

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

PRINTED: 10/08/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495126	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/18/2021
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NAME OF PROVIDER OR SUPPLIER WADDELL NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 202 PAINTER ST GALAX, VA 24333
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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) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>An unannounced Medicare/Medicaid complaint survey was conducted 03/16/21 through 03/18/21 with one surveyor onsite at the facility on 03/16/21. A deficiency was cited as past noncompliance therefore no corrections were required for compliance with 42 CFR Part 483 Federal Long Term Care requirements.</p> <p>One (1) complaint was investigated during the survey (VA00051148 - substantiated).</p> <p>The census in this 135 certified bed facility was 98 at the time of the survey. The survey sample consisted of six (6) resident reviews.</p>	F 000		
F 552 SS=D	<p>Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5)</p> <p>§483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:</p> <p>§483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.</p> <p>§483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.</p> <p>§483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 552		4/7/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/07/2021
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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 552	<p>Continued From page 1</p> <p>by: Based on staff interviews, facility document review, and during the course of a complaint investigation, the facility staff failed to obtain a consent for vaccine prior to administering the vaccine for 1 of 6 residents (Resident #1).</p> <p>The findings were:</p> <p>The facility staff failed to obtain a consent for the first of two COVID vaccines prior to administering the COVID vaccine to Resident #1.</p> <p>Resident #1's minimum data set (MDS) assessment had an assessment reference date (ARD) of 12/30/2020. Section AC (cognitive patterns) of the MDS indicated the Brief Interview for Mental Status (BIMS) summary score was 05 out of 15. The resident's diagnoses included, but were not limited to: cerebrovascular disease, dysphagia (difficulty swallowing), aphasia (inability to communicate) following unspecified cerebrovascular disease, COVID-19, failure to thrive, and dehydration.</p> <p>Resident #1's electronic clinical records was reviewed and a progress note dated 01/07/21 read that during a COVID vaccine clinic the same day, the pharmacist from a contracted pharmacy had administered the first of two COVID vaccines to Resident #1. The resident's representatives (two adult children) had not provided consent. One of the resident representatives (RR) was notified of the occurrence and provided consent for Resident #1 to receive the second dose. The resident was monitored for response or reaction to the vaccine. The resident's physician was notified and instructed staff to continue monitoring for adverse reaction to the vaccine.</p>	F 552	Past noncompliance: no plan of correction required.		

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F 552	Continued From page 2 During an interview with the director of nursing (DON) while investigating a complaint onsite on 03/16/21, the DON explained that during the COVID vaccine clinic on 01/07/21, the facility provided a nurse to accompany the contracted pharmacist to each room in order to identify the residents. While in Resident #1's room, the facility's nurse was called away to answer a page related to vaccines and while the nurse was out of the room, the pharmacist administered the vaccine to Resident #1 who's RR had not provided consent. When the error was caught, Resident #1's son (one of two RRs) was notified and provided consent at that time for the second dose when it was due. Resident #1's son (co-RR) was interviewed via phone by this surveyor on 03/17/21 at 10:43 a.m. He acknowledged that he had not provided consent, verbal or otherwise, for the vaccine and explained the family had been "on the fence" about whether to consent to the vaccine or not since Resident #1 had recently been positive for COVID-19 virus. He acknowledged providing consent for the second dose. The facility conducted an investigation into the occurrence, presented the occurrence to the quality committee and provided education to the unit managers. The facility's administrator was interviewed via phone on 03/18/21 and he explained the unit managers were the ones educated since they were responsible for verifying consents prior to vaccines being scheduled and administered. Six resident records were reviewed for consents and no one else had any problems with consents and vaccines. The quality program investigated all	F 552			

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F 552	Continued From page 3 vaccines and consents given and found no other issues. The administrator acknowledged the date for compliance was 03/10/21 which was the end of the investigation. This is a complaint deficiency.	F 552		