts for expired medications and review of medication orders to the current EMR by April 16, 2021.</p> <p>3. DON/Designee will in-service the licensed nurses on the facility policy of medication administration, the 8 rights of medication administration, and checking medication expiration dates by April 16, 2021.</p> <p>4. DON/designee will complete a med pass audit to include the 8 rights of medication administration and expiration dates are checked prior to administration for 4 residents weekly for 1 month and 4 residents monthly for 3 months and then 1 resident per month. The results of the audits will be reported to the QAPI committee by the DON/designee for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</p> <p>5. All corrective actions will be completed by April 23, 2021.</p> <p>12 VAC 5-371-220 (B). Cross Reference to F-760. S/S: D Residents are Free of Significant Med</p>	

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F 001	Continued From page 5	F 001	<p>Errors CFR (s): 483.45 (f)(2)</p> <ol style="list-style-type: none"> <li>Expired insulins for residents #38, #16, #13 were removed from the medication storage, destroyed, and re-ordered from the pharmacy on March 17, 2021. The provider and responsible representative were notified of the medication error on March 17, 2021. Residents #38, #16, #13 experienced no adverse outcomes from the expired insulin. The resident's medications were audited and all were corrected on March 17, 2021.</li> <li>The DON/designee will complete a 100% audit of all medication carts to ensure there are no outdated medications by April 9, 2021.</li> <li>The DON/designee will provide education to licensed staff on the 8 rights of medication administration and to check expiration dates prior to administration by April 16, 2021.</li> <li>DON/designee will audit all medication carts weekly for expired medication. DON/designee will complete a med pass audit to include the 8 rights of medication administration and check for expiration dates weekly for 8 weeks. The results of the audits will be reported to the QAPI committee by the DON/designee for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</li> <li>All corrective actions will be completed by April 23, 2021.</li> </ol> <p>12 VAC 5-371-300 (A). Cross Reference to F-761. S/S: D</p>	

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F 001	Continued From page 6	F 001	<p>Label/Store Drugs and Biologicals CFR(s): 483.45 (g)(h)(1)(2)</p> <ol style="list-style-type: none"> <li>1. Resident #38 and #13 opened and undated medications were disposed of and re-ordered from the pharmacy on March 17, 2021.</li> <li>2. The DON/designee will complete a 100% audit of the medication carts and medication refrigerator to ensure there are no open and un-dated medications by April 9, 2021.</li> <li>3. DON/designee will provide education to licensed staff on importance that all opened medications must be dated.</li> <li>4. DON/designee will audit all medication carts and refrigerator weekly for 8 weeks to ensure all opened medications are dated. The results of the audits will be reported to the QAPI committee by the DON/Designee for evaluation of compliance and ongoing monitoring for continuous improvement analysis.</li> <li>5. All corrective actions will be completed by April 23, 2021.</li> </ol>	