

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2021
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NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection was conducted 06/02/21 through 06/04/21. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities.</p> <p>The census in this 65 licensed bed facility was 55 at the time of the survey. The survey sample consisted of 6 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: 12 VAC 5-371.140 (E.3.b.) Based on staff interview and facility documentation review, the facility staff failed to ensure an accurate and complete personnel record for 9 employees (employee #17, through #25) in a sample of 25 employee records. A criminal background check with the Central Criminal Records Exchange of the Virginia State police within 30 days of hire was not completed.</p> <p>The findings included:</p> <p>On 6-3-21 25 employee records were reviewed for criminal background checks from the Virginia State Police. For nine of the 25 of the records reviewed, the "Checker" program was used, rather than the Virginia State Poice exchange, as required by state law.</p> <p>On 6-3-21 at the end of day debriefing, the HR Director was interviewed and was asked if she was aware that the regulation required criminal background checks be completed through the</p>	F 001	<p>12 VAC 5-371.140 (E.3.b.)</p> <p>1. Employees #17, #21, & #23 are no longer employed here. Virginia Criminal Record/Sex Offenders & Crimes Against Minors Registry Search Form #SP-230 was submitted along with payment in full on 6/9/2021 for Employee #18, #19, #20, #22, #24, & #25.</p> <p>2. All residents have the potential to be affected by this deficient practice. An audit was conducted on all current employees to assure Virginia State Police Background Check and are on file for each.</p> <p>3. The administrator/designee will educate department heads with hiring authority, as well as the HR clerk on the requirements for Criminal Record Check from the Virginia State Police exchange as stated in the facility Abuse Policy. The</p>	7/5/21

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

TITLE

(X6) DATE

Electronically Signed

06/18/21

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F 001	<p>Continued From page 1</p> <p>Virginia State Police Central Criminal Records Exchange. She stated "yes, and I questioned the use of this program 'Checker'; however, our corporate office insisted it be used instead of the Virginia State Police site."</p> <p>All nine employees for whom background checks were not submitted as required by state regulation were direct care staff members. All nine were submitted to a software program know as "Checker" which was not affiliated with any criminal records exchange. The nine staff members names were never submitted to the Virginia State Police Central Criminal Records Exchange.</p> <p>The Administrator stated she was also aware of the regulation and the use of the software program "Checker", and submitted the facility abuse policy.</p> <p>On 6-3-21, review of the facility policy titled, "Abuse" was conducted. Page 2 read, "1. Screening. The organization will screen potential employees for a history of abuse, neglect or mistreating residents. On page 5 under "Virginia Specific Requirements", (B) ii, the policy read, "The facility will obtain an original criminal history record from the Central Criminal Records Exchange within the state police as defined in 32.1-126.01..." (The Code of Virginia).</p> <p>The Administrator and Director of Nursing (DON) were made aware of the findings again on 6/4/21 during the end of day meeting.</p> <p>No further information was received.</p> <p>12 VAC 5-371.110 (B.3) Based on staff interview and facility</p>	F 001	<p>background checks will now be done in addition to the Paycor Chkr system currently used which does include any Virginia violations.</p> <p>4. The administrator/designee will audit all pre-employment screening and Criminal Record Checks weekly for 12 weeks to assure compliance. Reports of audits will be submitted to the QAPI committee for review monthly.</p> <p>12 VAC 5-371.110 (B.3)</p> <p>1. Employees #17, #21, & #23 are no longer employed here. Virginia Criminal Record/Sex Offenders & Crimes Against Minors Registry Search Form #SP-230 was submitted along with payment in full on 6/9/2021 for Employee #18, #19, #20, #22, #24, & #25.</p> <p>2. All residents have the potential to be affected by this deficient practice. An audit was conducted on all current employees to assure Virginia State Police Background Check and are on file for each.</p> <p>3. The administrator/designee will educate department heads with hiring authority, as well as the HR clerk on the requirements for Criminal Record Check from the Virginia State Police exchange as stated in the facility Abuse Policy. The background checks will now be done in addition to the Paycor Chkr system currently used which does include any</p>	

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F 001	<p>Continued From page 2</p> <p>documentation review, the facility staff failed to implement and follow the facility abuse policy for prescreening employees by way of a criminal background check using the Virginia State Police Criminal Records Exchange for 9 employees (employee #17, through #25) in a sample of 25 employee records.</p> <p>The findings include:</p> <p>On 6-3-21 25 employee records were reviewed for criminal background checks from the Virginia State Police. For nine of the 25 of the records reviewed, the "Checker" program was used, rather than the Virginia State Poice exchange, as required by state law.</p> <p>On 6-3-21 at the end of day debriefing, the HR Director was interviewed and was asked if she was aware that the regulation required criminal background checks be completed through the Virginia State Police Central Criminal Records Exchange. She stated "yes, and I questioned the use of this program 'Checker'; however, our corporate office insisted it be used instead of the Virginia State Police site."</p> <p>All nine employees for whom background checks were not submitted as required by state regulation were direct care staff members. All nine were submitted to a software program know as "Checker" which was not affiliated with any criminal records exchange. The nine staff members names were never submitted to the Virginia State Police Central Criminal Records Exchange.</p> <p>The Administrator stated she was also aware of the regulation and the use of the software program "Checker", and submitted the facility</p>	F 001	<p>Virginia violations.</p> <p>4. The administrator/designee will audit all pre-employment screening and Criminal Record Checks weekly for 12 weeks to assure compliance. Reports of audits will be submitted to the QAPI committee for review monthly.</p> <p>12VAC 5-371-260 (B.9)</p> <p>1. Employees #4, #6, #7, #8, #10, #11, #13, #17, #21, & #23 are no longer employed here. Training has been provided to #16, #18, #20, #22, #24, & #25 on the topic of "Care of the Cognitively Impaired"</p> <p>2. All residents have the potential to be affected by this deficient practice. All current staff have documentation that education was provided on "Care of the Cognitively Impaired"</p> <p>3. Administrator/designee have added in-service training regarding "Care of the Cognitively Impaired" to the required orientation program for all new hires. This in-service education will be provided quarterly to assure continued compliance.</p> <p>4. Administrator/designee will review in-service education planned to be provided each month to assure compliance with the education calendar established and will report results at the monthly QAPI committee.</p>	

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F 001	<p>Continued From page 3</p> <p>abuse policy.</p> <p>On 6-3-21, review of the facility policy titled, "Abuse" was conducted. Page 2 read, "1. Screening. The organization will screen potential employees for a history of abuse, neglect or mistreating residents. On page 5 under "Virginia Specific Requirements", (B) ii, the policy read, "The facility will obtain an original criminal history record from the Central Criminal Records Exchange within the state police as defined in 32.1-126.01..." (The Code of Virginia).</p> <p>The Administrator and Director of Nursing (DON) were made aware of the findings again on 6/4/21 during the end of day meeting.</p> <p>No further information was received. 12VAC 5-371-260 (B.9) Based on staff interviews and facility documentation review, the facility staff failed to provide training on care of the cognitively impaired for 16 employees (Employees ##4, #6, #7, #8, #10, #11, #13, #16, #17, #18, #20, #21, #22, #23, #24, and #25) out of a sample size of 25 employees.</p> <p>On 06/03/2021 at approximately 11:00 A.M., a copy of training transcripts on care for the cognitively impaired for 25 employees (Employees #1-25) were requested.</p> <p>On 06/03/2021 12:13 P.M., the administrator provided a copy of 4 staff signature pages for training dated 12/17/2020. The title of the training on each of the pages documented, "Cultural Diversity & effective communication, Communicating & care of cognitively impaired resident, internal disaster." The signature pages included 4 signatures (Employees #2, #12, #14,</p>	F 001	<p>12VAC 5-371-260-(B.10)</p> <ol style="list-style-type: none"> 1. Employees #4, #6, #8, #9, #10, #19, #21, & #23 are no longer employed here. Hemlich Maneuver training has been provided to employees #12, #20, & #25. 2. All residents have the potential to be affected by this deficient practice. All current staff have documentation that education was provided on Heimlich Maneuver. 3. Administrator/designee provided training to the Risk Manager regarding required in-service education for the new hires and current staff. Hemlich Maneuver training has been added to the required orientation program for new hires, and added to our in-service education calendar to be offered as a mandatory program annually. 4. The administrator/designee will review in-service education planned to be provided each month to assure compliance with all education requirements. Results will be reported at the monthly QAPI meeting. <p>12VAC5-371-220 (F)</p> <ol style="list-style-type: none"> 1. Residents #1, #2, #4, #5, #6 were interviewed about personal hygiene and offered shower. Resident #1, Resident #2, Resident #4, Resident #5, & Resident #6 refused showers on 6/4/2021. 2. All residents have the potential to be affected if showers/baths are not given 	

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F 001	<p>Continued From page 4</p> <p>and #19) out of the 25 employees.</p> <p>On 06/03/2021 at 2:45 P.M., the administrator was notified of findings. At 4:23 P.M., the administrator provided 4 additional signature pages dated 09/14/2020 with an inservice entitled "Managing Residents with Cognitive Impairment (Dementia) during Covid-19." Of the 25 employee training transcripts requested, there were still 16 employees (Employees #4, #6, #7, #8, #10, #11, #13, #16, #17, #18, #20, #21, #22, #23, #24, and #25) without evidence of training for care of the cognitively impaired resident.</p> <p>On 06/04/2021 at 10:05 A.M., Registered Nurse B (RN B) was interviewed. RN B confirmed she has worked at the facility since September 2020 and serves as staff educator. When asked about the training transcripts for the 16 employees, RN B stated that she was having difficulty finding the staff education records from the previous risk manager. RN B stated that she looked but "There were no pages in there for these employees." When asked about the expectation for training staff to care for cognitively impaired, RN B stated the expectation is that "everyone gets dementia care training." RN B then stated she was going to make sure it is now included in the orientation training. RN B stated that "it was hit or miss" before. When asked why it was important for staff to receive training on caring for the cognitively impaired, RN B stated "because 99% of our residents have dementia" and staff needs to know "what you can and can't do with them and how to keep them safe."</p> <p>On 06/04/2021 at 11:10 A.M., the administrator provided the following written statement: "The dementia policy has been distributed (in person or mail) today to read and return with signature.</p>	F 001	<p>and documented given 2x a week. All interviewable residents were interviewed on shower preference date/time and added to the bath/shower schedule. All non-interviewable residents were added to the bath/shower schedule as appropriate.</p> <p>3. All nursing staff were educated by the DON on 6/9/2021 regarding bath/shower schedule and a new shower book was put in place on each unit. The shower book is where CNA will document shower, baths, and/or refusals weekly. All new nursing staff will be educated on bathing/showers upon hire.</p> <p>4. Weekly audits of the shower book will be completed x 4 weeks then monthly x 2 months by DON/designee. The DON/designee will review audit findings and report finding to QAPI committee monthly x 3 months for further review and recommendations.</p> <p>12VAC5-371-220 (G)</p> <p>1. Resident #3 was given a bed bath per preference 7-3 shift on 6/3/2021 and linen was changed and added to Bath/Shower Schedule Book.</p> <p>2. All residents have the potential to be affected if showers/baths are not given and documented given 2x a week. All interviewable residents were interviewed on shower preference date/time and added to the bath/shower book schedule. All non-interviewable residents were added to the bath/shower schedule book</p>	
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F 001	<p>Continued From page 5</p> <p>An in-service has been scheduled for Wednesday, June 9th to review in person. It is mandatory for all staff. Dementia has been added to our orientation packet."</p> <p>On 06/04/2021 at 11:47 A.M., the administrator was notified of findings and indicated they had no other documentation to submit.</p> <p>12VAC 5-371-260-(B.10) Based on staff interviews and facility documentation review, the facility staff failed to provide Heimlich maneuver training for four certified nursing assistants (CNA) out of a sample size of 11 CNA's.</p> <p>The findings included:</p> <p>On 06/03/2021 at approximately 11:00 A.M., a copy of Heimlich maneuver training for 11 CNA's (Employees #4, #6, #8, #9,#10, #12, #19, #20, #21, #23, and #25) were requested.</p> <p>On 06/03/2021 at 1:15 P.M, the administrator provided a copy of the Heartsaver CNA training cards for Employees #9, #10, #12, #19, #20, #23, and #25. There was no evidence of Heimlich maneuver training for Employees #4, #6, #8, and #21. The administrator included a document that indicated the following:</p> <p>Employee #4, a certified nursing assistant, was hired on 03/2019 and terminated on 04/03/2019.</p> <p>Employee #6, a certified nursing assistant, was hired on 04/08/2019 and terminated on 08/04/2019.</p> <p>Employee #8, a certified nursing assistant, was hired on 05/22/2019 and terminated on</p>	F 001	<p>as appropriate.</p> <p>3. All nursing staff was educated by the Director of Nursing on 6/9/2021 related to the care of incontinent residents. A new shower/bath book was put in place on each unit. The shower book is where CNA will document shower, baths, and/or refusals weekly. All new nursing staff will be educated on bathing/showers and documentation upon hire.</p> <p>4. Weekly audits of the shower book will be completed x 4 weeks then monthly x 2 months by DON/designee. The DON/designee will review audit findings and report finding to QAPI committee monthly x 3 months for further review and recommendations.</p>	

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F 001	<p>Continued From page 6</p> <p>10/07/2019.</p> <p>Employee #21, a certified nursing assistant, was hired on 02/19/2021 and terminated during the current licensure survey on 06/03/2021.</p> <p>On 06/04/2021 at 10:05 A.M., Registered Nurse B (RN B) was interviewed. RN B confirmed she has worked at the facility since September 2020 and serves as staff educator. When asked about the process for Heimlich maneuver training for CNA's, RN B stated "No one ever told me" about the Heimlich maneuver training. RN B then stated they require CNA's to have a Heartsaver card which includes Heimlich maneuver training. When asked about evidence of Heimlich maneuver training for Employees #4, #6, #8, and #21, RN B stated that those employees no longer work at the facility and that she is "having difficulty finding records" from the previous risk manager. When asked about the importance of having Heimlich maneuver training, RN B stated that the CNA's are with the residents most of the time and they need to know that procedure for safety sake in case a resident chokes on their food.</p> <p>The facility staff provided a copy of their policy entitled "Emergency Procedure-Cardiopulmonary Resuscitation." Under the sub-header entitled, "Preparation for Cardiopulmonary Resuscitation" in Section 1 documented "Obtain and/or maintain American Red Cross or American Heart Association certification in Basic Life Support (BLS)/Cardiopulmonary Resuscitation (CPR) for key clinical staff members who will direct resuscitative efforts, including non-licensed personnel."</p> <p>On 06/04/2021 at 11:47 A.M., the administrator</p>	F 001		

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F 001	<p>Continued From page 7</p> <p>was notified of findings and indicated they had no other documentation to submit. 12VAC5-371-220 F</p> <p>The facility staff failed to provide a tub or shower bath at least twice weekly, for 5 residents (Resident #1, #2, #4, #5, #6) in a survey sample of 6 residents.</p> <p>The findings included:</p> <ol style="list-style-type: none"> For Resident #1, the facility staff provided only 2 showers from March 1-June 3, 2021. <p>Resident #1 was admitted to the facility on 8/13/10, with a readmission date of 2/10/20. Diagnoses for Resident #1 included but were not limited to: type 2 diabetes, bipolar, mild cognitive impairment, and schizophrenia. The MDS (minimum data set) (an assessment tool) with an ARD (assessment reference date) of 4/8/21, was coded as a quarterly assessment. Resident #1 was coded on this assessment as having had a BIMS (brief interview for mental status) score of 12, of a possible 15. This indicated moderately impaired cognition. Resident #1 was coded on this assessment as having required supervision with ADL's (activities of daily living) to include transfers, ambulation, dressing, eating, personal hygiene and bathing.</p> <p>On the afternoon of 6/2/21, Resident #1 was observed in her room ambulating without assistance. On 6/3/21 at 1:09 PM, Resident #1 was interviewed. Resident #1 stated, "I get showers once a week". When asked if they offer them more than once weekly, Resident #1 said, "naw they don't but I can't smell myself at all, when a woman gets dirty you smell and I don't smell."</p>	F 001		

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F 001	<p>Continued From page 8</p> <p>On 6/3/21, a review of the ADL records was conducted. Resident #1 was not documented as being offered, provided or refusing any tub baths or showers. There was also documentation that indicated she had displayed no behaviors or refusals of care throughout the month. ADL records for April 2021 revealed that on 4/5/21, "Resident was bathed and shaved." Documentation further stated, "4/23/21 Had shower on 3-11 [referring to the 3-11 PM shift]." May and June ADL records revealed no evidence of Resident #1 being offered, provided or refusing any tub baths or showers. Additionally there was documentation on the ADL sheets that Resident #1 had not displayed any behaviors or refusal of care.</p> <p>On 6/3/21, a review of Resident #1's careplan revealed a careplan for "ADL's" dated 3/3/20 that was noted as being "active". This careplan stated, "[Resident #1's name] requires supervision to limited asst [assistance] w/ [with] ADL's @ [at] risk for decline r/t [related to] psychiatric dx [diagnosis], cognitive loss". An intervention on this careplan stated, "Bathing: one person assist w/ shower, supervision w/ bed bath."</p> <p>Review of the shower log located within the front of the ADL book revealed that Resident #1 was scheduled to receive showers on Monday's and Thursday's during the 3-11 PM shift.</p> <p>2. For Resident #2, the facility staff failed to provide or offer a shower or tub bath from March 1-June 3, 2021.</p> <p>Resident #2 was admitted to the facility on 10/20/20. Diagnoses for Resident #2 included,</p>	F 001		

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F 001	<p>Continued From page 9</p> <p>but were not limited to: cerebral infarction, hemiplegia left side, hypertension, spondylosis and Parkinsons.</p> <p>Resident #2 had an MDS, with an ARD of 4/14/21, coded as a quarterly assessment. This assessment coded Resident #2 as having had a BIMS score of 11, which indicated cognitive skills were moderately impaired. Resident #2 was also coded on this assessment as being totally dependent upon facility staff for ADL's, to include transfers, dressing, personal hygiene and bathing.</p> <p>On 6/3/21 at 9:19 AM, Resident #2 was observed in her bed. Resident #2 was asked about the frequency of showers but declined to answer.</p> <p>On 6/3/21, the electronic and paper clinical records were reviewed. The ADL documentation sheets for March-June 2021, were reviewed. There was no indication that Resident #2 had been offered or received a shower, tub bath or bed bath on any occasions from 3/1/21-6/3/21. Review of the nursing notes and ADL records revealed only 2 instances of Resident #2 refusing care.</p> <p>The careplan for Resident #3 revealed an entry with a start date of 11/5/20, that was noted as being active and read, "[Resident #2's name redacted] requires assistance for all ADL's, @ risk for total dependence". The interventions for this careplan included but were not limited to, "bathing: dependent on one person".</p> <p>Review of the shower log located within the front of the ADL book revealed that Resident #2 was scheduled to receive showers on Sunday's and Thursday's during the 3-11 PM shift.</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2021
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NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847
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F 001	<p>Continued From page 10</p> <p>3. For Resident #4, the facility staff failed to provide a shower or tub bath, from the Resident's admission on 5/19/21, through the time of survey on 6/3/21.</p> <p>Resident #4 was admitted to the facility on 5/19/21. Diagnoses for Resident #4 included, but were not limited to: pneumonia, cerebral infarction, hypokalemia, adult failure to thrive, hypertension and unspecified dementia.</p> <p>Resident #4 had an MDS, with an ARD of 5/24/21, coded as an admission assessment. Resident #4 was coded as having had a BIMS score of 12, which indicated cognitive skills were moderately impaired. Resident #4 was also coded on this assessment as being totally dependent upon facility staff for personal hygiene and bathing. Extensive assistance of facility staff was required for transfers, ambulation and dressing.</p> <p>On 6/3/21 at approximately 9:52 AM, Resident #4 was interviewed. Resident #4 reported that she had resided at the facility for about a month. When asked if she has received a shower or bath since she has been at the facility, Resident #4 stated, "no, I haven't since I've been here."</p> <p>On 6/3/21, Resident #4's clinical record was reviewed. The ADL documentation sheets for May 19-June 3, 2021, were reviewed. There was no indication that Resident #4 had been offered or received a shower, tub bath or bed bath on any occasions since her admission on 5/19/21. Review of the nursing notes and ADL records revealed no indication that Resident #4 had been offered and refused any such baths.</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2021
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NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847
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F 001	<p>Continued From page 11</p> <p>The careplan for Resident #4 revealed an entry with a start date of 5/31/21, that was noted as being active and read, "ADL's: Requires assistance for most ADL's: admitted for short term rehab following hospital stay for Pneumonia, she required limited to extensive assist for ADL's and is working with therapy for improvement and return to community". The intervention for this careplan read, "bathing: one-person assist".</p> <p>Review of the shower log located within the front of the ADL book revealed that Resident #4 was scheduled to receive showers on Sunday's and Wednesday's during the 7 AM-3 PM shift.</p> <p>4. For Resident #5, the facility staff failed to document a shower or bath being given or offered, from 3/1/21-6/3/21.</p> <p>Resident #5 was admitted to the facility on 5/7/18. Diagnoses for Resident #5 included, but were not limited to: unspecified intracranial injury without loss of consciousness, Alzheimer's, dementia and hypertension.</p> <p>Resident #5 had an MDS, with an ARD of 5/10/21, coded as an annual assessment. Resident #5 was coded as having had a BIMS score of 0, which indicated cognitive skills were severely impaired. Resident #5 was also coded on this assessment as requiring supervision of staff for all activities of daily living.</p> <p>On 6/3/21 at approximately 10:00 AM, Resident #5 was visited in her room. Resident #5 was observed to have on the same black and white striped shirt on, that she had been observed wearing on 6/2/21. When asked about showers, Resident #5 stated "I bathed myself".</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2021
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NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847
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F 001	<p>Continued From page 12</p> <p>On 6/4/21, a review was conducted of the ADL documentation for Resident #5 for the period of 3/1/21-6/3/21. There was no evidence or indication that Resident #5 had been offered, provided or refused a shower or tub bath during this period of time. These pages also indicated Resident #5 had only refused care on 2 occasions from 3/1/21-6/3/21. Review of the nursing notes revealed no entries regarding the offering of or refusal of baths.</p> <p>On 6/4/21, review of Resident #5's careplan revealed an entry dated 5/29/20, that was noted as being "active". This careplan read, "[Resident #5's name redacted] requires supervision w/ [with] ADL's, @ [at] risk for decline r/t [related to] dementia". The intervention for this careplan read, "Bathing: supervision".</p> <p>Review of the shower log located within the front of the ADL book revealed that Resident #5 was scheduled to receive showers on Monday's and Thursday's during the 3-11 PM shift.</p> <p>5. For Resident #6, the facility staff failed to provide a shower or tub bath since her admission on 3/4/21.</p> <p>Resident #6 was admitted to the facility on 3/4/21. Diagnoses for Resident #6 included, but were not limited to: atrial fibrillation, adult failure to thrive, hypertension, unspecified dementia without behavioral disturbance and obstructive uropathy.</p> <p>Resident #6 had a MDS, with an ARD of 3/26/21, coded as a quarterly assessment. Resident #6 was coded as having had a BIMS score of 11, which indicated cognitive skills were moderately impaired. Resident #6 was also coded on this assessment as being totally dependent upon staff</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2021
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NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847
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F 001	<p>Continued From page 13</p> <p>for transfers, personal hygiene and bathing.</p> <p>On 6/3/21 at 10:09 AM, Resident #6 was interviewed. Resident #6 was asked about showers and she said "they give them but I've never had one since I've been here." When asked if she refused showers, she stated, "no".</p> <p>On 6/3/21, a review of Resident #6's clinical record was performed. ADL sheets for Resident #6 indicated no episodes of refusing care from admission on 3/4/21, until the review on 6/3/21. Resident #6 also had no documentation to indicate showers or tub baths had been provided or offered since her admission.</p> <p>Resident #6's careplan indicated, "...requires extensive assistance to dependent for all ADL's...." Interventions included, "Bathing: one person assist- dependent w/ [with] bathing."</p> <p>Review of the shower log located within the front of the ADL book revealed that Resident #6 was scheduled to receive showers on Tuesday's and Friday's during the 3-11 PM shift.</p> <p>On 6/3/21 at 9:50 AM, an interview was conducted with CNA B, who indicated she has worked at the facility for 15 years. CNA B was asked about baths/showers, she said "there is a schedule" and showed the bath schedule. When asked, where baths are documented, she stated "it always gets documented on the back of the paper" [referring to the back of the ADL sheet and shows Surveyor A the form]. CNA B turned pages through the ADL book which contained approximately 15 resident's information and was not able to find an example of a shower being documented. CNA B then commented, "its a new month so it will start tomorrow."</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2021
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NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847
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F 001	<p>Continued From page 14</p> <p>On 6/3/21 at 10:15 AM, CNA C was interviewed. CNA C had worked at the facility for 30 years. When asked about showers, she stated "we have an ADL book up here and when we come in we look on that page and there is the shower sheet for each day of the week, which room, each day and each shift, telling us who gets showers." CNA C was asked about documentation for showers and baths given. CNA C said, "I write it on the back of this paper [the ADL sheet]."</p> <p>O 6/3/21 at approximately 11 AM, CNA D was asked about documentation for showers and baths given. CNA D said "on the back of the ADL sheet, I would write 6/3/21 room XXX shower given." When asked if she does this each time a bath or shower is given and she said "yes".</p> <p>On 6/3/21 at 11:55 AM, an interview was conducted with LPN C, who indicated she had worked at the facility for 31-32 years. When asked how often residents receive baths or showers, LPN C stated, "Showers are given 2-3 times per week and we go by the shower schedule." When asked where this information is documented, LPN C stated, "they document on the ADL sheets on the back". LPN C was asked if residents are permitted to shower/bathe without staff being present, LPN C stated, "Residents aren't able to go in the shower room by themselves, someone has to be with them."</p> <p>On 6/3/21 at 1:50 PM, an interview was conducted with the facility Director of Nursing (DON). The DON was asked about showers, she stated, "we have a shower schedule that is based on their room, day and time, it's in the front of the ADL book. If they refuse showers then they let the nurse know." The DON was asked where</p>	F 001		

State of Virginia

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NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847
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F 001	<p>Continued From page 15</p> <p>CNA's document ADL care. The DON stated, "on the ADL book. It is my understanding that everything is documented on the ADL book." The DON was asked if any of the resident rooms have showers in their rooms, she stated, "the R rooms and the private rooms have showers in them, some of them don't like them because they are smaller so there isn't really room for the CNA's so they take them to the shower room." The DON was asked if residents are permitted to shower without staff supervision, she stated, "no, we haven't had that issue".</p> <p>Review of the facility policy titled "Activities of Daily Living (ADL), Supporting", documented: "2. Appropriate care and services will be provided for residents who are unable to carry out ADL's independency with the consent of the resident, and in accordance with the plan of care, including appropriate support and assistance with: a. Hygiene (bathing, dressing, grooming and oral care)..."</p> <p>On 6/4/21 a request was made for the facility policy as it related to ADL charting. On 6/4/21 at 10 AM, the facility Director of Nursing (DON) stated, "There is not specific [sic] policy on charting ADL's and the CNA follow the flow sheets every shift."</p> <p>The facility policy titled "Charting and Documentation" documented, "All services provided to the Resident, progress toward the care plan goals, or any changes in the Residents medical, physical, functional or psychosocial condition, shall be documented in the Resident's medical record."</p> <p>On 6/3/21 at 1:50 PM, during a meeting with the facility DON, she was made aware of the concern</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2021
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NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847
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F 001	<p>Continued From page 16</p> <p>of no documentation of showers or baths being provided at a minimum of twice weekly as per the regulation.</p> <p>On 6/4/21 during an end of day meeting the facility Administrator and DON were again made aware of the concern regarding the lack of showers and/or tub baths being provided and offered.</p> <p>No further information was received.</p> <p>12VAC5-371-220 G</p> <p>For Resident #3, the facility staff failed to provide assistance following an episode of incontinence to include a partial bath, clean clothing and bed linen change.</p> <p>The findings included:</p> <p>Resident #3 was admitted to the facility on 3/31/21. Diagnoses for Resident #3 included, but were not limited to: COPD (chronic obstructive pulmonary disease), schizoaffective disorder-bipolar type, diabetes, hyperlipidemia and major depressive disorder.</p> <p>Resident #3 had an MDS with an ARD of 4/13/21, coded as a quarterly assessment. Resident #2 was coded on this assessment as having required extensive assistance of facility staff for bathing. Resident #3 was coded as having had a BIMS score of 10, which indicated moderately impaired cognitive skills.</p> <p>On 6/3/21 at 9:23 AM, Resident #3 was interviewed. There was an odor of feces in the room. Resident #3 was laying in bed and when asked how she is doing today, Resident #3</p>	F 001		

State of Virginia

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NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847
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F 001	<p>Continued From page 17</p> <p>stated, "I've got the squirts again".</p> <p>On 6/3/21 at 1:13 PM, Resident #3 was visited in her room again. There was still an odor of feces in the room. Resident #3 was sitting in a standard chair in the room and the bed's fitted sheet was exposed with the other covers turned to the foot of the bed. The fitted sheet was observed with a dried stain of brown matter, the size of a basket ball. Resident #3 was asked about this and she stated, "it's been like that since this morning." Resident #3 proceeded to show the hospital gown she was wearing, which revealed a similar stain on the back. When asked about showers, Resident #3 stated, "I take one in here [pointing to the bathroom in her room]." The bathroom was observed to only have a toilet and sink, no shower or tub. Resident #3 had an odor of feces on her and her hair was disheveled in appearance, not combed or groomed.</p> <p>On 6/3/21 at 1:17 PM, LPN D (assigned to Resident #3) was interviewed about Resident #3 and she said "she had 1 episode of loose stool." When asked if she had given her anything for this, LPN D stated, "I don't have anything, I've got to call the doctor. She has them sometimes." LPN D was asked when Resident #3's episode of loose stool was, and LPN D said, "before lunch". When asked how she was made aware of it, LPN D said, "when I was in the hall she told me" but indicated she had not gone into the room to see Resident #3.</p> <p>At 1:25 PM Resident #3 was observed with LPN D. LPN D was shown the bed and hospital gown and asked Resident #3 to change and Resident #3 stated she wanted some apple juice first. LPN D confirmed that the stool appeared dried and not</p>	F 001		

State of Virginia

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NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847
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F 001	<p>Continued From page 18</p> <p>an incident that just occurred.</p> <p>On 6/3/21 at 1:40 PM, LPN D was asked if CNA C was back from lunch. LPN D stated, "she just went down to the room, I got on her about the bed." Resident #3 was observed telling CNA C, "she made me put a new gown on without getting a bath." CNA C was changing the bed linen at that time. CNA C was asked about the episodes of incontinence and CNA C stated, "she had one about 8 am and one before lunch." CNA C asked Resident #3 to take a bath and again Resident #3 said she would after she got some apple juice.</p> <p>On 6/3/21 at 1:50 PM, the Director of Nursing (DON) was made aware of the above concerns regarding Resident #3 being left soiled for an extended period of time. The DON stated, "The nurse just told me about that, the CNA said she has been having episodes of diarrhea on and off, she won't come out to shower." When asked what her expectation is, the DON stated, "for them to be clean".</p> <p>On 6/3/21, a review was conducted of Resident #3's ADL records which revealed, no documentation or evidence of a bed bath, shower or tub bathing being offered, provided or refused. Additionally, the ADL records revealed no documentation of behaviors, to include the refusal of care since Resident #3 was admitted on 3/31/21 to present.</p> <p>On 6/3/21, a review of the electronic nursing notes revealed no indication of any of the events from the day or refusal of care.</p> <p>On 6/3/21, a review of Resident #3's careplan revealed an entry that read, "Bathing: prefers to use Ivory Bar soap" which was started 5/12/21.</p>	F 001		

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/04/2021
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NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847
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F 001	<p>Continued From page 19</p> <p>This careplan went on to read, "Prefers to bathe in her room, bathing: one person set up and assist as she requests, give verbal cues to help prompt." The ADL careplan for Resident #3 read, "[Resident name] requires assistance for all ADL's, @ [at] risk for decline r/t [related to] aging process." This careplan for ADL care had an intervention that read, "bathing: one person assist, allow to perform bath of upper body as able, encourage to help." There was a separate behavior careplan that stated, "behavior: may refuse to eat, take meds, care at times."</p> <p>On 6/4/21 during an end of day meeting the facility DON stated she had conducted an investigation into the event and stated, "she is independent in her ADL's, I don't feel that there was a care issue there." The DON was asked if the resident had refused care would she expect an entry to be made into the clinical record and she stated, "for the day yes, but if I go in and she refuses that's why it's in the careplan. It is covered in it [referring to the careplan]."</p> <p>The facility policy titled "Charting and Documentation" was received and reviewed. This policy read, "All services provided to the Resident, progress toward the care plan goals, or any changes in the Residents medical, physical, functional or psychosocial condition, shall be documented in the Resident's medical record".</p> <p>No further information was received.</p>	F 001		