

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/05/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495133	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/22/2020
NAME OF PROVIDER OR SUPPLIER VALLEY REHABILITATION AND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 940 EAST LEE HIGHWAY CHILHOWIE, VA 24319		
(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
E 000	Initial Comments An unannounced Emergency Preparedness COVID-19 Focused Survey was conducted onsite on 10/20/2020. Emergency Preparedness information was reviewed off site on 10/20/2020. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities.	E 000			12/16/20
F 000	INITIAL COMMENTS Two complaints were investigated during this survey (unsubstantiated). An unannounced COVID-19 Focused Infection Control Survey was conducted on 10/20/2020-10/22/2020. Infection Control information was also reviewed off site on 10/20/2020. Corrections are not required for compliance with F-880 of 42 CFR Part 483 Federal Long Term Care requirement(s). Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Complaint #VA00049779 and #VA00049911 were also investigated during the survey. Both complaints were unsubstantiated with one unrelated deficiency. The census in this 180 certified bed facility was 131 at the time of the onsite survey. Of the 131 residents 2 current residents were positive for COVID-19. The survey sample consisted of 3 current residents (#1, #2 and #3) and 2 closed record reviews (#4 and #5).	F 000	The filing of this plan of correction does not constitute an admission that the alleged deficiencies did, in fact, exist. This plan of correction is filed as evidence to comply with the requirements of participation and continue to provide high quality resident centered care. 1. Resident was discharged home on 9/27 prior to this survey. At time of discharge, resident expressed satisfaction with her stay. 2. All residents in the facility have potential to be effected. 3. Education was completed with all staff regarding Elder Abuse and Mandated Reporting. In the future, all family and resident accusations of suspected abuse will be reported. 4. An employee and resident abuse reporting audit was conducted for 7 weeks starting on 10/18. 5. Started on 10/22, completed on 12/16/20		
F 609 SS=D	Reporting of Alleged Violations CFR(s): 483.12(c)(1)(4)	F 609			

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

TITLE

(X6) DATE

Electronically Signed

[Signature]

Administrator

2/10/21

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 609	<p>Continued From page 1</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review and facility document review the facility staff failed to report an incident of alleged abuse in a timely manner for 1 of 5 residents, Resident #4.</p> <p>For Resident #4 the facility staff failed to report that the resident reported alleged abuse to the staff on 09/01/2020 as indicated by nursing notes on that date.</p>	F 609			

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(X2) MULTIPLE CONSTRUCTION

A. BUILDING

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B. WING

C

10/22/2020

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

VALLEY REHABILITATION AND NURSING CENTER

940 EAST LEE HIGHWAY

CHILHOWIE, VA 24319

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F 609	<p>Continued From page 2</p> <p>Resident #4's diagnosis list included diagnoses not limited to COVID-19 infection, pseudobulbar affect, hypothyroidism, gastroesophageal reflux disease, hypertension, and dysphagia.</p> <p>Resident #4's most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 08/26/2020 assigned the resident a BIMS (brief interview for mental status) score of 15 out of 15 in section C, cognitive patterns. This indicates that the resident is alert, oriented and cognitively intact.</p> <p>Resident #4's clinical record was reviewed on 10/20/2020. It contained a nurse's note dated 09/01/2020 which read in part, "9/1/2020 7:31 Type: Behavior resident stated that a staff has came into her room and sprayed her with 'something' and put something in her 'rectum and her front md to be notified". This note was signed by LPN (licensed practical nurse) #1.</p> <p>Surveyor spoke with LPN #1 on 10/21/2020 @ approximately 9:05 am. Surveyor asked LPN #1 if they recalled Resident #4, and LPN #1 stated that they did. Surveyor asked LPN #1 if Resident #4 had made allegations of abuse to them, and LPN #1 stated that resident had. Surveyor asked LPN #1 if resident named any specific staff in the allegation, and LPN #1 stated that resident did not. Surveyor asked LPN #1 if they reported the allegation and to whom. LPN #1 stated they had reported the allegation to RN (registered nurse) #1, who is the unit manager. Surveyor asked LPN #1 if there was an investigation completed regarding Resident #4's allegation, and LPN #1 stated that they did not know, and that they assumed RN #1 "told the next person up the</p>	F 609		

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F 609	<p>Continued From page 3 line".</p> <p>Surveyor spoke with RN #1 on 10/21/2020 at approximately 9:15 am. Surveyor asked RN #1 if LPN #1 had reported the alleged abuse of Resident #4 to them and RN #1 stated, "I heard about the incident, I think it actually went directly to ... (DON [director of nursing]). RN #1 stated that MD and FNP (family nurse practitioner) did come and exam the resident, but not sure of date. Surveyor asked RN #1 if resident ever named any specific staff that allegedly abused them, and RN #1 stated that resident did not.</p> <p>Surveyor spoke with DON on 10/21/2020 at approximately 9:20 am. Surveyor asked DON if Resident #4's allegation of abuse was reported to them, and DON stated that is was. DON stated that resident was alert and oriented prior to contracting COVID-19 virus, but began having altered mental status after diagnosis of COVID-19. DON stated that they did not start an investigation into resident's allegation until resident made allegation a second time, on 09/16/2020. At that time, resident named two staff members, and stated that they had "put something up in her". DON stated that the two staff members named did not do direct resident care, and neither staff was in the facility at the time of the alleged incident. DON stated that they contacted the MD and FNP to exam the resident.</p> <p>Surveyor requested and received a copy of the physician's "Medical Evaluation Form/Progress Note" dated 09/18/2020 which read in part, "C/C (chief complaint) & HPI (history of present illness): Rsd (resident) was examined today by myself, (MD name omitted), and (RN #1), UM (unit manager). Rsd had c/o (complained of)</p>	F 609		

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F 609	<p>Continued From page 4</p> <p>someone violating her. Also recently called daughter and said they are selling bodies and I was going to sell her body....Diagnosis: C/O sexual assault, increased confusion, delirium, UTI (urinary tract infection)....Plan: First comment by patient 'Nobody did anything to violate me'. Then she said some put something into vagina. Vaginal exam completed. No signs of trauma. No breaks in skin. Rsd is a two-person assist to move legs secondary to paraplegia. APS (adult protective services) notified of complaint."</p> <p>Surveyor spoke with the DON on 10/22/2020 at approximately 10:40 am. Surveyor asked the DON who reported the incident to them. DON stated, "I think I read it on the 24 hour report from Sept. 1st " and "I didn't hear anything else about it until the 16th." DON also stated, "It was reported to me that she wasn't acting right and sleeping a lot. I looked at the note, read that she was confused and thought maybe it was because she had COVID. She was OK during the day, and more confused at night." Surveyor asked the DON exactly when the incident was reported to them, and DON stated, "I think we were probably discussing it during the morning meeting on the 16th (09/16/2020). I'm not sure who reported it." DON stated at that time, they discussed it with the administrator, and an investigation was started. DON also stated that the incident was reported to APS, and a facility reported incident form sent to the Office of Licensure and Certification at this time. Surveyor asked the DON if they should have reported the resident's alleged abuse when they first became aware of it, and DON stated that they probably should have.</p> <p>Surveyor requested and was provided with a facility policy entitled "Abuse and Neglect-Clinical</p>	F 609		

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F 609	<p>Continued From page 5</p> <p>Protocol" which read in part, "Reporting: 2. An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than:</p> <p>a. Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury; or</p> <p>b. Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury"</p> <p>Surveyor spoke with staff development coordinator (SDC) on 10/22/2020 at approximately 10:50 am. Surveyor asked SDC if they provided training on abuse and neglect, and they stated that they did. SDC stated that all new hires were given training, watched videos, and given a knowledge test. SDC also stated that annual training was given to all staff, along with several inservices throughout the year. Surveyor asked the SDC if they explained to staff what a mandated reporter is, and SDC stated that they did. Surveyor asked the SDC what was expected of staff if a resident reported alleged abuse to them, and SDC stated they would expect staff to report it immediately to their supervisor.</p> <p>Surveyor spoke with RN #3 on 10/22/2020 @ approximately 12:05 pm. Surveyor asked RN #3 if they had been provided abuse/neglect training, and RN #3 stated that they had. RN #3 also stated that they have had training 2-3 times already this year. Surveyor asked RN #3 if they knew what a mandated reporter is and RN #3 stated, "Anything that I see that is not right, I have to report it". Surveyor asked RN #3 who they would report to, and RN #3 stated they would report immediately to their supervisor or the DON.</p>	F 609			

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F 609	<p>Continued From page 6</p> <p>Surveyor asked RN #3 what they would do if a resident reported abuse to them, and RN #3 stated, "If resident alleged abuse, I would immediately report it to my supervisor or the DON, and document what the resident said".</p> <p>Surveyor spoke with CNA #1 on 10/22/2020 at approximately 1:00 pm. Surveyor asked CNA #1 how long they had been employed with the facility and CNA #1 stated approximately 10 years. Surveyor asked CNA #1 if they had ever had abuse/neglect training, and CNA #1 stated that they had, and also have had inservices on abuse/neglect "every couple of months". Surveyor asked CNA #1 if they know what a mandated reporter is and CNA stated, "Everyone in the building is mandated reporter". Surveyor asked CNA #1 what they would do if someone reported abuse to them, and CNA #1 stated they would immediately report to the charge nurse and up the chain of command.</p> <p>The concern of not reporting an incident of alleged abuse in a timely manner was discussed with the DON, ADON (assistant director of nursing) and Rehab Director/AIT (administrator in training) on 10/22/2020 at approximately 1:55 pm.</p> <p>No further information was provided prior to exit.</p>	F 609		