PRINTED: 09/07/2021 **FORM APPROVED** OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495156	B. WING			·	C /05/2021
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE	j uo	03/2021
ACCORD	IUS HEALTH AT ROANOI	KE		_	24 KING GEORGE AVE SW ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
F 000	survey was conducted. The facility was in sub CFR Part 483.73, Red Care Facilities. No er	ergency Preparedness d 8/01/21 through 8/05/21. estantial compliance with 42 quirement for Long-Term nergency preparedness stigated during the survey.	F	000			
	survey was conducted Corrections are requir CFR Part 483 Federal requirements. The Life	fe Safety Code w. Nine (9) complaints					
F 607 SS=D	57 at the time of the s	ouse/Neglect Policies	F6	107			
	§483,12(b) The facility implement written police	must develop and cies and procedures that:	779 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			!	
	§483.12(b)(1) Prohibit neglect, and exploitation is misappropriation of res	on of residents and					
	§483.12(b)(2) Establis to investigate any such	h policies and procedures n allegations, and					
	§483.12(b)(3) Include paragraph §483.95, This REQUIREMENT by:	training as required at					
ABORATORY C	IRECTOR'S OR PROVIDER/SI	UPPLIER REPRESENTATIVE'S SIGNATURE		_	TITLE		(X6) DATE

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		495156	B. WNG			1	C	
***	ROVIDER OR SUPPLIER  US HEALTH AT ROANO  SUMMARY ST		ID	32	IREET ADDRESS, CITY, STATE, ZIP CODE 24 KING GEORGE AVE SW  OANOKE, VA 24016  PROVIDER'S PLAN OF CORRECTION	[ 08/	05/2021	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG	<b>`</b>	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(XS) COMPLETION DATE	
F 607	and facility document to implement facility a 4 of 25 new hire emp #19.  The finding included:  For new hire employed obtain a criminal back #17, #18, and #19 the a sworn disclosure st.  Surveyor reviewed 25 08/03/21. For new hire facility maintenant could not locate a Virgibackground check. For employed as a cheft to a sworn disclosure st. and #19, who are employed as a cheft to a sworn disclosure st. and #19, who are employed manager) on 08 missing information in stated that employee employed through a cexplanation was provided.  Surveyor reviewed the "Abuse, Neglect and I part, "Staff includes endirector, consultants, caregivers who provided.	riew, employee record review a review the facility staff failed abuse and neglect policy for loyees, #16, #17, #18 and received the facility failed to account check. For new hire efacility staff failed to obtain aternent.  To new hire employee files on the efacility staff failed to obtain aternent.  To new hire employee files on the efacility staff failed to obtain aternent.  To new hire employee files on the surveyor could not locate aternent. For new hires #18 ployed in dietary, the cate sworn disclosure  The facility BOM (business and 17, #18, and #18 were contract agency. No ded regarding employee  The facility policy entitled exploitation" which read in employees, the medical contractors, volunteers, the care and services to the facility, students in the	F	607	<ol> <li>Employee # 16: background received with no barrier crit noted. Employee #17, #18, and #19 was not employed/by Next Level Dietary Service.</li> <li>BOM, Next Level Managers Adaptative Therapy will audeach current employee file any missing information bei corrected for required documentation.</li> <li>Education of BOM, Next Level Managers, and Adaptative Therapy on September 10, 2 for Abuse, Neglect and Exployolicy requiring criminal background checks and sword disclosure statements prior themployment.</li> <li>Director of HR and/or design conduct weekly audits of new paperwork x 4 weeks, then monthly x 2 months, with aude being presented to QAPI for accountability.</li> <li>Date of Compliance: September 19, 2021.</li> </ol>	/hired res. , and lit end ng el 021 vitation o ee will v hire		

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/07/2021 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING\_ 495156 B. WING 08/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW **ACCORDIUS HEALTH AT ROANOKE** ROANOKE, VA 24016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION lD (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) F 607 Continued From page 2 F 607 students from affiliated academic institutions, including therapy, social and activity programs" and "The components of the facility abuse prohibition plan are discussed herein: 1. Screening A. Potential employees will be screened for a history of abuse, neglect. exploitation, or misappropriation of resident property. 1 Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. 3. The facility will maintain documentation of proof that the screening occurred." The concern of the facility not implementing the abuse policy was discussed with the administrative team (administrator, director of nursing, regional vice-president of clinical services, regional director of operations) during a meeting on 08/04/21 at approximately 5:20 pm. No further information was provided prior to exit. F 609 Reporting of Alleged Violations F 609 SS=D CFR(s): 483.12(c)(1)(4) §483.12(c) in response to allegations of abuse. neglect, exploitation, or mistreatment, the facility must: §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

		IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		495156	B. WING_	<u> </u>	08/05/2021	
	ROVIDER OR SUPPLIER  US HEALTH AT ROANO!	KE		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 609	the events that cause abuse and do not resi the administrator of the officials (including to the administrator of the officials (including to the administrator of the officials (including to the administrator of the adm	the allegation do not involve ult in serious bodily injury, to e facility and to other he State Survey Agency and less where state law provides sterm care facilities) in a law through established the results of all dministrator or his or her lative and to other officials in a law, including to the State in 5 working days of the laged violation is verified action must be taken. It is not met as evidenced lew, clinical record review, review, the facility staff lary of unknown source was sidents in the survey.  If acility staff failed to report to the right eye from an last list indicated diagnoses, at limited to Dementia in fied Elsewhere without let it indicated the control of the right eye from an last list indicated diagnoses, at limited to Dementia in fied Elsewhere without let it indicated the control of the right eye from an last list indicated diagnoses. The control of the right eye from an last list indicated diagnoses, at limited to Dementia in fied Elsewhere without let indicated the control of the right eye from an last list indicated diagnoses. The control of the right eye from an last list indicated diagnoses, at limited to Dementia in fied Elsewhere without let indicated diagnoses. The right eye from an last list indicated diagnoses, at limited to Dementia in fied Elsewhere without let indicated diagnoses. The right eye from an last list indicated diagnoses, at limited to Dementia in fied Elsewhere without let indicated diagnoses.	F6	1. MD notified, and Resident # was assessed with no noted injury at time of assessment Resident #31 was assessed time of injury with noted resolving bruise to R eye.  2. Audit of last 30 days incident Reports to identify possible areas of UKO.  3. Education of nursing staff of September 10, 2021 for Abu Neglect and Exploitation pol requiring the reporting on bruises of unknown origins.  4. DON and/or designee week Audits of progress notes x 4 weeks, then monthly x 2 mo with audits being presented QAPI for accountability.  5. Date of Compliance: September 19, 2021.	t. at  nt se, licy ly nths,	

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 09/07/2021 **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING 495156 B. WNG 08/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW **ACCORDIUS HEALTH AT ROANOKE** ROANOKE, VA 24016 SUMMARY STATEMENT OF DEFICIENCIES (X4VID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 609 Continued From page 4 F 609 Eyelids. The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 6/17/21 coded the resident as being severely impaired with cognitive skills for daily decision making with short-term and long-term memory problems. Resident #31 was unable to complete the BIMS (brief interview for mental status) interview. During the review of Resident #31's clinical record, surveyor noted a nursing progress note dated 7/04/21 17:47 (5:47 pm) which stated "this nurse was setting tray up in front of rsd. (resident) to so (he/she) could eat and observed swelling and bruising to right eye. When asking rsd. What happened, did (he/she) hit (his/her) face (he/she) stated (he/she) don't know, vitals are obtained WNL (within normal limits). All RPs (responsible parties) are notified will cont. (continue) to monitor". Resident #31 was seen by the NP (nurse practitioner) on 7/05/21, the progress note stated in part, "Pt (patient) seen today following staff request to assess right eye, ecchymosis and edema per staff. Upon exam mild fading ecchymosis noted, no edema or sxs (signs) of further injury. Hx (history) of dementia, pt denies recent injury or fall. Denies pain upon exam". Surveyor was unable to locate documentation in Resident #31's clinical record regarding the source of the swelling and bruising to the

resident's right eye. On the afternoon of 8/02/21, surveyor met with the administrator and requested the investigation and FRI (facility reported incident) report for Resident #31. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	1 08	/05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		BE	(X5) COMPLETION DATE
	incident was not report administrator further is to them, an FRI would Surveyor requested at policy entitled, "Abuse which states in part: VII. Reporting/Resport. A. The facility will havinclude:  1. Reporting of Administrator, state agreement applicable) within a Immediately after the allegation involve abut bodily injury, or  b. Not later that that cause the allegation involve abut bodily injury, or  b. Not later that that cause the allegation government agencies, confirm the initial reportecived, and to reginvestigation when final the incident, as required by state agreement agencies.  On 8/04/21 at 5:20 pm administrator, director	ney did not have an apport for this because the sted to them. The stated if it had been reported I have been completed.  Ind received the facility and received the facility a	F	609		
	President of Clinical Se Director of Operations	ervices, and the Regional and discussed the concern ting an injury of unknown				

			X3) DATE SURVEY COMPLETED		
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1	ROVIDER OR SUPPLIER	KE		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	08/05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 610 SS=D	presented to the survey conference on 8/05/2-Investigate/Prevent/C CFR(s): 483.12(c)(2)-6 \$483.12(c) (In responsing lect, exploitation, or must:  §483.12(c)(2) Have exploitations are thorough \$483.12(c)(3) Preventing lect, exploitation, or investigation is in progressing statement of the accordance with State Survey Agency, within incident, and if the alleappropriate corrective This REQUIREMENT by:  Based on staff intervice and facility document in failed to ensure an injurinvestigated for 1 of 30 sample, Resident #31.  The findings included:	regarding this issue was ey team prior to the exit it. orrect Alleged Violation (4) e to allegations of abuse, or mistreatment, the facility vidence that all alleged hely investigated.  further potential abuse, or mistreatment while the ress. the results of all diministrator or his or her tive and to other officials in law, including to the State 5 working days of the ged violation is verified action must be taken. is not met as evidenced ew, clinical record review, eview, the facility staff ary of unknown source was a residents in the survey	F 6	1. MD notified, and Resider was assessed with no not	ted ent. ed at dent of er ct

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MUL1 A. BUILDI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495156	B. WING			l	C /05/2021
	ROVIDER OR SUPPLIER	KE		3:	TREET ADDRESS, CITY, STATE, ZIP CODE 24 KING GEORGE AVE SW COANOKE, VA 24016	, , , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	originating from an unamediated 7/04/21 17:47 (Surveyor noted ated 7/04/21 17:47 (Surveyor sated (Ne/She) are notified with normal lir parties) are notified with normal lir parties) are notified with normal lir parties) are notified with seep request to assess right of the normal seep request to assess right of the seep request to assess right of the normal seep requ	posis list indicated diagnoses, but limited to Dementia in iffed Elsewhere without se, Typical Atrial Flutter, fullmonary Disease a Chronic Systolic sillure, Primary Open-Angle severe Stage, and see Left Eye Upper and Lower seeing MDS (minimum data sessment reference date) of ident as being severely se skills for daily decision and long-term memory 31 was unable to complete sew for mental status)  sesident #31's clinical se a nursing progress note 5:47 pm) which stated "this up in front of rsd. (resident) at and observed swelling ye. When asking rsd. What se) hit (his/her) face (he/she) mow, vitals are obtained inits). All RPs (responsible ill cont. (continue) to	F	310			
-	edema per staff. Upoi	n exam mild fading					+

### DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С 495156 8. WNG 08/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW **ACCORDIUS HEALTH AT ROANOKE** ROANOKE, VA 24016 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued From page 8 F 610 ecchymosis noted, no edema or sxs (signs) of further injury. Hx (history) of dementia, pt denies recent injury or fall. Denies pain upon exam". Surveyor was unable to locate documentation in Resident #31's clinical record regarding the source of the swelling and bruising to the resident's right eye. On the afternoon of 8/02/21. surveyor met with the administrator and requested the investigation and FRI (facility reported incident) report for Resident #31. The administrator stated they did not have an investigation or FRI report for this because the incident was not reported to them. The administrator further stated if it had been reported to them, an FRI would have been completed. Surveyor requested and received the facility policy entitled, "Abuse, Neglect and Exploitation" which states in part: V. Investigation of Alleged Abuse, Neglect and Exploitation A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. B. Written procedures for investigations include: 1. Identifying staff responsible for the investigation: 2. Exercising caution in handling evidence that could be used in a criminal investigation (e.g., not tampering or destroying evidence); 3. Investigating different types of alleged violations: 4. Identifying and interviewing all involved persons, including the alleged victim, alleged

witnesses, and others who might have

perpetrator.

PRINTED: 09/07/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495156	B. WNG_		С	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	08/05/20	21
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SS=D	if abuse, neglect, expl mistreatment has occurred, the e 6. Providing com documentation of the On 8/04/21 at 5:20 pm administrator, director President of Clinical S Director of Operations of the facility not inves unknown source involv No further information presented to the surve conference on 8/05/21 Transfer and Discharg CFR(s): 483.15(c)(1)(i) §483.15(c) Transfer at §483.15(c)(1) Facility in (i) The facility must pe remain in the facility, a discharge the resident (A) The transfer or discresident's welfare and cannot be met in the fa (B) The transfer or discresident's velfare and cannot be met in the fa (C) The safety of indiviendangered due to the status of the resident;	gations; nvestigation on determining oitation, and/or  xtent, and cause, and plete and thorough investigation.  n, surveyor met with the of nursing, Regional Vice ervices, and the Regional and discussed the concern stigating an injury of ving Resident #31.  regarding this issue was ey team prior to the exit .  Re Requirements (ii)(2)(i)-(iii)  and discharge- requirements- rmit each resident to and not transfer or a from the facility unless- charge is necessary for the the resident's needs acility; charge is appropriate the health has improved dent no longer needs the me facility; iduals in the facility is a clinical or behavioral	F6	510		
	(D) The health of indiv otherwise be endange	iduals in the facility would red;				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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ACCORD	RÖVIDER OR SUPPLIER  US HEALTH AT ROANOP			STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	08/05/2021	
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F 622	appropriate notice, to under Medicare or Me Nonpayment applies i submit the necessary payment or after the til Medicare or Medicare or Medicaid, resident refuses to pay resident who becomes admission to a facility, resident only allowable or (F) The facility ceases (ii) The facility ceases (ii) The facility may no resident while the app § 431.230 of this chap exercises his or her rigdischarge notice from 431.220(a)(3) of this confidence or transfer or safety of the resider facility. The facility muthat failure to transfer of the section, the facility musor discharge is documentation in the facility musor discharge is documentation or provider. (i) Documentation in the must include: (A) The basis for the transfer of this section.	ailed, after reasonable and pay for (or to have paid dicaid) a stay at the facility. If the resident does not paperwork for third party hird party, including denies the claim and the y for his or her stay. For a seligible for Medicaid after the facility may charge a charges under Medicaid; to operate. It transfer or discharge the eat is pending, pursuant to ter, when a resident that to appeal a transfer or the facility pursuant to § hapter, unless the failure to would endanger the health or other individuals in the lest document the danger or discharge would pose. Intation.  If the facility pursuant to § hapter, unless the failure to would endanger the health or other individuals in the lest document the danger or discharge would pose. Intation.  If the facility pursuant to § hapter, unless the failure to would endanger the health or other individuals in the lest document the danger or discharge would pose. Intation.  If the facility pursuant to § hapter, unless the failure to would endanger the health or other individuals in the lest document the danger or discharge would pose. Intation.  If the facility pursuant to § hapter, unless the failure to would endanger the health or other individuals in the lest document the danger or discharge would pose. Intation.	F 622	<ol> <li>Resident #32 was transferred ER on 07/20/21. Resident #3 since returned to the facility 07/22/2021.</li> <li>Audit of last 30 days of OSH to documentation to ensure profeschange of resident information with MD, ER, and family.</li> <li>Education of licensed nursing on September 10 and 13, 202 Policy on Notification of Chardocumentation.</li> <li>DON and/or designee will conveekly audits of discharge chard weeks, then monthly x 2 months with audits being presented to for accountability.</li> <li>Date of Compliance: September 19, 2021.</li> </ol>	2 has on cransfers oper ation c staff 1 for nges aduct arts x onths,	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A BUILD		E CONSTRUCTION		E SURVEY PLETED
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		495156	B. WING			08	/05/2021
NAME OF P	ROVIDER OR SUPPLIER			!	STREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDI	US HEALTH AT ROANOR	<b>/E</b>		:	324 KING GEORGE AVE SW		
ACCORD	OS HEALTH AT ROANOF	\C			ROANOKE, VA 24016		
(X4) ID		ATEMENT OF DEFICIENCIES	lĐ.		PROVIDER'S PLAN OF CORRECTION		(X5)
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					DEFICIENCY)		
F 622	Continued Frances	. 44					
1 022	1.5.		F	622			
		esident need(s) that cannot	1				
		ts to meet the resident					
		e available at the receiving					
	facility to meet the nee						
		required by paragraph (c)					1
	(2)(i) of this section m						İ
		sician when transfer or					
		y under paragraph (c) (1)					]
]	(A) or (B) of this section	A. C.					
i		transfer or discharge is					
		graph (c)(1)(i)(C) or (D) of	1				
	this section.						
		ed to the receiving provider					
	must include a minimu						i
	(A) Contact informatio						
	responsible for the car						
ſ	(B) Resident represen	tative information including					
	contact information						
	(C) Advance Directive						
]	(D) All special instructi	ions or precautions for					
- 1	ongoing care, as appre	opriate.					
-	(E) Comprehensive ca	ire plan goals;					
İ	(F) All other necessar	y information, including a					
	copy of the resident's	discharge summary,					
		1(c)(2) as applicable, and					i
		on, as applicable, to ensure					
- 1	a safe and effective tra	ansition of care.					
		is not met as evidenced					ľ
ĺ	by:		1				
	Based on staff intervie	ew and clinical record					
		failed to document basis					]
		lents clinical record for 1 of					
	30 residents, Resident						İ
	TE THE STREET TO STREET						ŀ
İ	The findings included:						
	For Resident #32 the f	acility staff failed to					
		regarding the resident's					i
	transfer to the hospital						
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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION A. BUILDING \_ COMPLETED 495156 B. WING 08/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW **ACCORDIUS HEALTH AT ROANOKE** ROANOKE, VA 24016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE ID (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 622 Continued From page 12 F 622 Resident #32's face sheet listed diagnoses which included but not limited to hemiplegia, type II diabetes mellitus, acute kidney failure, aphasia, anxiety, depression, retention of urine, anemia, dysphagia and adult failure to thrive. The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) 06/17/21 failed to assign the resident a BIMS (brief interview for mental status) score, in section C, cognitive patterns. The quarterly MDS with an ARD date of 03/31/21 assigned the resident a BIMS score of 8 out of 15 in section C. This indicates that the resident is moderately cognitively impaired. Resident #32's clinical record was reviewed and contained a nurse's progress note dated 07/20/21 at 4:32 am, which read in part "ED (emergency department) doctor called and spoke with this nurse resident admitted for 'kidney injury' or 'failure'. unable to obtain a creatine level on rsd (resident)". No other documentation related to resident transfer was located in the clinical record. The concern of not having documentation for the resident's transfer to the hospital was discussed with the administrative team (administrator, director of nursing, regional vice-president of clinical services, regional director of operations) during a meeting on 08/04/21 at approximately 5:20 pm. No further information was provided prior to exit. F 641 Accuracy of Assessments F 641 CFR(s): 483.20(g) SS=D

PRINTED: 09/07/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
	1	495156	B. WING		С	
NAME OF SD	OWNER OR GURBOUSE	490100	D. WING _		08/05/2021	
2000	OVIDER OR SUPPLIER  JS HEALTH AT ROANOP	KE		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)		
i de de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya d	resident's status. This REQUIREMENT by: Based on staff intervi- and the facility staff fa of MDS (minimum dat 30 residents, Residen The findings included: For Resident #32, the the BIMS (brief intervi- completed.  Resident #32's face sh included but not limited diabetes mellitus, acut anxiety, depression, re dysphagia and adult fa The most recent quarte set) with an ARD (asse score, in section C, co- quarterly MDS with an assigned the resident an assigned the resident an in section C. This indic moderately cognitively Surveyor spoke with th 08/02/21 at approxima missing BIMS score. No the facility SW (social was completing the BIMS a	of Assessments. It accurately reflect the  is not met as evidenced  ew, clinical record review ailed to ensure the accuracy a set) assessments for 1 of It #32.  facility staff failed to ensure ew for mental status) was  neet listed diagnoses which d to hemiplegia, type II le kidney failure, aphasia, etention of urine, anemia, ailure to thrive.  erly MDS (minimum data essment reference date) gn the resident a BIMS gnitive patterns. The ARD date of 03/31/21 a BIMS score of 8 out of 15 eates that the resident is impaired.  ne MDS coordinator on tely 4:30 pm regarding the MDS coordinator stated that worker) is responsible for and that they did not do it eframe, therefore it could	F6	1. Resident #32 was not interviouring assessment period. In not able to be modified. 2. Audit of MDS assessments for 30 days to ensure BIMS interconducted. 3. Education of Social Services September 13, 2021 for Asses of Cognitive Patterns policy of the timely completion. 4. DON and/or designee will convee weekly audits of Social Services assessments x 4 weeks, then x 2 months, with audits bein presented to QAPI for accountability. 5. Date of Compliance: September 19, 2021.	or past rview was on essment requiring onduct ices i monthly	

### DEPARTMENT OF HEALTH AND HUMAN SERVICES.

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495156 R WING 08/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW **ACCORDIUS HEALTH AT ROANOKE** ROANOKE, VA 24016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID: (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 641 F645 F 641 Continued From page 14 1. PASARR was submitted for Residents The concern of the facility not completing the BIMS assessment on the MDS was discussed #16 and 35. with the administrative team (administrator, 2. Audit of current residents' PASSAR director of nursing, regional vice-president of to ensure Level I and Level II clinical services, regional director of operations) during a meeting on 08/04/21 at approximately evaluations have been completed 5:20 pm. and are present in medical records. 3. Education of Social Services on No further information was provided prior to exit. F 645 PASARR Screening for MD & ID F 645 September 13, 2021 for PASARR SS≃D CFR(s): 483.20(k)(1)-(3) completion upon admission. 4. SS Director and/or designee will §483.20(k) Preadmission Screening for individuals with a mental disorder and individuals conduct weekly audits of new with intellectual disability. admission charts x 4 weeks, then monthly x 2 months, with audits §483.20(k)(1) A nursing facility must not admit, on or after January 1, 1989, any new residents with: being presented to QAPI for (i) Mental disorder as defined in paragraph (k)(3) accountability. (i) of this section, unless the State mental health authority has determined, based on an independent physical and mental evaluation 5. Date of Compliance: performed by a person or entity other than the September 19, 2021. State mental health authority, prior to admission, (A) That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility: (B) If the individual requires such level of services, whether the individual requires specialized services, or (ii) Intellectual disability, as defined in paragraph (k)(3)(ii) of this section, unless the State intellectual disability or developmental disability authority has determined prior to admission-(A) That, because of the physical and mental condition of the individual, the individual requires

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		495156	B. WING				05/2024
ļ	ROVIDER OR SUPPLIER	(E		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016		V01	05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	STEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	E	(X5) COMPLETION DATE
F 645	and (B) If the individual recessivices, whether the specialized services for \$483.20(k)(2) Exception section— (i) The preadmission suparagraph(k)(1) of this for determinations in the total a nursing facility of being admitted to the intransferred for care in (ii) The State may chopreadmission screening paragraph (k)(1) of this total nursing facility of (A) Who is admitted to hospital after receiving hospital, (B) Who requires nursicondition for which the the hospital, and (C) Whose attending prefere admission to the is likely to require less facility services.  §483.20(k)(3) Definition section— (i) An individual is considered defined in 483 (ii) An individual is consintellectual disability if	rovided by a nursing facility; quires such level of individual requires or intellectual disability.  ons. For purposes of this creening program under is section need not provide the case of the readmission an individual who, after nursing facility, was a hospital. ose not to apply the tig program under is section to the admission an individual- the facility directly from a is acute inpatient care at the individual received care in only sician has certified, the facility that the individual than 30 days of nursing  on. For purposes of this sidered to have a mental at has a serious mental at has a serious mental at has a serious mental at has a serious mental at has a not the individual has an at defined in §483.102(b)(3)	F	545			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		495156	B. WING			С		
NAME OF P	ROVIDER OR SUPPLIER		3. 11.10	STREET ADDRESS, CITY, STATE, ZIP CO.	DE	08	/05/2021	
ACCORD	IUS HEALTH AT ROANOR	(E	:	324 KING GEORGE AVE SW ROANOKE, VA 24016			S	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIA		(X5) COMPLETION DATE	
F 645	described in 435.1010 This REQUIREMENT by: Based on staff intervi review, and clinical re failed to obtain require screening and resider Residents, Resident # The findings included:  1. For Resident #35, t complete a level I PAS A PASARR is a federa ensure that individuals placed in nursing hom The Residents face sh #35 had been admitter and included the diagr bipolar disorder, depre paranoid schizophreni Section C (cognitive paranoid schizophreni Section C (cognitive paranoid schizophreni with an ARD (assessm 06/23/21 included a Bi mental status) summa possible 15 points.	of this chapter. is not met as evidenced  ew, facility document cord review, the facility staff ad PASARRs (preadmission at reviews) for 2 of 30 and #16.  The facility staff failed to GARR. If requirement to help are not inappropriately ses for long-term care.  The et revealed that Resident at to the facility 12/28/21 thoses anxiety disorder, assive disorder, and a.  The etterns of Resident #35's am data set) assessment then reference date) of MS (brief interview for any score of 9 out of a  The etterns of the surveyor level 1 PASARR.  SW) social worker #1 d not have a level 1	F	645				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAMEOFO	DOVIDED OD CURRIER	435136	D. WING			08	/05/2021
	ROVIDER OR SUPPLIER  US HEALTH AT ROANOF			;	STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016		:
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 645	Continued From page	17	Fe	345			
	director of nursing, an of Clinical Services we missing PASARR.	d Regional Vice President ere made aware of the					
	provided to the survey conference.	•					
	refer the resident for a	ing and Resident Review)					
	which included, but no Respiratory Failure wit Unspecified, Anxiety D	th Hypoxia, Bipolar Disorder Disorder Unspecified, therwise Specified, and					
	set) with an ARD (asset 5/28/21 assigned the r	atus) score of 3 out of 15 in			es.		
	PASARR dated 10/10/ recommendation for a determination, "MI" (me	Level II evaluation and ental illness) was checked mmendation". Surveyor Level II PASARR in record and requested					
	they do not have a Lev #16 but a referral was	, the administrator stated rel II PASARR for Resident made today. A copy of a 8/02/21 with successful fax					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495156	B WING				05/2021
1	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	<u> </u>	001	OSIZUZ I
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	E	(X5) COMPLETION DATE
	"To: ASCEND", "Re: #16)". Surveyor was services progress not stating "Review of Level II. SSD (social: Sheet, Psychiatric Evaphysical), 2 most receprogress notes to ASC a VM (voice mail) for (hospital name omitted was/was not complete a copy".  On 8/02/21 at approxispoke with the social wreason for Resident #PASARR completed u worker stated they wo The social worker retu 10:18 am and stated til Term Care Services are October of 2020 and Forior to the training and On 8/04/21 at 11:35 are social worker and was "Memorandum" from til Virginia Department of Developmental Service stated in part, "Following determined that a PAS determination is not reindicated below: The indiagnosis of dementia disease) AND has a second service stated in part, and the indiagnosis of dementia disease) AND has a second services are indicated below: The indiagnosis of dementia disease) AND has a second services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated services are indicated servic	rided which stated in part, Level II RR - (Resident also provided a social e dated 8/02/21 12:58 pm yel I screen positive for service director) faxed Face aluation H&P (history and int MDS, last 7 days CEND. SSD called and left Case Management at d) to confirm if Level II id. If completed, requested  mately 4:00 pm, surveyor worker and questioned the 16 not having a Level II pon admission. The social uld go back and review, rned the following day at hey completed the Long and Supports training in Resident #16 was admitted d they misread the form.  m, surveyor met with the provided a copy of a he Commonwealth of Behavioral Health and hes dated 8/02/21 which has review, it was RR Level II final quired due to the reasons individual has a primary (including Alzheimer's becondary diagnosis of a li worker stated the Level I	F	645			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER:		(X2) MUL A BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495156	B. WING			1	C (05/2024
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE	] 08	/05/2021
ACCORDI	US HEALTH AT ROANOF	E		l	ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 645	policy entitled, "Admis in part:  9. Potential residents intellectual disabilities State mental health ag (through the preadmis that the individual has condition that requires provided by the facility a. The preadmission requirements do not a being admitted to the a hospital.  b. The State may cho preadmission screenin (1) the individual is facility from a hospital acute inpatient care; (2) he or she requirements in a condition for which he hospital; and (3) the Attending P to admission) that the less than 30 days of care at On 8/04/21 at 5:20 pm administrator, director President of Clinical Schirector of Operations of the facility not referr Level II PASARR evaluation admission.	with mental disorders or will only be admitted if the gency has determined sion screening program) a physical or mental the level of services of the level of services of the level of services of the level of services of the level of services of the level of services of the level of services of the level of services of the level of services of the level of services of the level of services of the level of services of the level of services of the level of services for the level of services of the level of services for the level of services of the level of services of the level of services of the level of services of the level of services of the level of services of the level of services, and the Regional and discussed the concerning Resident #16 for a leation and determination	E	645			
		regarding this issue was y team prior to the exit					

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00.11.01	TO TOTAL OF	MICDIONID SELVICES				OMB NO	<u>). 0938-0391</u>	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495156	B. WING			C 08/05/2021		
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00/	03/2021	
				ı	24 KING GEORGE AVE SW			
ACCORD	IUS HEALTH AT ROANOI	KE .			ROANOKE, VA 24016			
	CUMMADVOT	ATTAILENT OF SELECTION	<del></del>	Γ.,	1			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
					0.			
F 645	,		F	645	F656	,	,	
	conference on 8/05/2				1036			
F 656	Develop/Implement C	omprehensive Care Plan	F	656	1 Posidont # 22. Coro Dingd	اممدم		
SS=E	CFR(s): 483.21(b)(1)				1. Resident # 32: Care Plan upd			
					to reflect no catheter usage.	Date		
	§483.21(b) Comprehe				of update 08/19/2021.			
	§483.21(b)(1) The fac	ility must develop and			Resident # 10: Care Plan upd	ated		
	implement a compren	ensive person-centered			to reflect side of bed against		1	
	resident rights set fort	ident, consistent with the h at §483.10(c)(2) and	1		_			
	§483.10(c)(3), that inc	ludes measurable			wall. Date of update 08/27/2			
		mes to meet a resident's		1	Resident # 31: Care Plan is cu	irrent		
		mental and psychosocial			to reflect side of bed against	wall.		
	needs that are identific	ed in the comprehensive			Resident # 17: Care Plan upd			
	assessment. The com	prehensive care plan must			•			
	describe the following				to reflect no fall mat require	а.	- 1	
	(i) The services that a	e to be furnished to attain			Date of update 08/04/2021.			
	of maintain the resider	nt's highest practicable osychosocial well-being as			2. MDS will conduct an audit of			
		4, §483.25 or §483.40; and			current fall and catheter use			
	(ii) Any services that w	ould otherwise be required			resident's care plans to ensu	re	ſ	
	under §483.24, §483.2	25 or §483.40 but are not			compliance and current inter		, e	
i	provided due to the re-	sident's exercise of rights			are in place.		"	
	under §483.10, includi treatment under §483.	ng the right to refuse			•		İ	
	(iii) Any specialized se				3. Education of MDS, Departme			
	rehabilitative services			Ī	Managers, and Licensed Nurs	ing		
	provide as a result of F	PASARR			staff on September 10 and			
		facility disagrees with the			13, 2021 for Care Plan develo	pment.	.	
	findings of the PASAR rationale in the resider				4. Department Heads will conde	uct		
	(iv)In consultation with				weekly audits of care plans a		n l	
	resident's representative	ve(s)-			rounds x 4 weeks, then mont			
	(A) The resident's goal	s for admission and			2 months, with audits being	-	ed	
	desired outcomes. (B) The resident's pref.	erence and potential for			to QAPI for accountability.			
	future discharge. Facili	ties must document			to control accountability.			
	whether the resident's	desire to return to the						
		sed and any referrals to			5. Date of Compliance:			
	<u> </u>	•			September 19, 2021.			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
İ		495156	B. WING			1	С	
NAME OF P	ROVIDER OR SUPPLIER	400100	J 5. 11.110	_	STREET ADDRESS, CITY, STATE, ZIP CODE	08/	/05/2021	
					324 KING GEORGE AVE SW			
ACCORD	US HEALTH AT ROANOR	KE .		l	******			
ļ	CINCLED / DE		1	'	ROANOKE, VA 24016			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD 8 CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 656	Continued From page	21	F	656				
	local contact agencies	s and/or other appropriate						
	entities, for this purpor	se.						
!		n the comprehensive care					l	
	plan, as appropriate, i				1	1		
	requirements set forth section.	in paragraph (c) of this						
		is not met as evidenced	1					
	by:	io not mot as ovidenced	İ			į		
		n, staff interview, clinical					!	
		ility document review the						
i		evelop and implement a						
		plan for 4 of 30 residents, nt #10, Resident #31 and					İ	
i	Resident #17.	in Fio, Nesident F51 and					33	
:	The findings included:					:		
	1. For Resident #32 th	ne facility staff failed to				-		
	develop a care plan fo							
		neet listed diagnoses which						
	included but not limited						J	
ļ		te kidney failure, aphasia,					1	
		etention of urine, anemia,						
	dysphagia and adult fa	allure to thrive.						
	The most recent quarte	erly MDS (minimum data						
		essment reference date)				ĺ	1	
İ	06/17/21 failed to assign	gn the resident a BIMS						
į		ntal status) score, in section						
ļ		The quarterly MDS with an	!			!		
	BIMS score of 8 out of	assigned the resident a				1		
	indicates that the resid							
į	cognitively impaired.	and a moderatory						
-	Surveyor observed Do	sident #32 on 08/01/21 at						
		as resting in bed, catheter					İ	
		ag were observed hanging			011			

STATEMENT OF DEFICI AND PLAN OF CORREC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1		CONSTRUCTION	(X3) DAT	E SURVEY PLETED
		495156	8 WNG			С	
NAME OF PROVIDER	OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	80	3/05/2021
ACCORDIUS HEAI	LTH AT ROANOI	KE		32	24 KING GEORGE AVE SW COANOKE, VA 24016		
	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B: CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E NTE	(X5) COMPLETION DATE
Reside reviews "has subdur inability not local usage in Reside physicia August used for Surveys policy elevation of the consiste measur resident psychological procession of the consiste measur resident psychological procession of the consiste measur resident psychological procession of the consistent psychological procession of the consistent psychological procession of the consistent psychological procession of the consistent psychological procession of the consistent psychological procession of the consistent psychological procession of the consistent psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological psychological	ed on 08/02/21 urinary incontir al hematoma, is to control voice ate any information the care plan in the care plan in the 32's clinical an's order sum 2021, which re- ir Urinary Reter or requested an entitled "Compresed in part "It is of and implement centered care ent with resider able objectives it's medical, nur social needs the it's comprehens incern of not deer use was discu- ir use was discu- ir regional direct ir use was discu- ir regional direct ir on 08/04/21 a er information Resident #10, the ent the comprehens incern of the comprehens incern of not deer ir use was discu- ir regional direct ir on 08/04/21 a er information ir regional direct ir on 08/04/21 a ir information	ehensive care plan was . It contained a care plan for hence r/t (related to) t (right) side hemiplegia, ling pattern". Surveyor could him regarding catheter . I record contained a mary for the month of had in part "Foley catheter ntion"  Ind was provided a facility ehensive Care Plans", as the policy of this facility to hat a comprehensive plan for each resident, at rights, that includes had at are identified in the him saves sessment."  I record contained a mary for the month of had in part "Foley catheter ntion"  I record contained a facility ehensive Care Plans", as the policy of this facility to hat a comprehensive plan for each resident, and timeframes to meet a right, and mental and hat are identified in the him saves sessment."  I record contained a facility ehensive part "Foley catheter notion"  I record contained a facility ehensive plans for each resident, at rights, that includes had a facility and timeframes to meet a facility element."  I record contained a facility ehensive plans facility to the facility staff failed to hensive person-centered of placing the right side of	F	656			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
:		495156		<del></del>		С
		499136	B. WING		08	/05/2021
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORD	US HEALTH AT ROANOR	(E		324 KING GEORGE AVE SW		
		***	f	ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPROPI  DEFICIENCY)	BE	(X5) COMPLETION DATE
	which included, but not Unspecified, Other Ge Epileptic Syndromes in Status Epilepticus, Re Other Diseases Class Behavioral Disturband Oropharyngeal Phase Thrive.  The most recent quart set) with an ARD (assistive Syndromes in cognitive skills for dishort-term and long-tesection C, Cognitive Palso coded as rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunderstood and rarely/nunder	posis list indicated diagnoses, of limited to Down Syndrome eneralized Epilepsy and not Intractable without expeated Falls, Dementia in iffed Elsewhere without etc., Dysphagia and Adult Failure to derive the energy MDS (minimum data essment reference date) of ident as severely impaired ailly decision making with emmemory problems in latterns. Resident #10 was ever makes self /never understands others.  Pesident #10 in their room ed with the head of the bed pace available for the exit the bed from the left or 1:22 am and 8/02/21 8:40  Of Resident #10's in-centered care plan stating "(Resident #10) had further falls r/t (related to) of the with Dx (diagnosis): deficit, Downs Syndrome" ated 5/17/21 stating "Right inst the wall to aid in fall in surveyor again observed	F	356		
	Resident #10's bed wit against the wall in the	th the head of the bed same position as observed				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	495156	B. WING				С
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOK			STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	1	08/	05/2021
PREFIX (EACH DEFICIENCY	VIEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRI	<b>IOULD BE</b>	: TE	(X5) COMPLETION DATE
met with the MDS Coc observation of Resider positioning and the ca right side of the bed as Coordinator returned a bed is back against the The following day at 8: Resident #10's bed po the bed against the wa DON (director of nursin that the resident's bed the left side is against plan states the right sid against the wall. The I accompanied the surve room and observed the positioned against the Surveyor requested an policy entitled, "Compre which states in part, "C for carrying out interve plan will be notified of t responsibilities for carr initially and when chan  During a meeting with to of nursing, Regional Vi Services, and the Region 8/04/21 at 5:20 pm, concern of Resident #1 for bed positioning not written.	1. At 2:21 pm, surveyor ordinator and discussed the nt #10's current bed re plan intervention of the gainst the wall. The MDS at 3:23 pm and stated the e wall.  47 am, surveyor observed estitioned with the left side of sall. Surveyor notified the mg) and the Unit Manager had been moved and now the wall, however, the care do of the bed is to be DON and Unit Manager eyor to Resident #10's eleft side of the bed wall.  and received the facility rehensive Care Plans" Qualified staff responsible intions specified in the care their roles and ying out the interventions, ges are made".  the administrator, director ce President of Clinical onal Director of Operations surveyor discussed the 10's care plan intervention being implemented as regarding this issue was a regarding this issue was a team prior to the exit	F	656			

	OF DEFICIENCIES FCORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		405450		<del></del>		С	
		495156	B. WING			08/	05/2021
	ROVIDER OR SUPPLIER	KE .		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG		SHOULD BE		(X5) COMPLETION DATE
F 656	Continued From page  3. For Resident #31, implement the compresent plan intervention the bed against the way Resident #31's diagnous which included, but no Other Diseases Class Behavioral Disturbance Chronic Obstructive Punspecified, Acute on (Congestive) Heart Fa Glaucoma Bilateral Se Unspecified Blephariti Eyelids.  The most recent quark set) with an ARD (asset) with an ARD (asset) with an ARD (asset) with sort-term problems. Resident #the BIMS (brief interviews)	the facility staff failed to chensive person-centered of placing the right side of all.  Disis list indicated diagnoses, of limited to Dementia in ified Elsewhere without the Typical Atrial Flutter, fulmonary Disease Chronic Systolic culture, Primary Open-Angle evere Stage, and is Left Eye Upper and Lower erly MDS (minimum data essment reference date) of ident as being severely eskills for daily decision in and long-term memory 31 was unable to complete ew for mental status) of Functional Status, the requiring extensive		1	PPROPRIA	TE	UATE
	personal hygiene. On 8/01/21 at 10:35 at Resident #31 in bed wagainst the wall with siresident to enter and eright side. On 8/03/21, a review comprehensive person revealed a focus area	m, surveyor observed ith the head of the bed pace available for the exit the bed from the left or of Resident #31's					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495156	B. WING			C 08/05/2021	
	ROVIDER OR SUPPLIER	KE		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016		0	103/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORR  (EACH CORRECTIVE ACTION SI  CROSS-REFERENCED TO THE AF  DEFICIENCY)	HOULD BE		(X5) COMPLETION DATE
F 656	and balance, safety as dementia" with an intestating "right side aga On 8/03/21 at 12:02 p Resident #31's bed in on 8/01/21, with the howall. At 2:21 pm, surveyor and discusted the bed on 8/04/21 at 8:57 am Resident #31's bed with against the wall.  Surveyor requested as policy entitled, "Compi which states in part," for carrying out interveplan will be notified of responsibilities for carrinitially and when chart During a meeting with of nursing, Regional V Services, and the Regon 8/04/21 at 5:20 pm, concern of Resident #3 for bed positioning not written.	wareness d/t (due to) ervention dated 5/19/21 inst wall for fall prevention".  m, surveyor again observed the same position as noted ead of the bed against the reyor met with the MDS issed the observation of the sistioning and the care plan at side of the bed against coordinator returned at 3:23 d is now against the wall.  n, surveyor observed the the right side of the bed  and received the facility rehensive Care Plans" Qualified staff responsible entions specified in the care their roles and rying out the interventions, ages are made".  the administrator, director ice President of Clinical ional Director of Operations surveyor discussed the 31's care plan intervention being implemented as  regarding this issue was y team prior to the exit	F	556			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
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NAME OF F	PROVIDER OR SUPPLIER	455156	B. WING			80	/05/2021
	IUS HEALTH AT ROANO	KE		3	TREET ADDRESS, CITY, STATE, ZIP CODE  24 KING GEORGE AVE SW  ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 656	implement the comprecare plan intervention the bedside.  Resident #17's diagnous which included, but not Hemiparesis Following Cerebrovascular Dise Non-Dominate Side, (Thrombosis of Right Vacute on Chronic Sys Failure, Chronic Viral Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspecified, Unspec	chensive person-centered for the use of a fall mat at sois list indicated diagnoses, at limited to Hemiplegia and gruppecified ase Affecting Left Cerebral Infarction due to fertebral Artery, Aphasia, tolic (Congestive) Heart Hepatitis C, Hypothyroidism fied Dementia without se, and Dysphagia Following serly MDS (minimum data essment reference date) of resident a BIMS (brief atus) score of 14 out of 15 e Patterns.  In, surveyor observed with the left side of the bed of fall mat in place.  In Resident #17's in-centered care plan stating "(Resident #17) is elated to )fall with Hx or balance, poor ehension, unsteady gait, so poor judgement" with an in 2/26/20 stating "continue"	F	656			
	was prevented with cu On 8/03/21 at 12:00 pr						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	TIPLE CONSTRUCTION	(X3) DA	(X3) DATE SURVEY COMPLETED	
		495156	B. WNG			С	
	ROVIDER OR SUPPLIER	KE .		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	1 0	8/05/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ULD BE	(X5) COMPLETION DATE	
	with the left side of the fall mat was in place. (certified nursing assis should have a fall mat stated "I don't know". With the MDS Coordin observation of Reside fall mat in place as ca Coordinator returned a fall mat has been put if the fall mat has been put if the fall mat has been put if the fall mat has been put if the fall mat has been put if the fall mat has been put if the fall mat has been put if the fall mat has been put if the fall mat has been put if the fall mat has been put if the fall mat has been put if the fall mat in plan will be notified of responsibilities for carrying out interversion will be notified of responsibilities for carrying a meeting with of nursing, Regional V Services, and the Region 8/04/21 at 5:20 pm, concern of Resident # without a fall mat in plan plan.	s bed against the wall, no Surveyor asked CNA stant) #1 if the resident in place and CNA #1 At 2:21 pm, surveyor met ator and discussed the nt #17 being in bed with no re planned. The MDS at 3:23 pm and stated the n place.  In surveyor observed with a fall mat in place on the standard of the number of the facility rehensive Care Plans. Surveyor observed with a fall mat in place on the standard of the facility rehensive Care Plans. Surveyor discussed in the care their roles and the interventions, ages are made. The administrator, director for the place of the facility of the interventions surveyor discussed the surveyor discussed the facility being observed in bed face per the resident's care fregarding this issue was to the exit.	F	656			
F 657 SS=E	Care Plan Timing and ( CFR(s): 483.21(b)(2)(i)	Revision -(iii)	F6	57			
	§483.21(b) Compreher	isive Care Plans					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		405450	0 1000			(	
495156 B. WING				08/	05/2021		
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE			STREET ADDRESS, CITY, STATE, ZIP CODE  324 KING GEORGE AVE SW  ROANOKE, VA. 24016				
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD I TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE
F 657	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS REFERENCED TO THE APPRO		e completion of the completion of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th		
	care plan to address a	ed to revise Resident #33's decline in mobility.			September 19, 2021.	1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		TIPLE CONSTRUCTION ING	(X3) DAT	E SURVEY MPLETED
	495156	B. WING			C
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOK	E	J	STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	1 0	8/05/2021
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ULD BÉ	(X5) COMPLETION DATE
revealed Resident #33 wheelchair. Resident is be walking.  Resident #33's minimulassessment, with an assessment, with an assessment, with an assessment as being dependent on bathing. Resident #33's were not limited to: high Alzheimer's disease, deanxiety, and vision proting an interview on a facility's MDS Coordina #33 had experienced a The facility's MDS Coordina address the resident's contact of the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident's contact in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident in the resident	ent #33 during the survey in either the bed or #33 was never observed to  Im data set (MDS) seessment reference date signed as completed on was assessed as ke self understood and as erstand others. The las having problems with rm memory. Resident #33 iring extensive assistance efers, dressing, and sident #33 was assessed a staff for toilet use and dis diagnoses included, but lab blood pressure, ementia, depression, olems.  an included the following the #33) has short term leds cognitive stimulation. the hall ways [sic] d) only sits when (the  8/4/21 at 2:20 p.m., the stor confirmed Resident decline in ambulation. Indinator also confirmed an had not been revised to decline in ambulation.  In was found in a facility Plan Revisions Upon	F	657		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495156	B. WNG			l	C /05/2021
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE			STREET ADDRESS, CITY, STATE, ZIP CODE  324 KING GEORGE AVE SW  ROANOKE, VA 24016			,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFII TAG		SHOULD BE		(X5) COMPLETION DATE
	implementation date of "The purpose of this consistent process for care plan for those restatus change."  "The comprehensive [sic] and revised as ne experiences a status of experiences a status of experiences a status of experiences a status of experiences a status of experiences a status of experiences a status of experiences a status of experiences a status of experiences and experiences and experience of experience and experience of experience experiences.  On 8/5/21 at 9:18 a.m. staff to review and revellan to address the replan to address the replan to address the replan for experiences, and Operations.  For Resident #13 trevise the care plan for Resident #13's face slincluded but not limited cerebral infarction, her dysphagia, hypertensic respiratory failure.  Resident #13's most reference date) of 06/2 a BIMS (brief interview 15 of 15 in section C, of indicates that the resident #13's compressive experience date of experience of experience experience of experience experience of experience experience of experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experience experienc	of 11/1/2020): procedure is to provide a reviewing and revising the sidents experiencing a e care plan will be reviewed, ecessary, when a resident change." e updated with the new or "  ", the failure of the facility ise Resident #33's care sidents decline with esed during a survey team by's Administrator, Director gional Vice-President of Regional Director of the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to the facility staff failed to th	F	657			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495156	B. WING			0.5	C 8/05/2021
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE			32	TREET ADDRESS, CITY, STATE, ZIP CODE 24 KING GEORGE AVE SW OANOKE, VA 24016	1 00	110312021	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E NTE	(X5) COMPLETION DATE
	contained a physician read in part "Enteral F for enteral feed. Enter Promote per PEG (per gastrostomy)-Tube via mLs/hour, for 12 hours 0600". This order was Resident #13's eMAR administration record) was reviewed and conwith a D/C (discontinuing Surveyor spoke with R 10:15 am. Surveyor as have a feeding tube, a longer get tube feeding. Surveyor spoke with the 08/03/21 2:30 pm regains for tube feeding. In that tube feeding shoul from the resident's care coordinator provided the corrected care plan.  Surveyor requested an facility policy entitled "C Status Change", which comprehensive care plan revised as necessary, experiences a status of will be updated with the interventions."	I record was reviewed and sorder summary, which eed Order two times a day all 1-Feeding: Administer routaneous endoscopic a Pump. Rate: 70 shday, Start at 6 pm-stop at marked as discontinued.  (electronic medication for the month May 2021 tained an entry as above, ed) date of 05/18/21.  desident #13 on 08/01/21 at sked Resident #13 if they no desident #13 if they no desident #13 if they no desident #13's care MDS coordinator on ording Resident #13's care MDS coordinator stated do have been removed to plan. On 08/03/21, MDS are surveyor with a divas provided with a Care Plan Revisions Upon read in part "1. The an will be reviewed, and when a resident hange. 2. d. The care plan e new or modified	F	657			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		495156	B. WING		ĵ		C 05/2021
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE		KE		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	'		VOIZOZ I
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
F 657	administrative team (a nursing, regional vice-services, regional dire meeting on 08/04/21 at No further information 3. For Resident #14 the revise the care plan for Resident #14's face slincluded but not limite obstructive and reflux depression, dysphagia of urinary tract infection Resident #14's most in (minimum data set) with reference date) of 05 resident a BIMS (brief score of 99. This indicunable to complete the severely cognitively im Resident #14's compareviewed and contained actual impairment to spressure injury of sacronal resident #14's clinical surveyor could not local indicate resident current Surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surveyor could not local indicate resident current surve	administrator, director of operations) during a at approximately 5:20 pm.  was provided prior to exit.  the facility staff failed to pressure ulcers, the listed diagnoses which do to Huntington's Disease, uropathy, anxiety, a, hypertension, and history ans.  secent quarterly MDS than ARD (assessment 126/21 assigned the interview for mental status) ates that the resident was a interview due to being apaired.  secent quarterly for " has kin integrity r/t (related to) um".  record was reviewed and ate any information to ntly has a pressure ulcer, ate any current skin nical record. Surveyor mager on 08/03/21 at the Unit manager stated that a pressure ulcer and that	F	657			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495156	B. WING				С
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE		13	3	STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW	08	/05/2021	
				F	ROANOKE, VA 24016		
(X4) ID PREFIX TAG				JLL PREFIX (EACH CORR		LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	
F 657	Continued From page	34	F	657	3		
	place for skin assessr	nents, but it hadn't worked.					:
	facility policy entitled " Status Change", which comprehensive care prevised as necessary,	olan will be reviewed, and when a resident change, 2, d, The care plan					
	resident's care plan wa administrative team (a nursing, regional vice- services, regional dire	dministrator, director of					
	4. For Resident #10, t	was provided prior to exit. the facility staff failed to sive person-centered care ng assistance					
	which included, but no Unspecified, Other Ge Epileptic Syndromes n Status Epilepticus, Rej	peated Falls, Dementia in fied Elsewhere without e, Dysphagia					
	set) with an ARD (asse 5/10/21 coded the residence in cognitive skills for da short-term and long-ter	erly MDS (minimum data essment reference date) of dent as severely impaired aily decision making with m memory problems in atterns. Resident #10 was					Ð

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	433130	0. 11.110		STREET ADDRESS, CITY, STATE, ZIP CODE	08	05/2021
ACCORDIUS HEALTH AT ROANOKE				3	ROANOKE, VA 24016		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SH		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 657	In section G, Function was coded as requiring eating.  Resident #10's current included an order date Foods diet, mechanicar regular/thin liquids constraws.  Surveyor observed Resonant foods are section feeding themsels breakfast on 8/02/21 at tray contained thin liquity and ground meat text.  On 8/03/21, surveyor comprehensive person included a focus area returned from the hosp PNA (pneumonia). (H Speech and deemed to of food and was not defeeding due to medical also declined tube placin meal intake". An interest food and revised contained to the placin meal intake. An interest food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised contained food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised food and revised f	rever makes self  Indever understands others. Inal Status, Resident #10 Ig extensive assistance in  It physician's orders and 6/17/21 stating Fortified and soft ground meat texture, Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insistency, finger foods, no  Insi	F	657			
		10's diet order discrepancy					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DAT	E SURVEY PLETED
		495156	B. WING				С
NAME OF P	ROVIDER OR SUPPLIER	430130	o. mino.		TREET ADDRESS, CITY, STATE, ZIP CODE	80	/05/2021
	US HEALTH AT ROANOR	(E		32	24 KING GEORGE AVE SW COANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	on the current care plather resident eating alordrinking from a cup. A Manager returned with of Resident #10's care "Current Diet is Regul foods with Thin Liquid Surveyor spoke with the 8/03/21 at 2:21 pm codiet order and eating a documented on the cuprevious observations themselves alone in the MDS Coordinator retucorrected the resident appropriate diet and expression and the states and the provided a copy of the resident's care plan. A fin part "Current Diet is AHR-Mechanical Soft AHR -Regular/Thin Licrevised intervention darequires supervision and Surveyor requested are policy entitled, "Care F Change" which states 1. The comprehensive reviewed, and revised resident experiences at 2. d. The care plan wor modified intervention of the MDS Coordinator of member.	an and the observation of one in their room and the 1:15 pm, the Unit in a copy of a revised portion in a copy of a revised portion in a copy of a revised portion in a copy of a revised portion in a copy of a revised portion in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention in the intervention i	F	357			
		, surveyor met with the of nursing, Regional Vice					!

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DAT	E SURVEY PLETED
		495156	B, WNG			١ ۵	C 3/05/2021
	ROVIDER OR SUPPLIER	KE .		324	REET ADDRESS, CITY, STATE, ZIP CODE 4 KING GEORGE AVE SW DANOKE, VA 24016	1 00	103/2021
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F 657	President of Clinical S Director of Operations of the facility staff failing comprehensive perso No further information	Services, and the Regional s and discussed the concerning to revise Resident #10's n-centered care plan.  regarding this issue was bey team prior to the exit	F	557			
	ADL Care Provided for CFR(s): 483.24(a)(2) §483.24(a)(2) A reside out activities of daily list services to maintain greater and oral hygical This REQUIREMENT by: Based on observation interview, and clinical staff failed to ensure the unable to carry out (All received the necessar maintain personal hygical 30. Residents #35, #44, #7, #33, and #34.  The findings included:  1. For Resident #35, the provide ADL care. Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents Residents	ent who is unable to carry ving receives the necessary ood nutrition, grooming, and iene; is not met as evidenced  n, resident interview, staff record review, the facility nat residents who was DLs) activities of daily living y care and services to iene and grooming for 10 of 0, #52, #208, #10, #31, #5,	F	377			
	A dark debris was pres fingernails. Resident #35's (EHR) included the diagnoses	hypercapnia, diabetes,		78			

07175115147	05 55555555555	MEDIO/110 OLIVIOLO			OMB NO. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495156	B. WING		C 08/05/2021
NAME OF P	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	,
400000	IIIO UEALTU AT DO ANO	·-	1	324 KING GEORGE AVE SW	
ACCORD	IUS HEALTH AT ROANO!	<u> </u>		ROANOKE, VA 24016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES DEFICIENCY)	BE COMPLETION
F 677	Section C (cognitive propagate propagate) MDS) mining with an (ARD) assess 06/23/21 included a (I mental status summar Section G (functional personal hygiene indicextensive assistance and section of the personal hygiene indicextensive assistance and certification of the performance deficit reventilator and tracheoral interventions included and clean on bath day 08/01/21 10:49 a.m., from and toenaits were obsigged. The Residents with debris underneation of the survey fingernails and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and toenaits and	atterns) of Resident #35's num data set assessment ment reference date of BIMS) brief interview for ry score of 9 out of 15. status) was coded 3/3 for cating the resident required assist of two people.  comprehensive care plan) a ADL self-care lated to quadriparesis, comy dependent. In the characteristic comprehensive care plan and as necessary.  Resident #35's fingernails erved to be long and a fingernails were observed in the nails.  The (DON) director of corrobserved Resident 35's is to be long and jagged in mained underneath the line DON stated they were have the podiatrist to the resident on the podiatry as DON provided the	F 677	F677	ed to podiatry  t residents mails, and e being met. /2021. ed to  ed to  ovided  vided  vided  ided  ided  ided  ing staff ants for
!	podiatrist had visited a	nd treated Resident #35 on attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention attention		September 10 and 13, 2021	n on



	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1		ONSTRUCTION		SURVEY PLETED
		495156	B. WING_			1	C
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	1		REET ADDRESS, CITY, STATE, ZIP CODE	1 08/	/05/2021
					KING GEORGE AVE SW		
ACCORD	IUS HEALTH AT ROANOF	(E			ANOKE, VA 24016		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES					···
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 677	Continued From page	39	F6	77 4	. DON and/or designee will co	nduct	
	Resident #35's nails.				weekly audits of shower shee		
	09/03/34 4:03 46	a Administration Book 1			room rounds x 4 weeks, then		
	Vice President of Clini	e Administrator, Regional ical Services, and DON		1	x 2 months, with audits being		· .
	were made aware of t	he issue with the residents	1		`	, preser	iiteu
	nails.				to QAPI for accountability.		
	2 For Resident #40 t	he facility staff failed to		5	. Date of Compliance:		
	provide ADL care. Res	sident #40's toenails were			•		
	observed to be long a				September 19, 2021.		
	Resident #40's (EHR) included the diagnose failure, diabetes, dysp						
	admission (MDS) mini with an (ARD) assessi 06/21/21 had been co- resident had problems and had modified inde- for daily decision maki				·		
	#40's toenails with (CN	observed to be long and					
	toenails. The resident's be long and jagged in	or observed the residents stoenails were observed to					
	08/02/21 4:03 p.m., the	Administrator, Regional					

NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE  (X4) ID PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  F 677  Continued From page 40  Vice President of Clinical Services, and DON were made aware of the issue with the residents nails.		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		RSTRUCTION		E SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE  STREET ADDRESS, CITY, STATE, ZIP CODE  324 KING GEORGE AVE SW  ROANOKE, VA 24016  [X4) ID SUMMARY STATEMENT OF DEFICIENCIES   ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  F 677  Continued From page 40  Vice President of Clinical Services, and DON were made aware of the issue with the residents			495156	B. WING			1	_
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  F 677  Continued From page 40  Vice President of Clinical Services, and DON were made aware of the issue with the residents			KE		324 KI	NG GEORGE AVE SW	1 00	703/2021
Vice President of Clinical Services, and DON were made aware of the issue with the residents	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI	x	(EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI		(X5) COMPLETION DATE
3. For Resident #52, the facility staff failed to provide ADL care. Resident #52's toenails were observed to be long and jagged.  Resident #52's (EHR) electronic health record included the diagnoses, acute on chronic diastolic congestive heart failure, chronic pain syndrome, major depressive disorder, type 2 diabetes, and age related nuclear cateract, bitateral.  Section C (cognitive patterns) of the resident's quarterly (MDS) minimum data set assessment with an (ARD) assessment reference date of 07/16/2021 included a (BIMS) brief interview for mental status summary score of 15 out of a possible 15 points. Section G (functional status) was coded to indicate the resident was independent with setup help only for personal hygiene.  Resident #52's (CCP) comprehensive care plan included the focus area ADL self-care performance deficit. Interventions included, but were not limited to, "Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse"  08/01/21 3:10 p.m., Resident #52 observed sitting in doorway of room putting lotion on their feet. The residents toenails were observed to be long and jagged.  08/02/21 8:01 a.m., Resident #52 stated they were not sure who the man was that cut their toenails.	F 677	Vice President of Clin were made aware of the nails.  3. For Resident #52, the provide ADL care. Resident #52's (EHR) included the diagnose congestive heart failure major depressive discard related nuclear care. Section C (cognitive properties of the provide ADL care. Section C (cognitive properties of the provided and the provided and the provided and the provided and the provided the focus are performance deficit. In were not limited to, "Cand clean on bath day any changes to the nuclear of the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided to the provided	the facility staff failed to sident #52's toenails were and jagged.  The lectronic health record as, acute on chronic diastolic re, chronic pain syndrome, order, type 2 diabetes, and attaract, bilateral.  The resident's num data set assessment ment reference date of a (BIMS) brief interview for ry score of 15 out of a action G (functional status) the resident was a phelp only for personal  Comprehensive care planta a ADL self-care atterventions included, but theck nail length and trim and as necessary. Report are:  The resident #52 observed sitting atting lotion on their feet.  The resident #52 stated they	F (	677			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
		495156	B. WNG_				C 05/2021
	ROVIDER OR SUPPLIER	KE		STREET ADDRESS, CITY, STATE, ZIP CO 324 KING GEORGE AVE SW ROANOKE, VA 24016	DE		VOI & O E E
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFID TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIAT		(X5) COMPLETION DATE
F 677	Vice President of Clin director of nursing we with the residents nai 4. For Resident #208, ADL care. Resident # from the date of admi 08/01/21. After the sufacility's attention.  Resident #208's (EHF included the diagnose with hypoxia, chronic disease, diabetes, and There was no comple this resident. Howeve and orientated to personal the resident's care placed in the resident's care placed in the resident with the provide set-up assist oral care, and supervious 108/01/21 10:14 a.m., for observed in their room they had not been give admitted and no reasonal staff.	ne Administrator, Regional ical Services, and (DON) are made aware of the issue is.  I the facility staff to provide 208 did not receive a bath ssion 07/23/21 until reveyor brought it to the constructive pulmonary difficulty in walking.  Ited (MDS) information on r, Resident #208 was alert on and place.  I an included the focus area's ith ADL's due to medical is included, but were not dressing of one person, for personal hygiene and sion/assist with bathing.	F6	577			
	was made aware that	Resident #208 had not admit to the facility. The not aware of that and					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		E CONSTRUCTION		E SURVEY PLETED
		495156	B. WING			l	C
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	] 08	/05/2021
ACCORDI	US HEALTH AT ROANOR	KE		3	124 KING GEORGE AVE SW ROANOKE, VA 24016		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	1D		PROVIDER'S PLAN OF CORRECTION		T
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFII TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
F 677	Continued From page	: 42	F	677			•
	occupational therapy.						
	08/02/21 8:15 a.m., (0 assistant #3 stated the resident had not had a	ey were not aware this					
		nerapy staff #1 stated they his resident in regards to					
	08/02/21 3:40 p.m., Rahad now received a si	esident #208 stated they nower					
	Vice President of Clini	e Administrator, Regional ical Services, and DON he issue regarding the us.					
	No further information provided to the survey conference.	regarding this issue was team prior to the exit		,	.Ē		
	5. For Resident #10, provide assistance wit	the facility staff failed to h foot hygiene.					
	which included, but no Unspecified, Other Ge Epileptic Syndromes n Status Epilepticus, Re	peated Falls, Dementia in ified Elsewhere without e, Dysphagia					
	set) with an ARD (asset 5/10/21 coded the resi	erly MDS (minimum data essment reference date) of dent as severely impaired ally decision making with					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING			SURVEY PLETED
		495156	B. WNG			l	C
	ROVIDER OR SUPPLIER	(E		STREET ADDRESS, CITY, STATE, ZIP ( 324 KING GEORGE AVE SW ROANOKE, VA 24016	CODE	1 68	/05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG		TION SHOULD BI THE APPROPRIA		(X5) COMPLETION DATE
F 677	section C, Cognitive F	erm memory problems in Patterns. Resident #10 was	F	677			
	also coded as rarely/n understood and rarely In section G, Function was coded as requirin	ever makes self Inever understands others. al Status, Resident #10 g extensive assistance with I hygiene and being totally					
	surveyor observed Re bed with their head at	e bottom of the resident's ere dark with a large				i.	
	resident's bare feet. V the resident's room, the walked across the floo crumbs and debris we the resident's room. L pm, surveyor observed their head at the head	Vhile the surveyor was in					
	bottom of the resident'	0 sitting on their bed s. Surveyor observed the s bare feet and noted ck to the bottom of their I not appear as dark in					=
	#10's bare feet on 8/02 them to be dark in cold						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE COMP	SURVEY
		495156	B. WING				0
	ROVIDER OR SUPPLIER	Œ		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016			05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE		(X5) COMPLETION DATE
	surveyor, the DON (di Resident #10's room at the resident's feet. The take care of it and that bringing it to their attentive would have the flapproximately 4:40 pm observed Resident #1 socks. RN #1 removes socks and the bottom noted to be clean with bed linens had been or been mopped.  A review of Resident #1 comprehensive persor included a focus area at #10) frequently removes ambulates with bare fedated 4/26/19 stating daily living) if resistive, minutes later and atter A review of the clinical #10's last documented 7/29/21.  On 8/04/21 at 5:20 pm administrator, director President of Clinical Schirector of Operations of Resident #10's lack hygiene.	rector of nursing) entered and observed the bottom of the DON stated they would niked the surveyor for nition. The DON also stated oor cleaned. At the niked the surveyor and RN #1 00 wearing clean slipper of the resident's slipper of the resident's feet were out debris. The resident's hanged and the floor had the floor had stating in part "(Resident es (his/her) socks and the stating in part "(Resident es (his/her) socks and the floor had the floor had stating in part "(Resident es (his/her) socks and the floor had set" with an intervention that the part and return 5-10 mpt again".  The record indicated Resident shower was provided on the floor had socked the concern of assistance with foot regarding this issue was y team prior to the exit	F	677			
	6. For Resident #31, t	he facility staff failed to					

STATEMENT ( AND PLAN OF	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		E SURVEY PLETED
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NAME OF P.	ROVIDER OR SUPPLIER	450100	5. 17		STREET ADDRESS, CITY, STATE, ZIP CODE	08	/05/2021
4000000					324 KING GEORGE AVE SW		
ACCORD	US HEALTH AT ROANOP	KE		ı	ROANOKE, VA 24016		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		~6
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 677	Continued From page	45	F	677	,		
	shave/trim facial hair oneck.	on the resident's chin and			=		
	Resident #31's diagno	osis list indicated diagnoses,					
	which included, but no	ot limited to Dementia in					
	Behavioral Disturbance	ified Elsewhere without æ, Typical Atrial Flutter,					
	Chronic Obstructive P	ulmonary Disease					
	Unspecified Acute on	Chronic Systolic					
	Glaucoma Bilateral Se	nilure, Primary Open-Angle					
		s Left Eye Upper and Lower					
	Eyelids.	, , , , , , , , , , , , , , , , , , , ,					
	The most recent quart	erly MDS (minimum data					
j	set) with an ARD (asse	essment reference date) of					
	6/17/21 coded the resi	ident as being severely					
	impaired with cognitive	e skills for daily decision and long-term memory					[
-		31 was unable to complete					
	the BIMS (brief intervie	ew for mental status)				ļ	
		6, Functional Status, the	ľ				İ
1	resident was coded as	requiring extensive obility, transfers, personal					
		ally dependent on staff for					
	bathing.	, ,					
	On 8/01/21 at 10:36 ar	m during initial rounds,					
	surveyor observed Res	sident #31 in bed with long					
:		d along chin and neck.					
	was 7/30/21.	cent documented shower					
	A review of Resident #						
		plan revealed a focus area					
		an ADL (activities of daily mance Deficit r/t (related					
	to) dementia with self (						
		with an intervention dated				ĺ	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		SURVEY PLETED
		495156	B. WNG			ŀ	С
NAME OF P	ROVIDER OR SUPPLIER		1	_	OTDEET ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF	08	/05/2021
	TO TIBELLO TO OUT CIET			1	STREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORD	US HEALTH AT ROANOF	(E			324 KING GEORGE AVE SW		
					ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(ÉACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 677	6/04/19 to "Assist Res (his/her) facial hair".  On 8/04/21 at 5:20 pm administrator, director President of Clinical S Director of Operations of Resident #31's lack shaving/trimming their No further information presented to the surve conference on 8/05/21  7. The facility staff fail #34's shower/bathing addressed. Resident #34's minimulassessment, with an all (ARD) of 5/21/21, was 6/11/21. Resident #34's Make self understood others. Resident #34's Status (BIMS) summa as 15 out of 15. Resident #34's diagno limited to: high blood in depression, and lung of the following information policy titled "Bathing a reviewed/revised date practice of this facility is choice of bathing/hygie proper hygiene and he	ident in shaving/trimming  n, surveyor met with the of nursing, Regional Vice leavices, and the Regional and discussed the concern of assistance with facial hair.  regarding this issue was ey team prior to the exit  led to ensure Resident needs were consistently  um data set (MDS) assessment reference date signed as completed on was assessed as able to and as able to understand as Brief Interview for Mental ry score was documented lent #34 was assessed as ith bed mobility, transfers, and personal hygiene. ses included, but were not bressure, seizures, anxiety, disease.  Ion was found in a facility Resident" (with a of 10/28/20): "It is the to assist residents with their	F	677			
	resident representative						

NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE  SUMMARY STATEMENT OF DEFICIENCIES PREFIX  (X4) ID PREFIX TAG  COMPLETO REGULATORY OR LSC IDENTIFYING INFORMATION)  F 677  Continued From page 47 determine choice of bathing options (shower, bed baths, combination), frequency, time of day preferred and any other preferences."  Resident #34's ADL (activity of daily living) care plan included the following intervention: "(the resident) is totally dependent on (2) staff to provide (bath/shower) (2 times weekly) and as necessary."  Resident #34's bath/shower documentation was reviewed for May 23, 2021 through July 31, 2021. It was noted during this time that three (3) weeks had Resident #34 documented as receiving fewer than two (2) baths per week.  On 8/5/21 at 9:18 a.m., Resident #34's bath/shower documentation was reviewed during a survey team meeting with the facility's		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE  (X4) ID PREFIX TAG  (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  F 677  Continued From page 47 determine choice of bathing options (shower, bed baths, combination), frequency, time of day preferred and any other preferences."  Resident #34's ADL (activity of daily living) care plan included the following intervention: "(the resident) is totally dependent on (2) staff to provide (bath/shower) (2 times weekly) and as necessary."  Resident #34's bath/shower documentation was reviewed for May 23, 2021 through July 31, 2021. It was noted during this time that three (3) weeks had Resident #34 documented as receiving fewer than two (2) baths per week.  On 8/5/21 at 9:18 a.m., Resident #34's bath/shower documentation was reviewed during			495156	B WING	B. WING		1	
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  F 677  Continued From page 47 determine choice of bathing options (shower, bed baths, combination), frequency, time of day preferred and any other preferences."  Resident #34's ADL (activity of daily living) care plan included the following intervention: "(the resident) is totally dependent on (2) staff to provide (bath/shower) (2 times weekly) and as necessary."  Resident #34's bath/shower documentation was reviewed for May 23, 2021 through July 31, 2021. It was noted during this time that three (3) weeks had Resident #34 documented as receiving fewer than two (2) baths per week.  On 8/5/21 at 9:18 a.m., Resident #34's bath/shower documentation was reviewed during					S1 32	24 KING GEORGE AVE SW	<u>  08</u>	3/05/2021
determine choice of bathing options (shower, bed baths, combination), frequency, time of day preferred and any other preferences."  Resident #34's ADL (activity of daily living) care plan included the following intervention: "(the resident) is totally dependent on (2) staff to provide (bath/shower) (2 times weekly) and as necessary."  Resident #34's bath/shower documentation was reviewed for May 23, 2021 through July 31, 2021. It was noted during this time that three (3) weeks had Resident #34 documented as receiving fewer than two (2) baths per week.  On 8/5/21 at 9:18 a.m., Resident #34's bath/shower documentation was reviewed during	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	3E	COMPLETION
Administrator, Director of Nursing (DON), Regional Vice-President of Clinical Services, and Regional Director of Operations. After reviewing additional documentation provided to the survey team, there remained one (1) week when Resident #34 had no baths/showers documented per week. This week was June 27, 2021 through July 3, 2021.  8. The facility staff failed to ensure Resident #7's shower/bathing needs were consistently addressed.  Resident #7's minimum data set (MDS) assessment, with an assessment reference date (ARD) of 5/10/21, was signed as completed on 5/25/21. Resident #7 was assessed as being able to make self understood and as being able to understand others. Resident #7 was assessed		determine choice of b baths, combination), f preferred and any oth Resident #34's ADL (a plan included the folloresident) is totally dep provide (bath/shower) necessary."  Resident #34's bath/s reviewed for May 23, 3 It was noted during thi had Resident #34 doc than two (2) baths per On 8/5/21 at 9:18 a.m bath/shower documen a survey team meeting Administrator, Director Regional Vice-Preside Regional Director of O additional documentat team, there remained Resident #34 had no be per week. This week was July 3, 2021.  8. The facility staff fail shower/bathing needs addressed.  Resident #7's minimum assessment, with an a (ARD) of 5/10/21, was 5/25/21. Resident #7's able to make self under the state of the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under the self-under th	athing options (shower, bed requency, time of day er preferences."  activity of daily living) care wing intervention: "(the lendent on (2) staff to (2 times weekly) and as hower documentation was 2021 through July 31, 2021, is time that three (3) weeks tumented as receiving fewer week.  "Resident #34's station was reviewed during a with the facility's of Nursing (DON), ent of Clinical Services, and experations. After reviewing ion provided to the survey one (1) week when baths/showers documented was June 27, 2021 through ed to ensure Resident #7's were consistently  In data set (MDS) ssessment reference date signed as completed on was assessed as being erstood and as being able	F	677			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	495156	B. WING				0
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE	71		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	<u> </u>	08/	05/2021
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE		(X5) COMPLETION DATE
use, personal hygiene, #7's diagnoses include heart failure, high blood depression.  The following informatic #7's ADL (activity of daresident requires (exterstaff with (bathing/show and as necessary."  Resident #7's bath/show reviewed for May 23, 21 It was noted during this had Resident #7 documents that two (2) baths/show on 8/5/21 at 9:18 a.m., bath/shower documents a survey team meeting Administrator, Director Regional Vice-President Regional Director of Op additional documentation team, there remained the Resident #7 had only of documented. These we through June 5, 2021; J. 10, 2021; and July 11, 2021.  9. The facility staff faile #33's shower/bathing no addressed.  Resident #33's minimum.	dependent #7 was dependent on staff for toilet and bathing. Resident d, but were not limited to: d pressure, dementia, and on was found in Resident illy living) care plan: "The nsive assistance) by (1) wering) (2 times per week) wer documentation was 021 through July 31, 2021. It through July 31, 2021. It that four (4) weeks mented as receiving fewer wers per week.  Resident #7's ation was reviewed during with the facility's of Nursing (DON), at of Clinical Services, and perations. After reviewing on provided to the survey hree (3) weeks that the (1) bath/shower eeks were: May 30, 2021 July 4, 2021 through July 2021 through July 17, and to ensure Resident eeds were consistently	F	677			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495156	B. WING		·· <del>·</del>	Į	С
NAME OF D	ROVIDER OR SUPPLIER	433136	D. 11.110_			08	/05/2021
TANKE OF T	NOTICEN ON SOFFLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDI	US HEALTH AT ROANOP	KE	-		24 KING GEORGE AVE SW		
			<del></del>	-1	ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOULD		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 677	Continued From page 49		Fé	377			
	(ARD) of 6/17/21, was	s signed as completed on					
	6/24/21. Resident #3						
	sometimes able to ma	ake self understood and as					Į l
	sometimes able to un						
		d as having problems with	1				
		erm memory. Resident #33					
	was assessed as requ with bed mobility, tran	ulring extensive assistance					
		sident #33 was assessed			55		i l
		n staff for toilet use and			~		
		3's diagnoses included, but					
	were not limited to: hi	igh blood pressure,					
	Alzheimer's disease, o						
	anxiety, and vision pro	oblems.					
	Resident #33 was care	e planned to address the					
	resident's activities of	daily living (ADLs) needs;					
		plan had a target date of					
		for this care planned focus				i	
	included "requires total	al extensive assistance by					
		bathing/showering 2 times					
1	a week and as necess	sary .					
		hower documentation was					
		2021 through July 31, 2021.				i	
		s time that four (4) weeks					
i		umented as receiving fewer					
	than two (2) baths/sho	owers per week.					
	On 8/5/21 at 9:18 a.m.	Resident #33's					
		Itation was reviewed during					
	a survey team meeting	<u> </u>					
	Administrator, Director	r of Nursing (DON),					
	Regional Vice-Preside	ent of Clinical Services, and					
		perations. After reviewing					1
		ion provided to the survey		-			
	team, there remained						
		umented as having only		ŀ			
	one (1) baths/showers per week. These weeks						ŀ

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495156	B. WING	J. WNG			C
	ROVIDER OR SUPPLIER	KE.		3	TREET ADDRESS, CITY, STATE, ZIP CODE 24 KING GEORGE AVE SW ROANOKE, VA 24016	1 00	/05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	_	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPR DEFICIENCY)			(X5) COMPLETION DATE
F 677	July 4, 2021 through and 10. The facility staff of #5's shower/bathing in addressed.  Resident #5's minimum assessment, with an an and (ARD) of 5/7/21 was something of 5/7/21 was something for a sessed as being degraphically and bathing included, but were not pressure, seizure disorand central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches and central nervous synches	failed to ensure Resident eeds were consistently  m data set (MDS) assessment reference date igned as completed on was assessed as ake self understood and as aderstand others. Resident is having short-term and oblems. Resident #5 was pendent on others for bed assing, toilet use, personal Resident #5's diagnoses limited to: high blood rder, anxiety, depression, ystem (CNS) disease.  planned to address the daily living (ADLs) needs, plan had a target date of for this care planned focus II assistance with showers in needed)".  power documentation was 2021 through July 31, 2021, as time that three (3) weeks mented as receiving fewer wers per week.  Resident #5's	F	677			
		tation was reviewed during  y with the facility's					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPFLIER/CLIA (X2) MU IDENTIFICATION NUMBER: A. BUIL		TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED			
		495156	B. WING			C 08/05/2021		
	ROVIDER OR SUPPLIER	(E		STREET ADDRESS, CITY, STATE, ZIP COD 324 KING GEORGE AVE SW ROANOKE, VA 24016	DE	į υδ.	05/2021	
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F 677	Regional Director of C additional documenta team, there remained #5 had only one (1) bi (July 4, 2021 through	ent of Clinical Services, and Operations. After reviewing tion provided to the survey one (1) week that Resident ath/shower documented July 10, 2021) and one (1) is had no baths/showers		677				
SS≃E	S 483.25 Quality of ca Quality of care is a fur applies to all treatmen facility residents. Base assessment of a resid that residents receive accordance with profe practice, the compreh- care plan, and the res This REQUIREMENT by: Based on interviews, and in the course of a was determined the fa- required care was pro- sampled residents (Re- Resident #6, Resident Resident #19, Resident Resident #48, and Resident The findings include:	adamental principle that the theorem and care provided to ad on the comprehensive ent, the facility must ensure treatment and care in assional standards of ensive person-centered idents' choices.  Is not met as evidenced the review of documents, complaint investigation, it cility staff failed to ensure vided to for 10 of 30 esident #1, Resident #5, #13, Resident #17, at #31, Resident #46, sident #52).						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
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ACCORD	ROVIDER OR SUPPLIER  US HEALTH AT ROANON	KE		STREET ADDRESS, CITY, STATE, ZIP O 324 KING GEORGE AVE SW ROANOKE, VA 24016		[ U6/	05/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI) TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE	
F 684	(ARD) of 5/7/21, was 5/21/21. Resident #5 rarely/never able to m rarely/never able to m rarely/never able to ur #5 was documented a long-term memory pro assessed as being de mobility, transfers, dre hygiene, and bathing, included, but were not pressure, seizure discound central nervous sy The following informat #5's clinical record as documented with an e 1:32 p.m.: "Weekly sk Draining boil noted to Moderate amount of p (Nurse practitioner) av place for Bactroban (the compresses (three time used to treat skin infection of the state of the warm compresses started until the moon Resident #5 was care resident #5 was care resident's skin impairm this care plan had a tareas to make the started and the warm care plan had a tareas to make the skin impairm this care plan had a tareas the started and the warm care plan had a tareas the skin impairm this care plan had a tareas the started and the warm care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a tareas the skin impairm this care plan had a	m data set (MDS) assessment reference date signed as completed on was assessed as ake self understood and as aderstand others. Resident s having short-term and ablems. Resident #5 was pendent on others for bed assing, toilet use, personal Resident #5's diagnoses limited to: high blood arder, anxiety, depression, astem (CNS) disease.  Ion was found in Resident part of a "skin/wound note" and assessment completed: posterior scalp base, arrulent drainage noted, are and (new orders) in wice a day) and warm are a day)." (Bactroban is attions.)  I's medication (MARs) and treatment (TARs) revealed the aban ointment was not a until the evening of 5/3/21 ases were not documented aring of 5/4/21.  Iplanned to address the arent needs. The goals for are planned focus included; are planned focus included;	Fe	1. Resident # 5: Medidiscontinued 05/20 treatment discontinued 05/20 treatment discontinued Resident # 6: Skin acompleted. Resident # 52: MD missing weights. Noweight changes. Resident # 48: Skin completed. Resident # 19: MD medication not give weight gain. Resident # 13: MD medication not give assessment completed Resident # 1: MD medication not give Resident # 46: MD medication not give Resident # 17: MD medication not give Resident # 17: MD medication not given. Resident # 31: Skin acompleted.	assessment made award made award made award made award made assessment motified of en. MD notified of en. Skin ted. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. The motified of en. 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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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	SC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)		DATE	
policy title "Medication implemented date of administered by licens who are legally author as ordered by the phy with professional stan manner to prevent con.  The delay in initiating care was discussed w Nursing (DON), MDS Vice-President of Clin Director of Operations.  This is a complaint de  2. The facility staff fair #6's weekly skin assessment, with an air (ARD) of 5/7/21, was son 5/25/21. Resident usually able to unders was assessed as required mobility, transfers, drepersonal hygiene. Reincluded, but were not high blood pressure, sidepression, and diabet Resident #6's care plate (revised on 5/17/21) wis at risk for pressure upressure ulcer develop	tion was found in a facility of Administration" (with an 11/1/20): "Medications are sed nurses, or other staff rized to do so in this state, sician and in accordance dards of practice, in a ntamination or infection."  Resident #5's ordered skin with the facility's Director of Nurse, Regional ical Services, and Regional ical Services, and Regional ical Services, and Regional ical Services, and Regional ical Services, and Regional ical Services, and Regional ical Services, and Regional ical Services, and Regional ical Services, and Regional ical Services, and Regional ical Services, and Regional ical Services, and Regional ical Services, and Regional ical Services, and sidents.  In data set (MDS) inssessment reference date is signed as being completed #6 was assessed as ital ical services. Resident #6 italiang assistance with bed is sing, toilet use, and is ident #6's diagnoses limited to: heart disease, eizure disorder, ites.  In contained a focus area within stated "(the resident)	F 684	<ol> <li>Audit of last 30 days or resident's weekly skin weight notification of orders received were fairnely.</li> <li>Education of Licensed Management Team, and Nursing Assistants for Quality-of-Care standad documentation of such September 10 and 13, 14.</li> <li>DON and/or designed weekly audits of MARS and skin assessments withen monthly x 2 month audits being presented accountability.</li> <li>Date of Compliance: September 19, 2021.</li> </ol>	assessments changes, and followed  Nursing staff nd Certified  rds and n on 2021 will conduct i, weights, t 4 weeks, hs, with	i	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495156 B. WNG 08/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW **ACCORDIUS HEALTH AT ROANOKE** ROANOKE, VA 24016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) F 684 Continued From page 54 F 684 occasional bowel." [sic] This care planned focus area included interventions to: (a) "Follow facility policies/procedures for the prevention/treatment of skin breakdown" and (b) "Monitor/document/report (as needed) any changes in skin status: appearance, color, wound healing, (signs and symptoms) of infection. wound size (length x width x depth), stage." The facility policy titled "Skin Assessment" (with a revised date of 10/28/20) included the following information: "A full body, or head to toe, skin assessment will be conducted by a licensed or registered nurse upon admission/re-admission. daily for three days, and weekly thereafter." On 8/3/21 at 10:23 a.m., the facility's Administrator, Director of Nursing (DON), and Regional Vice-President of Clinical Services was asked to provide Resident #6's weekly skin assessment for May 2021, June 2021, and July 2021, On 8/3/21 at 1:22 p.m., the facility's Regional Vice-President of Clinical Services reported Resident #6 had only one (1) skin assessment completed during May 2021, June 2021, and July 2021. The Regional Vice-President of Clinical Services stated skin assessments should be completed weekly.

The failure of the facility staff to complete Resident #6's weekly skin assessments was discussed with the Administrator, Director of Nursing (DON), Regional Vice-President of Clinical Services, and the Regional Director of

3. For Resident #52, the facility staff failed to obtain the residents weights and notify the

Operations on 8/5/21 at 9:18 a.m.

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVE COMPLETED	
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F 684	Continued From page	55	F	684			
	physician of a weight	gain.					
	Resident #52's (EHR) electronic health record included the diagnoses, acute on chronic diastolic congestive heart failure, chronic pain syndrome, major depressive disorder, type 2 diabetes, and abnormal weight gain.						
Ji	Section C (cognitive patterns) of the resident's quarterly (MDS) minimum data set assessment with an (ARD) assessment reference date of 07/16/2021 included a (BIMS) brief interview for mental status summary score of 15 out of a possible 15 points.  The residents comprehensive care plan included the focus area has potential fluid deficit/overload related to diuretic use due to congestive heart failure, hypertension. Non-compliant with fluid restriction. Interventions included, but were not limited to, weigh resident per protocol/MD order.						
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	following physician ord 1500 ml fluids restricting chronic diastolic congressions, and notify pro- greater than 3 pounds pounds in 3 days. Res	estive heart failure, daily					
	The surveyor was una for 07/10/21, 07/11/21  The EHR included the 07/08/21-270.8 07/09/21-274.0 07/12/21-280						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	07/25/21-272 07/27/21-278.2.  The surveyor was una information indicating made aware of the we for the missing weight 08/04/21 5:14 p.m., th director of nursing, Re Operations, and Regio Clinical Services were regarding the resident No further information provided to the survey conference. 4. For Resident #48 th skin assessments per person-centered care resident #48's face shincluded but not limited complication of indwell obstructive and reflux tract infections, demen failure, dysphagia, hypurine.  The most recent comp data set) with an ARD date) of 06/21/21 assig (brief interview for mer 15 in section C, cogniti that the resident is sev	able to locate any the physician had been eight changes or any reason s.  e Administrator, (DON) egional Director of conal Vice President of made aware of the issue s weight.  regarding this issue was team prior to the exit the facility staff to complete the comprehensive plan.  neet listed diagnoses which d to mechanical ling urethral catheter, uropathy, history of urinary	F	684			
İ	reviewed and containe	d a care plan for "has the g further pressure ulcers					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPLE CONSTRUCTION  DING			(X3) DATE SURVEY COMPLETED	
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F 684	Continued From page 57		F	684				
	incontinence of bowel plan included "Obtain	rocess, level of mobility, ". Interventions for this care weekly skin checks and of any changes seen in skin						
, , ,	Resident #48's clinical record was reviewed and the last recorded skin assessment located was dated 05/03/21.							
	Surveyor spoke with the unit manager on 08/03/21 at 1:30 pm regarding the missing skin assessments. Unit manager stated they were not being done and that they had put a plan of correction in place, but it hadn't worked.  The concern of the skin assessments not being done was discussed with the administrative team (administrator, director of nursing, regional vice-president of clinical services, regional director of operations) during a meeting on 08/04/21 at approximately 5:20 pm.							
	No further information	was provided prior to exit.						
	the medications omep	ne facility staff failed to er for the administration of razole and torsemide, and sician of weight gain as						
	included but not limited respiratory failure, con chronic obstructive pul kidney disease, atrial f	gestive heart failure, monary disease, chronic	- 24					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION		E SURVEY PLETED
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F 684	Resident #19's most r (minimum data set) w reference date) of 06/a BIMS (brief interview 11 out of 15. This indicognitively intact.  Resident #19's CCP (was reviewed and cor "has an abnormal hindicating morbid obechanges r/t (related to failure) with diuretic uscare plan include "We CCP also contained a diuretic therapy medic hypertension, CHF, CIII". Interventions for th "Administer medication also contained a care (gastroesophageal ref for this care plan incluordered"  Resident #19's clinical contained a physician' August 2021, which re NOTIFY if 3 lb wt (weigain in 1 week. every Capsule Delayed Releby mouth one time a di "Torsemide Tablet 20 I two times a day for fluir Resident #19's eMAR' administration record) were reviewed and con The entries for Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemide Torsemi	recent quarterly MDS ith an ARD (assessment 02/21 assigned the resident of or mental status) score of cates that the resident is  comprehensive care plan) intained a care plan for igh BMI (body mass index) sity. Potential for weight of CHF (congestive heart se" Interventions for this igh per MD orders" The care plan for "is on ration) r/t (related to): KD (chronic kidney disease) his care plan include has as ordered". The CCP plan for "has GERD lux disease)". Interventions ded "Give medications as  I record was reviewed and s order summary for rad in part "Daily weights ght) gain in 1 day or 5 lb wt day shift", "Omeprazole rase 40 MG Give 1 capsule ay for gerd", and MG Give 1 tablet by mouth	F	684			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	122	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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F 684	Continued From page 59 07/24.		F	684				
	Surveyor spoke with the pm regarding the omisstated that it was all fir that corrective action a completed.  Resident #19's weight July was reviewed and experienced a 5 lb we 07/15, a 7 lb weight in 07/21, and a 4 lb weight in 07/22. This also indicate increase over 2 days, resident's nurse's proglocate a note that indicate notified of the west surveyor spoke with the 08/03/21 at 2:30 pm. Sphysician if they had be #19's weight gain, and did not recall being not the concern of not foll physician's orders was administrative team (anursing, regional directing on 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and concern of 08/04/21 and con	record for the month of dindicated that the resident ight increase from 07/14 to crease from 07/20 to ght increase from 07/21 to ates an 11 lb weight Surveyor reviewed gress notes and could not cated that the physician had eight gain.  The facility physician on Surveyor asked the een notified of Resident I the physician stated they tified.  Towns Resident #19's a discussed with the dministrator, director of						
	6. For Resident #13 th	e facility staff failed to rs for the administration of						

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					O. 0938-039	_
	EMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DAT	E SURVEY PLETED	٦
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F 684	Continued From home	60						1
F 004	Continued From page		F	684	•			1
	included but not limite	heet listed diagnoses which do urinary tract infection,						1
		miplegia, and hemiparesis,						ı
		ion, and acute and chronic						
	,		i					
	Resident #13's most r	ecent quarterly MDS						l
		ith an ARD (assessment 24/21 assigned the resident			95			l
	a BIMS (brief interview	v for mental status) score of						١
	15 of 15 in section C,	cognitive patterns. This						1
	indicates that the resid	dent is cognitively intact.						ĺ
	Resident #13's clinical	record was reviewed and						
10	contained a physician'	s order summary, which						١
	read in part "Enoxapar	rin Sodium Solution 40						١
	a day related to cerebi	g subcutaneously one time						ĺ
		or stenosis of right middle						
	Resident #13's eMAR	(electronic medication						İ
	administration record)	for the month of May 2021						l
		tained an entry as above.						l
ĺ		"9" on 05/07, 05/08 and						l
	"other/see nurse's note	ode "9" is the equivalent of es". Resident #13's nurse's					İ	l
	notes for the above me							l
1		r could not locate any notes						l
ŀ	for these dates.							ı
	Surveyor spoke with th	ne DON (director of			****			
1	nursing) regarding the	missing documentation						
	and DON could offer n	o explanation.						
	The concern of not foll	owing the physician's order						
	for the administration of	of the resident's medication						ĺ
	was discussed with the							
	(administrator, director	or riursing, regional						Г

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495156	B. WING			1	C /05/2021
	ROVIDER OR SUPPLIER	KE		;	STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	1 00	70572021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
	7. For Resident #1, the follow the physician's of Famotidine, a mediamount of acid product failed to complete skir physician's order.  Resident #1's diagnos which included, but not Hemiparesis following Affecting Left Dominar Hypertension, Gastrowithout Esophagitis, a Cerebral Infarction.  The most recent quart set) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an ARD (asset) with an	cal services, regional during a meeting on ately 5:20 pm.  It was provided prior to exit. The facility staff failed to order for the administration cation used to decrease the ced by the stomach and hassessments per the cell by the stomach and hassessments per the cell by the stomach and hassessments per the cell by the stomach and hassessments per the cell by the stomach and hassessments per the cell cell by the stomach and hassessments per the cell cell cell cell cell cell cell ce	F	684			
	orders included an ord "Famotidine Tablet 20	er dated 4/12/21 stating MG give 1 tablet via day related to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
495156		8. WING			С	
NAME OF PROVIDER OR SUPPLIER	490130	D. TWING	STREET ADDRESS, CITY, STATE, ZIP CO	DE .	08/05/2021	
ACCORDIUS HEALTH AT ROANO	KE		324 KING GEORGE AVE SW ROANOKE, VA 24016			
PREFIX (EACH DEFICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BI E APPROPRIA		TION
"Weekly Skin Observement".  A review of Resident (medication administ Famotidine was not in administered on 7/15 am, and 7/24/21 6:00.  On 8/02/21 at 1:34 pm DON (director of nursionsisons for Famotion they have looked into by the same nurse are education will be don Surveyor reviewed Roon 8/01/21 and the massessment was dated.  Surveyor requested a policy entitled, "Skin Apart "A full body, or how will be conducted by a nurse upon admission three days, and week.  On 8/03/21 at 1:18 pm Unit Manager regarding assessments. The Unit Manager regarding assessments and oliging in different plan of correct and "it's been trial and Surveyor was provided Skin Review" dated 8 stating "Resident note."	ations every day shift every  #1's July 2021 MAR ration record) revealed initialed as being /21 6:00 am, 7/21/21 6:00  am.  m, surveyor spoke with the sing) concerning the dine and the DON stated the omissions and all were ad corrective action and e.  esident #1's clinical record ost recent documented skin ad 6/29/21.  and received the facility Assessment" which states in ead to toe, skin assessment a licensed or registered alre-admission, daily for dy thereafter".  n, surveyor spoke with the ing the missing weekly skin init Manager stated it is "just t" and they have tried two ctions but they did not work if error".  d with a copy of a "Weekly /03/21 for Resident #1	F	684			

PRINTED: 09/07/2021 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X1) PROVIDER/SUPPLIER/CLIA	/Y2\MIH	TIDI	E CONSTRUCTION	OMB NO. 0938-0391		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495156	B. WING	8 WNG		ĺ	С	
NAME OF F	PROVIDER OR SUPPLIER			_			- 08	/05/2021
	TO THE CIT OF TELEK			į.	STREET ADDRESS, CITY, STATE, ZIP CODE			
ACCORD	IUS HEALTH AT ROANO!	KE		Ι.	324 KING GEORGE AVE SW			
	T			<u>'</u>	ROANOKE, VA 24016			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREF	10	PROVIDER'S PLAN OF CORRE			(X5)
TAG		SC IDENTIFYING INFORMATION)	TAG		(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP			COMPLETION DATE
<u></u>					DEFICIENCY)			
E 694	0	••						
F 684			F	684	<b>!</b>			
i	feet and around peg s	ite. Toe nail on third toe						
	right foot dark in color	. No additional areas of						
	impairment noted."							
								1
	The concern of Reside	ent #1 not receiving						
	Famotidine as ordered		ļ					1
	was discussed with th	g completed as ordered e administrator, director of						
	nursing, Regional Vice	e administrator, director or						
		pional Director of Operations						
	during a meeting with	the survey team on 8/04/21						
	at 5:20 pm.	the survey team on 6/04/21						
	u. 0.20 pm.							j
	No further information	regarding these issues						
=		survey team prior to the exit						j i
	conference on 8/05/21	l, '						
'	8 For Resident #46 :	the facility staff failed to						
	follow the physician's	order for the administration						
	of Renvela a medicati	ion used to control serum						.
	phosphorus in patients	with chronic kidney						i l
	disease on dialysis.	· ····································						! !
	Resident #46's diagno	sis list indicated diagnoses,	-					
	which included, but no	t limited to Acute Systolic						
	(Congestive) Heart Fa	ilure, Chronic Obstructive						
ľ	Pulmonary Disease U	nspecified, End Stage						
	Renal Disease, Depen	idence on Renal Dialysis,						
,	Chronic Respiratory Fa	ailure with Hypoxia, Anemia					200	i l
	in Chronic Kidney Dise	ease, and Paranoid						
	Schizophrenia.			i				
	The most recent quart	erly MDS (minimum data						
	set) with an ARD (see	essment reference date) of			5.			
	6/29/21 assigned the r	esident a RIMS (brief		Ì				
ļ	interview for mental at-	atus) score of 14 out of 15			20			111
	in section C, Cognitive							111
	seemen of ooginave	· endille.						
	Resident #46's current	physician's orders			75			

PRINTED: 09/07/2021 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING C 495156 B WNG 08/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW **ACCORDIUS HEALTH AT ROANOKE** ROANOKE, VA 24016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 684 Continued From page 64 F 684 included an order for "Renvela Tablet 800 MG (Sevelamer Carbonate) give 4 tablet by mouth before meals for Renal Failure/Dialysis related to End Stage Renal Disease". A review of Resident #46's July 2021 MAR (medication administration record) revealed Renvela was not initialed as being administered on 7/15/21 6:30 am, 7/21/21 6:30 am, and 7/24/21 6:30 am. On 8/02/21 at 1:34 pm, surveyor spoke with the DON (director of nursing) concerning the omissions for Renvela and the DON stated they have looked into the omissions and all were by the same nurse and corrective action and education will be done. On 8/04/21 at 5:20 pm, surveyor met with the administrator, director of nursing, Regional Vice President of Clinical Services, and the Regional Director of Operations and discussed the concern of Resident #46 not receiving Renvela as ordered on 7/15/21, 7/21/21, and 7/24/21. No further information regarding this issue was presented to the survey team prior to the exit conference on 8/05/21. 9. For Resident #17, the facility staff failed to follow the physician's order for the administration of Levothyroxine, a thyroid medication used to treat hypothyroidism. Resident #17's diagnosis list indicated diagnoses. which included, but not limited to Hemiplegia and Hemiparesis Following Unspecified Cerebrovascular Disease Affecting Left

Non-Dominate Side, Cerebral Infarction due to Thrombosis of Right Vertebral Artery, Aphasia, Acute on Chronic Systolic (Congestive) Heart

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: A. BUIL		(X2) MULTIPLE CONSTRUCTION A. BUILDING  B. WING			(X3) DATE SURVEY COMPLETED		
							C 08/05/2021		
1	ROVIDER OR SUPPLIER	KE		STREET ADDRESS, CITY, STATE, Z 324 KING GEORGE AVE SW ROANOKE, VA 24016	IP CODE	1 00.	103/2021		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BI TO THE APPROPRIA		(XS) COMPLETION DATE		
	Unspecified, Unspecified Behavioral Disturbance Cerebral Infarction.  The most recent quart set) with an ARD (ass 5/17/21 assigned the interview for mental strin section C, Cognitive Resident #17's current included an order date "Levothyroxine Sodiur tablet by mouth one tild resident's July 2021 Madministration record) was not initialed as be 7/15/21 6:00 am.  On 8/02/21 at 1:34 pm DON (director of nursit omissions for Levothyrothey have looked into the by the same nurse and education will be done Resident #17's current person-centered care stating "(Resident #17' hypothyroidism" with a 4/19/20 to "Administer orders. Report to MD effectiveness".	Hepatitis C, Hypothyroidism fied Dementia without tee, and Dysphagia Following sterly MDS (minimum data essment reference date) of resident a BIMS (brief atus) score of 14 out of 15 e Patterns.  It physician's orders ad 5/12/21 stating in Tablet 100 MCG give 1 me a day". A review of the IAR (medication revealed Levothyroxine ing administered on /21 6:00 am, and 7/24/21 fig. surveyor spoke with the mg) concerning the roxine and the DON stated the omissions and all were discorrective action and find comprehensive plan included a focus area has dx (diagnosis): in intervention dated medications per MD abnormal side effects and	F	684					
-	administrator, director	, surveyor met with the of nursing, Regional Vice ervices, and the Regional	:						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495156	D MASSIC	·		С
NAME OF P	ROVIDER OR SUPPLIER	433136	B. WING	STREET ADDRESS, CITY, STATE, ZIP CODE	08	/05/2021
ACCORDI	US HEALTH AT ROANOR	(E		324 KING GEORGE AVE SW ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	8E	(X5) COMPLETION DATE
	of Resident #17 not recordered on 7/15/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21, 7/21,	and discussed the concern ceiving Levothyroxine as 121/21, and 7/24/21.  regarding this issue was by team prior to the exit  the facility staff failed to ments per the n-centered care plan.  sis list indicated diagnoses, the limited to Dementia in fied Elsewhere without the trypical Atrial Flutter, almonary Disease Chronic Systolic flure, Primary Open-Angle vere Stage, and the Left Eye Upper and Lower the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the system of the	F 684			
- 1	A review of Resident #3 person-centered care p dated 3/14/12 stating "(	lan revealed a focus area				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495156	B. WNG			С	
i	ROVIDER OR SUPPLIER			3:	TREET ADDRESS, CITY, STATE, ZIP CODE 24 KING GEORGE AVE SW COANOKE, VA 24016	<u>  08</u>	/05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 684	potential for pressure to urinary/bowel incomwith adl's [sp] (activitie with an intervention diskin assessments by any skin impairment".  Surveyor reviewed Reson 8/02/21 and the meassessment was date.  Resident #31's most in Predicting Pressure Sassessed the resident.  Surveyor requested any policy entitled, "Skin Apart "A full body, or he will be conducted by a nurse upon admission three days, and week!  On 8/03/21 at 1:18 pm Unit Manager regarding assessments. The Unit Manager regarding ifferent plan of correct and "it's been trial and Surveyor was provided Skin Review" dated 8/4 stating "Resident noted redness under bilatera areas of impairment noted."	ulcer development related tinence, requires assistance es of daily living), immobility" ated 3/14/12 for "Weekly nursing staff. Notify MD if sident #31's clinical record ost recent documented skind 7/01/21.  ecent Braden Scale for ore Risk dated 12/17/20 as being "at risk".  Independent which states in ead to toe, skin assessment which states in ead to toe, skin assessment elicensed or registered for y thereafter".  In, surveyor spoke with the eighte missing weekly skin elit Manager stated it is "just" and they have tried two stions but they did not work error".  In with a copy of a "Weekly 03/21 for Resident #31 d to have blanchable of the did not work elicenset. No additional of ted."	F	684			
	being completed for Rewith the administrator,	ekly skin assessments not esident #31 was discussed director of nursing, nt of Clinical Services, and					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED	
	495156 B. WNG			C 08/05/2021		
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	STREET ADDRESS, CITY, STATE, ZIP CODE  324 KING GEORGE AVE SW  ROANOKE, VA 24016  PROVIDER'S PLAN OF CORRECTION	(x5)		
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		COMPLETION	
- 1	the Regional Director meeting with the survey pm.  No further information presented to the survey conference on 8/05/2. Treatment/Svcs to Pre CFR(s): 483.25(b)(1)(i) §483.25(b)(1) Pressur Based on the comprel resident, the facility mid (i) A resident receives professional standards pressure ulcers and dulcers unless the individemonstrates that their (ii) A resident with presencessary treatment a with professional standards promote healing, prevenew ulcers from development of the REQUIREMENT by:  Based on staff intervise and during the course investigation, the facility residents with pressure uncertainty the facility residents with pressure investigation, the facility residents with pressure investigation, the facility pressure investigation, the facility pressure investigation, the facility pressure investigation in the survey pressure investigation, the facility pressure investigation, the facility pressure investigation, the facility pressure investigation in the survey pressure investigation, the facility pressure investigation, the facility pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation in the survey pressure investigation	regarding this issue was ey team prior to the exit event/Heal Pressure Ulcer event/Heal Pressure Ulcer event/Heal Pressure ulcer ensive assessment of a ust ensure that- care, consistent with sof practice, to prevent es not develop pressure idual's clinical condition of were unavoidable; and soure ulcers receives and services, consistent dards of practice, to ent infection and prevent eping. is not met as evidenced ew, clinical record review, of a complaint thy staff failed to ensure enders receive necessary at the promote healing and	F 6	1. Resident #108 discharged from the facility on 04/12/2021. 2. Audit of current residents we pressure ulcers to ensure or measurements, and documentation is accurate. 3. Education of Licensed Nursing staff on transcription of order 4. DON and/or designee will conform to Monday - Friday audits of nex 4 weeks, then monthly x 2 with audits being presented QAPI for accountability. 5. Date of Compliance:  September 19, 2021.	ith ders,  gers.  nduct w orders months,	
	survey sample, Reside The findings included: For Resident #108, the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
}		405450				С	
ļ		495156	B. WING			08.	/05/2021
	ROVIDER OR SUPPLIER  US HEALTH AT ROANON	KE		3	STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 686	Commission Flags		F	686			
	deep tissue injuries to heel, and left heel:	the right malleolus, right					
	Greers Goo orders consistently demonstr	ed but records do not rate that it was applied.					
	Treatment adminis not consistently demo treatment	stration record records did enstrate completed					
	receiving treatment, re sacral pressure wound	sician stated resident was eceipt of treatment to the d from discovery on 21 until 3/22/21 could not be					
	This is harm.						
	Sepsis Unidentified On Hemiparesis following Affecting Right Domin Oropharyngeal Phase Region Unstageable, Diseases Classified E Disturbance, Chronic	uded, but not limited to rganism, Hemiplegia and personal Infarction ant Side, Dysphagia personal Dementia in Other Isewhere with Behavioral Obstructive Pulmonary Urine Unspecified, and					
	reference date) of 4/06 a BIMS (brief interview 9 out of 15 in section of Resident #108 was co assistance with bed m personal hygiene, and	ith an ARD (assessment 6/21 assigned the resident v for mental status) score of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
					С		
		495156	B. WNG	B. WING		08/05/2021	
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDI	US HEALTH AT ROANOR	(F		;	324 KING GEORGE AVE SW		
ACCORD	OS HEALINAI ROARO			,	ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD B)  CROSS-REFERENCED TO THE APPROPRIA  DEFICIENCY)		(X5) COMPLETION DATE
					DELICITY		
F 686	Continued From page	<del>2</del> 70	F	686	3		
		ed for the presence of one					
	unstageable pressure	ulcer with slough and/or	i				
		mission or reentry and three					
	unstageable pressure	ulcers with deep tissue					93
	injury present on adm	ission or reentry.					
		#108's closed clinical record					
i	revealed the following	documentation:	i				
	Posidont #109 was re	admitted from (hospital					
		5/21. A nursing progress			1		
		36 am states in part, "Admit					
		plete: Stage 2 and MASD					
		skin damage) to sacrum:				1	
		nents applied". Surveyor					
		a treatment order for the	}				
		a. A physician's order dated					
	3/15/21 stated "Green						
		4 hours as needed for					- S2
		ocks". According to the					İ
	resident's March 2021						
		and March 2021 TAR	[			1	
	(treatment administrat	tion record), Greers Goo			}		
	was never initialed by	a nurse as being applied.	ĺ				
	_ 22.						
		ssessed by the wound					
		and the sacral wound had			1		ŀ
		age II to an unstageable					
	area. The progress n	,					
		essure ulcer measuring 6					
	cm x 5.8 cm x 0.8 cm						
i		date, 60% slough, and 40%					
		commendations to the	,				
	,	stated clean wound with					
		daily and apply santyl to	450 000				
	and hydrocolloid to ma	ith foam cover every day	140		•		
	and hydroconoid to ma	acerated periwound,					
	A "Weekly Pressure V	Vound Observation Tool"					:

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495156	B. WING				C
	ROVIDER OR SUPPLIER	(E		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016		<u>U87</u>	05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)				(X5) COMPLETION DATE
F 686	dated 3/19/21 describ stage "X" with slough with scant amount of Wound measurement mm x 08 mm with per macerated/denuded. stated "clean with wo wound bed, cover with macerated/denuded a The first order for treat pressure ulcer was not treatment to begin on order dated 3/19/21 s sacrum: clean with wo cover with foam/hydro on buttocks every day review of Resident #1 (treatment administratifirst documented treat area to the sacrum was The treatment due to was not initialed by the The treatment was ini on 3/24/21.  On 8/04/21 at 1:45 pm wound nurse who stat readmitted on 3/15/21 and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and buttocks were recipied and bu	tissue present and moist serosanguineous drainage. documented as 6 mm x 58 iwound tissue described as The current treatment plan and cleaner, apply santyl to a foam. Hydrocolloid to ireas".  It ment to the sacral of until 3/19/21 with 3/22/21. The physician's tated "Unstageable to ound cleaner, apply santyl, ocolloid to macerated area is hift for wound care". A 08's March 2021 TAR ition record) revealed the ment to the unstageable as recorded on 3/22/21. The completed on 3/23/21 is nurse as being completed. Itialed as being completed. Itialed as being completed on 3/16/21 and the sacrum of the deep purple with a complete of the area and Greer's Goo to atment nurse stated they der down but failed to enter nurse further stated it was	F	686			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495156	B. WNG			С	
NAME OF D	DOVIDED OD OLIDELIED	433130	1 5. 11110			)8/05/2021	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
ACCORDI	US HEALTH AT ROANOR	<b>KE</b>	ı	324 KING GEORGE AVE SW			
				ROANOKE, VA 24016			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ( (EACH CORRECTIVE ACTION SHOLE CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 686	Continued From page	÷ 72	Fe	586			
	3/18/21 and 3/19/21 b on 3/20/21 or 3/21/21	out did not do the treatment					
	physician on 3/25/21, the sacral pressure ut measuring 6.5 cm x 8 serosanguineous exunecrotic. The wound as "deteriorating". The recommendation state evaluation for sacral vantibiotics cover loose with additional wound from the hospital".  A skin/wound progres dated 3/25/21 12:15 passessed and measure.	cm x 0.8 cm with small date, 20% slough and 80% progress was documented treatment ed in part "needs ER wound infection for IV ely with DSD. Will follow up care after patient returns as note by the wound nurse om states in part "Wounds red by (wound physician).					
	wound with wound cle for need of debrideme cleaning solution from drainage noted. 80% redness and edema n Infection suspected. ( suggested for residen evaluation and IV AB) Resident #108 was all physician on 3/25/21, part, "This (gentleman Being followed by woo care consultant, (name	ering room odor noted (Wound physician) cleaned eaner and Dakin's to assess ent, when doctor wiping a wound black colored necrotic, 20% slough, ote around wound. (Wound physician) t to be sent to ED for further K (antibiotics)".  so seen by the facility progress notes states in wlady) has sacral decubitus, and care nurse and wound e omitted). Wound care					
	nurse asked me to eva	aluate the wound today. It orous character. Also there ion of an eschar with some					

		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			495156	B. WING	,			С
ŀ	NAME OF D	DOVIDED OR CURRUED	430100	B. WING			08	3/05/2021
l	NAMEOLE	ROVIDER OR SUPPLIER			i i	STREET ADDRESS, CITY, STATE, ZIP CODE		
l	ACCORD	US HEALTH AT ROANOR	(E		;	324 KING GEORGE AVE SW		
L						ROANOKE, VA 24016		
	(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD 8 CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
		erythema and indurati afebrile. (He/she) has decubitus ulcer rapidly tissue. Eschar. Likely evolution raises concenerotizing fasciitis. Cabout the sacral decul Concern regarding po Plan: Emergency transom. (He/she) is goinneeds IV antibiotics. It director of nursing. Etc. A subsequent nursing 3/25/21 12:22 pm state being sent out due to son sacrum. 911 was conserum. 911 was concerning and wound physician the deconcerning and wound wound physician wante themselves. The Would assessing the sacral aphysician was concern Kennedy Ulcer or necrosident #108's prima resident at the facility a concerning the resident physician stated the fir #108 the sacral wound was a little around the area and it were needed. Surveyor	son. (He/she) has been a been having pain". "Sacral y worsening. Necrotic y infected. The rapid erns about possible cellulitis involving tissues bitus. Rapidly evolving. ssible necrotizing fasciitis. Insport to the emergency and to need stat labs. Likely Discussed the situation with the stated they contacted."  progress noted dated es in part, "Resident is significant change in wound called".  In, the surveyor spoke with a stated they contacted the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to their onsite visit of appearance and the lay prior to the lay prior	F	686			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[ ' '	TIPLE CONSTRUCTION		E SURVEY PLETED
		495156	B. WING		- 1	C
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 08	/05/2021
ACCORDI	US HEALTH AT ROANOR	KE		324 KING GEORGE AVE SW ROANOKE, VA 24016		3
(X4) IÐ PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		8E	(X5) COMPLETION DATE
F 686	provided, this was a p their own orders but the not. The wound phys treatment of santyl to have changed a systeresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was veresident's skin was v	d from discovery on 21 until 3/22/21. The in stated the care was being process issue as they enter the wound physician does ician stated that the missing the sacral wound would not smic infection and the my fragile.  requested hospital records mitted) for the dates of 21 for Resident #108, the ecords were received on list History and Physical in part "Upon presentation, in leukocytosis and infection being sacral ulcer of pneumonia based on ary from (hospital name in 10:57 am documents in in as admitted on 3/25/21 and in with discharge diagnoses ed to sepsis 2/2 (secondary acral wound ulcer s/p in the cates under the section psis likely 2/2 sacral ulcer arm negative etiology in annote, very elevated	F	686		
	lower lungs" and "post					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495156	B. WING			C 08/05/2021	
	ROVIDER OR SUPPLIER	SE.		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016		1 00/	05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE		(X5) COMPLETION DATE
F 686	No bony erosion or os consulted for sacral ul debridement 3/26 sum no growth from culture with "blood cultures x date)". Discharge wo wound: cleanse with top and a dry cover dr. Resident #108 was rethe hospital on 3/30/2 note dated 3/31/21 8: states in part "Admiss complete: Unstageab Right heel blister: 4x2 pressure: 4.2x2.8x0 . pressure: 10x1.5x0 cover with bordered graph pressure; blisters: shydrocolloid for protection of the "unstageable to sac cleaner, apply santyl, foam/hydrocolloid to nevery day shift" was continued on 4 not initialed by the nurul 4/01/21.  On 8/04/21 at 1:45 prowound nurse who stat Resident #108's readness curveyor asked the words surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor asked the words with the sacral pressure has treatment was kept as Surveyor as	without subcutaneous air. steomyelitis". "Surgery loer; underwent gical path and culture sent; e; surgical path still pending" 2 NGTD (no growth to und care included "sacral saline moist saline gauze on ressing".  admitted to the facility from 1. A skin/wound progress 34 am by the Wound Nurse ion skin assessment le to coccyx: 10x7x1.5, x0, left heel stage I Right lateral leg Unstageable: Santyl, auze, abrasions and stage kin prep, cover with stion."  n's order dated 3/19/21 for acrum: clean with wound cover with nacerated area on buttocks ontinued with readmission. emained in effect until it //07/21. The treatment was se as being completed on  a, surveyor met with the ed on 3/31/21 following nission from the hospital d been debrided and the	F	686			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED		
		405456	D Mana				С
		495156	B. WNG	,		08	/05/2021
NAME OF P	ROVIDER OR SUPPLIER			i	STREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORD	US HEALTH AT ROANOR	(E	324 KING GEORGE AVE SW		324 KING GEORGE AVE SW		
					ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIATE OF THE APPROPRIA				(X5) COMPLETION DATE
F 686	Continued From page 2021 TAR and they st Surveyor reviewed Re and was unable to loc following areas noted blister, left heel stage pressure area. When nurse on 8/04/21 at 1: stated they "skin prepheel, right heel, and riwere not open. The would check on the or would check on the or would nurse returned and stated "I didn't purareas".  Resident #108 was se practitioner) on 3/31/2 part "seen toady follow due to sepsis seconda weaknessDuring he sacral wound was deb	e 76 ated "I could not".  esident #108's clinical record ate treatment orders for the on 3/31/21: right heel I, and right lateral leg speaking with the wound '45 pm, the wound nurse ped" the areas to the left ght malleolus because they yound nurse stated they ders for these areas. The to the surveyor at 2:25 pm t orders in for the other  een by the NP (nurse 1, progress note states in ving readmission to facility ary to sacral wound with ospital stay, pts (patient's) orided and (he/she) was on apy, converted to antibiotic 0 day course/also tx		686	DEFICIENCY)	#E	UATE
	was described as unst x 8.5 cm x 2.5 cm with 1.5 cm. The wound be granulation, 30% bone with progress noted as lateral malleolus DTI v x 1 cm x 0 cm, closed erythema of the periwo	The sacral pressure ulcer tageable measuring 7.5 cm and undermining at 9-12 o'c; ed was described as 60% e, and 10% subcutaneous is "improving". The right was documented as 2.3 cm with ecchymosis and bund. The right lateral heel as 0.9 cm x 0.9 cm x 0 cm, is and erythema of the				8	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495156	B. WNG			l	C
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	08/	/05/2021
	NAME OF TAXABLE V				24 KING GEORGE AVE SW		
ACCORDI	US HEALTH AT ROANOP	(E					
			<u> </u>	R	OANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  ( MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFII TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE
F 686	Continued From page	77	F	86			
	documented as 3.5 cr	n x 1.6 cm x 0, closed with		i			
	ecchymosis and eryth	ema of the periwound.					
		dations included: Sacral					
	pressure ulcer - clean	with wound cleaning spray,					
	recommend NWPT (n	egative pressure wound					
	therapy) 150mmHg, W	hite foam on bone and ack foam on rest, change		İ			
		and Friday; right lateral					
		heel, and left medial heel -					
	cleanse, apply skin pr						ĺ
	hydrocolloid and heel					:	
	Surveyor reviewed Re	sident #108's clinical record					
		ate physician orders for the					
	above recommendation						ĺ
	physician on 4/01/21.		]				
	sacrum continued as p		İ				
	3/19/21 that stated "ur	nstageable to sacrum:		Į			
+	clean with wound clea	ner, apply santyl, cover with					ľ
	every day shift" This	nacerated area on buttocks treatment order remained					
-		scontinued on 4/07/21. A					
		d 4/07/21 with a start date		-		1	
		ge 4 Sacrum: NWPT 150	i	- [			
ľ		nange M/W/F every day	:				
	shift every Mon, Wed,			-			
		2021 TAR, this order was					
-	_	performed on 4/09/21.		-		- 1	
		to locate treatment orders					
- 1		an's recommendations for					
	the areas to the right lateral heel, or the left						
	rateral neer, or the left	mediai neel					
İ		he wound nurse on 8/04/21					
	at 1:45 pm, they stated			ļ		į	
		21 and they changed the					
	wound vac every Mon-		1				1
	Friday. The wound nu			Į			j
	hydrogel was being us	ed on the right lateral					1

ASSTREET ADDRESS, CITY, STATE, ZP CODE 324 KING GEORGE AVE SW ROAMOKE, VA 2004  ACCORDIUS HEALTH AT ROANOKE  SUMMARY STATEMENT OF DEFICIENCIES COMPLETENCY MUST GE PRECEDED BY FULL RECOLLATORY OR LSC IDENTIFYING INFORMATION)  F 686 Continued From page 78 mallsolus, right lateral heel, and the left medial heel.  Resident #108 was reassessed by the wound physician on 4708/21. The progress note states in part, stage 4 sacra pressure ulcer, 75 cm x 8,5 cm x 3 cm with undermining 12-11 of: 3 cm, with light seroanguineous exuluste, 60 % granulation and 40% soft tissue, mederate odor and erytherms of the previous exuluste, 60 % granulation and 40% soft tissue, mederate odor and erytherms of the previous exuluste, 60 % granulation included: OTIs: cleanes, apply skin perpo, hydrocolloid and heel boots daily; sacral pressure ulcer, cleanes with Dakin Solution 0.25% mintig 150, black foam, white foam to undermined areas three times weekly Monday/Nedensday/Friday, A "Weekly Wound Pressure Wound Observation" dated 4/09/21 documents the current treatment plan to the sacral area as "NWPT Tolomhip, Change miwh" - white foam covering bone and undermined areas, back foam on rest of wound, Again, the order for NWPT was not written until 4/07/21 with a start date of 4/09/21, A skin/wound progress note dated 4/09/21 to 46 am states in part "Unstageable: NWPT, abrasions and DT: skin prep, cover with honey hydrogel for protection". Surveyor was unable to locate any treatment orders for the DTIs to the right malleolus, right heel, and left heel were not		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ECONSTRUCTION		E SURVEY PLETED
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DTI to the left medial heel progress noted as "no change". During the visit, negative pressure Devon-extrICARE 3600 was applied to the sacral pressure ulcer. Treatment recommendations included: DTIs: cleanse, apply skin prep, hydrocolloid and heel boots daily; sacral pressure ulcer: cleanse with Dakin Solution 0.25% mmHg 150, black foam, white foam to undermined areas three times weekly Monday/Wednesday/Friday.  A "Weekly Wound Pressure Wound Observation" dated 4/08/21 documents the current treatment plan to the sacral area as "NWPT 150mmhg. Change m/wf white foam covering bone and undermined areas, black foam on rest of wound. Again, the order for NWPT was not written until 4/07/21 with a start date of 4/09/21.  A skin/wound progress note dated 4/09/21 10:46 am states in part "Unstageable: NWPT, abrasions and DTI: skin prep, cover with honey hydrogel for protection". Surveyor was unable to locate any treatment orders for the DTIs as documented in the progress note until 4/10/21.  Treatment orders for the DTIs to the right		right lateral malleolus	were noted as "improving"		-			
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Treatment orders for the DTIs to the right								
		documented in the pro-	gress note until 4/10/21.					
		Treatment orders for th	ne DTIs to the right					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED		
		495156	B. WING				C (05/2021
1	ROVIDER OR SUPPLIER	ΚE		STREET ADDRESS, CITY, STATE, ZIF 324 KING GEORGE AVE SW ROANOKE, VA 24016	CODE	1 08	105/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE
F 686	ordered until 4/10/21. 4/10/21 with a start de Right malleolus, right right elbow: Clean wi prep, hydrocolloid, co every day shift every de care". These treatme on 4/12/21 however, It to the ER on 4/12/21. not include document ever administered to the on 3/31/21.  A NP progress note de "upon exam however diaphoretic, tachypned at 34. Pt is to be sent at 34. Pt is to be sent (name omitted). (He/st (him/her) out due to verand thought maybe sent 187/120, HR 87, 02 (or (respirations) 22 temporal examplete requested re 8/30/21, surveyor requirecords from (hospital complete requested re 8/30/21. The "Emerged dated 4/12/21 states in found on skin check at all seem related to prelocated on the heels, eindent with wound und Patient also has had nunderlying skin changer.	A physician's order dated ate of 4/12/21 stated "DTI on heel, left heel, abrasion th wound cleaner, apply skin wer with ABD and wrap Mon, Wed, Fri for wound nts were scheduled to begin Resident #108 was sent out Therefore the TAR does ation that treatments were hese areas since first noted ated 4/12/21 states in part pt is noted to be lethargic, a present with respirations to ED for possible sepsis."  It dated 4/12/21 12:12 pm at was observed by NP she) suggested to send ary lethargic, diaphoresis, ptic. Nurse took vitals BP xygen) 70-80s, Res 100.5".  Ireturn to the facility. On tested the resident's clinical	F	686			

NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE   STREET ADDRESS, CITY, STATE, ZIP CODE  324 KING GEORGE AVE SW  ROANOKE, VA 24016   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 686 Continued From page 80 Consulted for referral to APS (adult protective services) due to both provider and nursing concern that patient was not having adequate  STREET ADDRESS, CITY, STATE, ZIP CODE  324 KING GEORGE AVE SW  ROANOKE, VA 24016  PREFIX (EACH CORRECTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  F 686 Continued From page 80 F 686	C (05/2021 (X5) COMPLETION DATE
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE  STREET ADDRESS, CITY, STATE, ZIP CODE  324 KING GEORGE AVE SW ROANOKE, VA 24016  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 686  Consulted for referral to APS (adult protective services) due to both provider and nursing concern that patient was not having adequate	(X5) COMPLETION
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services) due to both provider and nursing concern that patient was not having adequate	
services) due to both provider and nursing concern that patient was not having adequate	. 1
concern that patient was not having adequate	l l
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care (especially with inadequate turning to	
prevent pressure ulcers), social work reports that	
(adult child) is also concerned". Resident #108 '	
s discharge diagnoses documented on the	1
"Physician Discharge Summary" dated 4/22/21	
included, but are not limited to Acute Hypoxic	
Respiratory Failure, Acute Right Lower Extremity	
DVT (deep vein thrombosis), Acute	
Subsegmental Pulmonary Embolism, Sepsis,	ļ
Healthcare Associated Pneumonia, and Sacral  Decubitus Ulcers Infection". Also included in the	
Discharge Summary was a clinical consult note	ĺ
dated 4/12/21 2140 (9:40 pm) which states in part	.
"Sacral decubitus ulcer with pressure necrosis	
along the edges, fibrinous tissue in the base, no	
tracking, no evidence of necrotizing soft tissue	ļ
infection, no purulent drainage. Wound vac	1
removed to evaluate. There is some maceration	
of skin from vac and odor consistent with vac that	
has been in place over non-viable issue [sp] for	
2-3 days. Would avoid vac when there is	
non-viable tissue present in the wound base.	j
Sacral wound is not a source of sepsis, but could	]
stand some debridement to aid with wound care".	
On 8/05/21 at 11:53 am, while meeting with	
Resident #108's primary care physician at the	
facility and the wound physician, surveyor also	40
informed the physicians of Resident #108's DTIs	i
noted on 3/31/21 with treatment not being	
ordered until 4/10/21, the primary care physician	
again stated this is not a care issue, it is a	
process issue. Surveyor informed the physicians	[
that the order for the wound vac was not dated	
until 4/07/21 and was only initialed as being	
changed one time on 4/09/21. The wound	

MAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANCKE  REGULATORY OR ISC DIENTIFYING INFORMATION)  F 686  Continued From page 81 physician stated the wound nurse did a great job changing the wound vac.  Resident #108's comprehensive person-centered care plan included a focus area created on 3/22/21 and revised on 4/09/21 stating "The resident has pressure ulcer to sacrum and has the potential for further pressure ulcer development for of reficiences", and the intervention to "administer treatments as ordered and monitor for effectiveness", and the intervention of "wound vac to area per MD orders" was dated 4/09/21. Surveyor was unable to locate documentation on the resident's right malleolus, right heel, or the left heel.  Surveyor requested and received the facility policy entitled, "Wound Treatment Management" which states in part:  1. Wound treatments will be provided in accordance with physician's orders, including the cleansing method, bye of dressing, and frequency of dressing change.  2. In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders. This may be the treatment nurse, or the assigned iconsense nurse in absence of the treatment orders. This may be the treatment nurse.  7. Treatments will be documented on the Treatment skill be documented on the Treatment Administration Record.  Surveyor requested and received the facility policy entitled, "Pressure Injury Prevention and		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLÉTED		
ACCORDIUS HEALTH AT ROANOKE  ACCORDIUS HEALTH AT ROANOKE  SUMMARY STATEMENT OF DEFICIENCES (CACH DEFICIENCY MIST BE PRECISIOD BY FULL REGULATIONY OF I.SC DENITY IN MIST BE PRECISION BY FULL REGULATIONY OF I.SC DENITY IN MIST BE PRECISION BY FULL REGULATIONY OF I.SC DENITY IN MIST BE PRECISION BY FULL REGULATIONY OF I.SC DENITY IN MIST BE PRECISION BY FULL REGULATIONY OF I.SC DENITY IN MIST BE PRECISION BY FULL REGULATIONY OF I.SC DENITY IN MIST BE PRECISION BY FULL REGULATIONY OF I.SC DENITY IN MIST BE PROPERTIES.  F 686  Continued From page 81 physician stated the wound nurse did a great job changing the wound vasc.  Resident #108's comprehensive person-centered care plan included a focus area created on 3722/21 and revised on 4/09/21 stating "The resident has pressure ulcer to sacrum and has the potential for further pressure ulcer development if poor mobility, incontinence" with an intervention of "wound vac to area per MD orders" was dated 4/09/21. Surveyor most unable to locate documentation on the resident's care plan related to the DTIs to the resident's right mallecolus, right help, of the left heel.  Surveyor requested and received the facility policy entitled, "Wound Treatment Management" which states in part:  1. Wound treatments will be provided in accordance with physician's orders, including the cleaning method, type of dressing, and frequency of dressing change.  2. In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders. This may be the treatment nurse, or the assigned licensed nurse in absence of the treatment nurse, or the assigned licensed nurse in absence of the treatment administration Record.  Surveyor requested and received the facility			495156	B. WING				_	
PREFIX TAG  REGULATORY OR LSC (DENTIFYING INFORMATION)  F 688  Continued From page 81 physician stated the wound nurse did a great job changing the wound vac.  Resident #108's comprehensive person-centered care plan included a focus area created on 3/22/21 and revised on 4/09/21 stating "The resident has pressure ulcer to acarum and has the potential for further pressure ulcer acare plan included a focus area created on a intervention to "administratireatments as ordered and monitor for effectiveness"; and the intervention of "wound vac to area per MD orders" was dated 4/09/21. Surveyor was unable to locate documentation on the resident's care plan related to the DTIs to the resident's right malleotus, right heel, or the left heel.  Surveyor requested and received the facility policy entitled, "Wound Treatment Management" which states in part:  1. Wound treatments will be provided in accordance with physician's orders, including the cleanasing method, type of dressing, and frequency of dressing change.  2. In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders. This may be the treatment nurse, or the assigned licensed nurse in absence of the treatment nurse.  7. Treatments will be documented on the Treatment Administration Record.  Surveyor requested and received the facility			KE		324 KING GEORGE AVE SI	•	J 08	3/05/2021	
physician stated the wound nurse did a great job changing the wound vac.  Resident #108's comprehensive person-centered care plan included a focus area created on 3/32/2/1 and revised on 4/09/21 stating "The resident has pressure ulcer to sacrum and has the potential for further pressure ulcer development if poor mobility, incontinence" with an intervention to "administer treatments as ordered and monitor for effectiveness", and the intervention of "wound vac to area per MD orders" was dated 4/09/21. Surveyor was unable to locate documentation on the resident's care plan related to the DTIs to the resident's right malleolus, right heel, or the left heel.  Surveyor requested and received the facility policy entitled, "Wound Treatment Management" which states in part:  1. Wound treatments will be provided in accordance with physician's orders, including the cleansing method, type of dressing, and frequency of dressing change.  2. In the absence of treatment orders, the licensed nurse will notify physician to obtain treatment orders. This may be the treatment nurse, or the assigned licensed nurse in absence of the treatment nurse.  7. Treatments will be documented on the Treatment Administration Record.  Surveyor requested and received the facility	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREF	X (EACH CORRECT CROSS-REFEREN	CTIVE ACTION SHOULD B		COMPLETION	
Management" which states in part:		physician stated the wichanging the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound was dated 4/09/21. Solicate documentation related to the DTIs to malleolus, right heel, with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound with the wound wound wound with the wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound wound	vound nurse did a great job rac.  prehensive person-centered ocus area created on on 4/09/21 stating "The ulcer to sacrum and has or pressure ulcer mobility, incontinence" with minister treatments as or effectiveness", and the of vac to area per MD orders" urveyor was unable to on the resident's care plan or the left heel.  Indirective the facility of Treatment Management"  will be provided in cian's orders, including the e of dressing, and change.  reatment orders, the ify physician to obtain is may be the treatment licensed nurse in absence  documented on the on Record.  Indirective the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility orderived the facility	F	686				

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F 686	and management, income and treatment; interver remove underlying risimpact of the interven interventions as approved. Interventions for Prince and treatment as approved. Interventions for Prince assessment/evaluations hall develop a relevance plan that incompression and management appropriate intervention and management.  d. Evidence-based the with current standards for all residents who have present.  f. Interventions will be plan and communicate on the plan and communicate on 8/04/21 at 5:20 pm administrator, director President of Clinical Significant for the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and the plan and	stablish and utilize a repressure injury prevention luding prompt assessment uning to stabilize, reduce or k factors; monitoring the tions; and modifying the periate.  revention and to Promote a thorough in, the interdisciplinary team into ludes measurable goals for gement of pressure injuries are entions.  reatments in accordance of practice will be provided as a pressure injury are documented in the care and to all relevant staff.  In, surveyor met with the of nursing, Regional Vice ervices, and the Regional and discussed the concerning receiving treatments as able pressure area to the	F	686			

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F 690 SS=D	Vice President of Clin would review the documorning at 8:51 am, s Regional Vice Preside who stated they were documentation. They wound nurse had star thought the doctor put According to the CMS facility staff at the time reported six (6) currer ulcers at a stage II or of the survey, the surveurrent residents and with pressure ulcers, were identified with properties and with pressure ulcers, were identified with presented to the surveconference on 8/05/21. This is a complaint del Bowel/Bladder Incontin CFR(s): 483.25(e)(1)-(5483.25(e)(1) The facing resident who is continuadmission receives semaintain continence unit and the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the survey of the s	ical Services stated they umentation. The following surveyor met with the sent of Clinical Services and unable to find any additional further stated that the ted the job a week prior and it the orders in.  6-671 form completed by the e of the survey, the facility intresidents with pressure greater. During the course vey team investigated three one discharged resident. No additional concerns essure ulcers.  regarding this issue was ey team prior to the exit.  ficiency. Inence, Catheter, UTI (3)  ce.  fility must ensure that ent of bladder and bowel on rvices and assistance to inless his or her clinical as such that continence is in.	F6	90					
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F 690	(i) A resident who entindwelling catheter is resident's clinical concatheterization was not indwelling catheter or is assessed for removas possible unless the demonstrates that cat and (iii) A resident who is i receives appropriate t prevent urinary tract ir continence to the external continence, based of comprehensive assessed ensure that a resident receives appropriate to restore as much norm possible.  This REQUIREMENT by:  Based on observation record review and facility staff failed to promote a serior of a continence in the process and Resident #14.  The findings included:  1. For Resident #32 thanchor the catheter tull resident #32's face shincluded but not limited diabetes mellitus, acut	ers the facility without an not catheterized unless the dition demonstrates that ecessary; ers the facility with an subsequently receives one at of the catheter as soon resident's clinical condition heterization is necessary, incontinent of bladder reatment and services to effections and to restore in the resident's sment, the facility must who is incontinent of bowel reatment and services to all bowel function as is not met as evidenced in the resident's series to all bowel function as is not met as evidenced in the resident with fecal in the resident's reatment and services to all bowel function as is not met as evidenced in staff interview, clinical lity document review the ovide catheter services for ident #32, Resident #48	F	2.	Resident #32: catheter discons 12/2021. Resident # 48: Catheter and resident and catheter care provided. Resident # 14: Catheter and resident. Audit of current residents we catheters to ensure orders for catheter care and anchoring tubing. Education of Licensed Nursing on catheter care including as of tubing to resident.	hor to  hor to  ith foley  or  of  ng staff  nchoring  onduct  ith  is,	

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F 690	dysphagia and adult for the most recent quart set) with an ARD (ass 06/17/21 failed to assi (brief interview for me C, cognitive patterns. ARD date of 03/31/21 BIMS score of 8 out of indicates that the resident seconditively impaired.  Resident #32's clinica 08/01/21. It contained summary for the mont part "Check placements with the resident for cate administration record) 2021 was reviewed an above. This entry was Surveyor observed Reflection of the company of the second stated that it was not catheter tubing should stated that it should be surveyor requested an facility policy entitled which read in part, "2 remains secured with	ailure to thrive.  Iterly MDS (minimum data essment reference date) gn the resident a BIMS intal status) score, in section The quarterly MDS with an assigned the resident a f 15 in section C. This dent is moderately  I record was reviewed on a physician's order in the form of August, which read in the form of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in the month of August in	F	690			

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F 690	The concern of the rebeing anchored was cadministrative team (anursing, regional vice-services, regional diremeeting on 08/04/21 and No further information 2. For Resident #48 the catheter tubing an care was completed.  Resident #48's face slincluded but not limite complication of indwel obstructive and reflux tract infections, demer failure, dysphagia, hypurine.  The most recent complication of 06/21/21 assigned that the resident is sexually in section C, cogniting that the resident is sexually including kidney stone catheter to be replaced.  Resident #48's clinical contained a physician' month of August 2021 placement of catheter	sident's catheter tubing not liscussed with the administrator, director of operations) during a cat approximately 5:20 pm.  was provided prior to exit.  the facility failed to anchor defailed to ensure catheter  the et listed diagnoses which defailed to ensure catheter  the et listed diagnoses which define the end of the ensure catheter  the et listed diagnoses which define the end of the ensure catheter  the et listed diagnoses which define the end of the ensure catheter  the et listed diagnoses which define the end of the ensure catheter  the et listed diagnoses which define the end of the ensure catheter  the et listed diagnoses which define the ensure catheter the end of the ensure catheter the end of the ensure the end of the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure the ensure	F	590			

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F 690	changed, every day si infection control", "Indicatheter is in privacy to on at all times" and "Ir Care: cleanse with so every shift for infection. Resident #48's eTAR administration record 2021 was reviewed an above. The entries habeen completed on 08 Surveyor observed Re 10:05 am. Surveyor no under resident's bed til from the area under the Surveyor again observed 80/01/21 at 12:55 pm, practical nurse) #1. Surveyor again observed that it should be and that it should be.  On the morning of 08/0 am, surveyor asked LF for completing cathete LPN #2 stated "The nuthen asked LPN #2 ho to be done, and LPN # in the computer". Surveyor rewished to observe catheter care on Residucion of the stated of the surveyor rewished to observe catheter care in privacy to the surveyor rewished to observe catheter care on Residucion and the surveyor rewished to observe catheter care on Residucion and the surveyor rewished to observe catheter care on Residucion and the surveyor rewished to observe catheter care on Residucion and the surveyor rewished to observe catheter care on Residucion and the surveyor rewished to observe catheter care on Residucion and the surveyor rewished to observe catheter care on Residucion and the surveyor rewished to observe catheter care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor reminister care on Residucion and the surveyor	needed. Label with date hift every 30 day(s) for welling urinary (Foley) bag and catheter leg strap andwelling Urinary Catheter bap and water every shift in control".  (electronic treatment for the month of August and contained entries as d been initialed as having 8/01/21.  esident #48 on 08/01/21 at beed a large puddle of liquid that appeared to originate the catheter drainage bag. yed Resident #48 on along with LPN (licensed arveyor asked LPN #1 if ing was anchored, and LPN tothored, and LPN #1 stated  02/21 at approximately 8:20 PN #2 who is responsible or care on residents and arse's, I guess?". Surveyor w often catheter care was t'z stated "I'm not sure, it's eyor requested to observe tient #48. At approximately minded LPN #2 that they heter care on Resident #48,	F	690				
		won't forget". Surveyor 8 on 08/02/21 at 11:30 am, tor of nursing), Resident						

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F 690	Surveyor informed DC to observe catheter catheter catheter catheter catheter catheter catheter drainage bag While turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning the residuhler turning to the turning turning to the turning turning tract infections. Urine Flow: 3. The urining tract infections turning to prevent the urining turning to prevent the urining and drainage bag from flow bladder. Infection Contituting and drainage backening Catheters: 2 remains secured with a	Illy dressed in street clothes. ON that they had requested are this AM.  Im, surveyor observed LPN nurse's aide) #1 while are on Resident #48. While are, LPN #1 laid the on the bed beside resident. Ident, the catheter bag fell to picked the bag up from the k on the bed. Surveyor en catheter care was a stated, "It's done daily and esident #48 on 08/04/21 at ON. Surveyor pointed out a under resident's bed to "Again", and then stated to s catheter bag is leaking. The bag had been leaking it just been changed on and was provided with a Catheter Care, Urinary", prose: The purpose of this t catheter-associated. Maintaining Unobstructed mary drainage bag must be er than the bladder at all ine in the tubing and wing back into the urinary trol: B. Be sure catheter ag are kept off the floor.  2. Ensure that the catheter	F	690		

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F 690	Catheter tubing should resident's inner thigh."  The concern of not prodiscussed with the add (administrator, director vice-president of clinic director of operations) 08/04/21 at approximation.  No further information.  3. For Resident #14 the anchor the catheter tust and reflux depression, dysphagia of urinary tract infection. Resident #14's most refunded but not limited obstructive and reflux depression, dysphagia of urinary tract infection. Resident #14's most refunded to a BIMS (brieff score of 99. This indicumble to complete the severely cognitively impreviewed and contained for Urinary Tract infect chronic indwelling foles.	d be strapped to the  oviding catheter care was ministrative team or of nursing, regional cal services, regional cal services, regional cal services, regional cal services, regional cal services, regional cal services, regional cal services, regional cal services, regional cately 5:20 pm.  was provided prior to exit.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.  The facility staff failed to bing.	F	690			
	Resident #14's clinical contained a physician's	record was reviewed and s order summary, which acement of catheter strap					

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F 690 Continued From page every shift every shift		F	690		:	
Resident #14's eTAR administration record) 2021 was reviewed ar above. This entry was Surveyor observed Re 10:05 am. Resident w drainage bag was obs bed, and only partially observed Resident #1 along with LPN (licens Surveyor asked LPN # tubing was anchored, was not. Surveyor ask be anchored, and LPN Surveyor requested ar facility policy entitled "which read in part "Pu procedure is to preven urinary tract infections Urine Flow: 3. The uri held or positioned lowe times to prevent the ur drainage bag from flow bladder. Infection Contubing and drainage bas Changing Catheters: 2 remains secured with a friction and movement Catheter tubing should resident's inner thigh".  The concern of the resident above.	(electronic treatment for the month of August and contained an entry as initialed as completed.  esident #14 on 08/01/21 at as resting in bed, catheter erved hanging from side of covered. Surveyor again 4 on 08/01/21 at 12:55 pm, and practical nurse) #1.  If if resident's catheter and LPN #1 if tubing should I #1 stated that it should be.  Indicate Care, Urinary'', rose: The purpose of this at catheter Care, Urinary'', rose: The purpose of this at catheter-associated. Maintaining Unobstructed mary drainage bag must be ear than the bladder at all ine in the tubing and wing back into the urinary trol: B. Be sure catheter ag are kept off the floor.  2. Ensure that the catheter as a leg strap to reduce at the insertion site. (Note: I be strapped to the					

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	ROVIDER OR SUPPLIER IUS HEALTH AT ROANO!	KE		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	
F 690 F 691 SS=D	services, regional dire meeting on 08/04/21 No further information Colostomy, Urostomy CFR(s): 483.25(f)  §483.25(f) Colostomy care.  The facility must ensurequire colostomy, uroservices, receive such professional standard comprehensive perso the resident's goals and This REQUIREMENT by:  Based on resident inticlinical record review, complaint investigation ensure 1 of 30 resider care and treatment in Resident #30  The findings included:  The facility staff failed had colostomy supplied the clinical record included included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record included in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in the clinical record in	ector of operations) during a lat approximately 5:20 pm.  It was provided prior to exit. It, or Ileostomy Care  It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provided prior to exit. It was provi	F 691	<ol> <li>Resident #30: colostomy sup were ordered and are on site</li> <li>Audit of current ostomy resident</li> </ol>	dent's stock. clerk te o

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495156	B. WING				С
1111E 05.5	0.0140550.000.01001.100	490136	D. WING			08	/05/2021
NAME OF P	ROVIDER OR SUPPLIER			!	STREET ADDRESS, CITY, STATE, ZIP CODE		_
ACCORD	IUS HEALTH AT ROANOF	(E		3	324 KING GEORGE AVE SW		
				F	ROANOKE, VA 24016		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	1D		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION
F 691	Continued From non-	00					
1 031	Continued From page		F	691			
		tatus summary score of 15	1				]
		oints. Section G (functional					
		indicate the resident was					
	transfers, dressing, to	wo persons for bed mobility,					
		ladder and bowel) was					
	coded to indicate the	resident had a colostomy.					i
	TOURS TO MICHOLOGIC LICE	resident flad a colostomy.					
	Resident #30's compr	ehensive care plan included					
	the focus area has a c	colostomy. Activity of daily					
		nance deficit related to					
	quadriplegia.						
						i	j .
	08/01/21 10:57 a.m., f	Resident #30 stated the	İ				İ
		heir colostomy supplies and					l f
	they had called the ho					(w)	
	previously been admit	ted and asked an agency					
		) to go to the hospital to					
	pick up the supplies.		5.3				
	08/03/21 2:45 p.m., (C	NA) certified nursing	101				
- 1		ere was one occurrence				-	
	where they were unab						
		ent. They had to wait until					
		omy supplies and until they					
	did, they had to leave	this resident in the bed. A					1
	plastic bag was placed	under the resident until					
	they obtained the colo	stomy supplies.					ŀ
	08/04/21 5:14 p.m., du	ring an end of the day					
	meeting with the Admi	nistrator, (DON) director of					1
	nursing, Regional Vice	President of Clinical					
j	bervices, and the Reg	ional Director of Operations					-
	resident had are and at	d they were not aware the					
	resident had run out of	colostomy supplies.					
	This is a complaint def	iciency					J
F 692	Nutrition/Hydration Sta	•		ایر		i	
SS=D	Transcontrigulation Sta	IOS MAINTENANCE	F 6	92			

	OF DEFICIENCIES *** CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			SURVEY LETED
						(	С
	П	495156	B. WING_			08/	05/2021
	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	324 K	TADDRESS, CITY, STATE, ZIP CODE  ING GEORGE AVE SW  NOKE, VA 24016  PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
IAG	NEGOEATON ON E	SO IDENTIFICING IN STREET	IAG		DEFICIENCY)		
F 692	CFR(s): 483.25(g)(1)- §483.25(g) Assisted r (Includes naso-gastric both percutaneous en percutaneous endosc enteral fluids). Based comprehensive asses ensure that a resident §483.25(g)(1) Maintai of nutritional status, s desirable body weight balance, unless the re demonstrates that this preferences indicate of §483.25(g)(2) Is offer maintain proper hydra §483.25(g)(3) Is offer maintain proper hydra §483.25(g)(3) Is offer there is a nutritional p provider orders a ther This REQUIREMENT by: Based on interviews documents, it was de failed to address a we sampled residents (R The findings include: The facility staff failed weight loss when the below the care planne greater than 113 pour	autrition and hydration. c and gastrostomy tubes, idoscopic gastrostomy and opic jejunostomy, and on a resident's isment, the facility must isment, the facility must isment, the facility must isment, as usual body weight or or range and electrolyte esident's clinical condition is in not possible or resident otherwise; ed sufficient fluid intake to ation and health, ed a therapeutic diet when roblem and the health care apeutic diet. is not met as evidenced and the review of termined the facility staff eight loss for one (1) of 30 esident #33).  It o address Resident #33's resident's weight dropped ed goal to keep weight inds.	F 69	2.	Resident #33 reweighed and weight loss addressed by M Audit of past 30 days of curresidents' weight for MD an notification of changes. Education of Licensed Nursiand Certified Nurses Assista on obtaining, entering, and monitoring daily, weekly, an monthly weights. Weekly audits of weights x 4 then monthly x 2 months, waudits being presented to Q for accountability.	D. rent d famil ng nts d weeks ith	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION NG	(	(X3) DATE SURVEY COMPLETED	
		495156	B. WING				C /05/2021
	ROVIDER OR SUPPLIER	KE		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016			0012021
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	(ARD) of 6/17/21, was 6/24/21. Resident #3 sometimes able to ma sometimes able to ma sometimes able to un resident was assessed as requivith bed mobility, transpersonal hygiene. Resident #3 were not limited to: high Alzheimer's disease, canxiety, and vision processed to the following weights:  On 1/7/21, the resident pounds.  On 6/4/21, the resident pounds.  On 6/4/21, the resident pounds.  On 7/7/21, the resident pounds.  On 7/7/21, the resident pounds.  On 7/7/21, the resident #3 reveal a provider notifity weight decreasing to 1:51, the facility's MDS the facility staff's responsed to the residence of the facility staff's responsed to the residence of the facility staff's responsed to the residence of the facility staff's responsed to the residence of the facility staff's responsed to the residence of the facility staff's responsed to the residence of the facility staff's responsed to the residence of the facility staff's responsed to the residence of the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's responsed to the facility staff's res	s signed as completed on 3 was assessed as ake self understood and as derstand others. The d as having problems with the memory. Resident #33 ulring extensive assistance sfers, dressing, and sident #33 was assessed in staff for toilet use and 3's diagnoses included, but gh blood pressure, dementia, depression, oblems.  I record included the ent's weight was 113 lent's weight was 114 ent's weight was 116 ent's weight was 112.8 ent's weight was 107.6  3's clinical record failed to cation of the resident's 07.6 pounds. On 8/4/21 at 3 Nurse was asked about the entity of pounds. The MDS was not taken on the entity of the criteria for a 1 The weight loss was not a one (1) month period or	F	692			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495156	B. WING			l	C /05/2021
NAME OF P	ROVIDER OR SUPPLIER		1		STREET ADDRESS, CITY, STATE, ZIP CODE	1 001	03/2021
ACCORDI	HE HEALTH AT DOANOL	<b>/-</b>			324 KING GEORGE AVE SW		
ACCORDI	US HEALTH AT ROANOF	VE.			ROANOKE, VA 24016		
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F 692	Continued From page	95	F	692	2		
	Resident #33 was we	ighed on 8/4/21 at 2:46 p.m.					
	The resident's weight	was 106.4 pounds. The					1
		tes were documented:					
		m., "Care plan updated for					
		ht loss notification was sent					
	to Registered Dietitian recommendations'						
*		m., "(resident) has a weight			:		
		's name omitted) has been					
	**	rders (registered dietitian)					ļ
		ident's responsible party)					
	aware".						
		tion was found in a facility					
	policy titled "Weight N revised/reviewed date					i	
	- "Based on the reside	•					
l	assessment, the facili	•					
		ceptable parameters of				1	
		n as usual body weight or					
	desirable body weight	range and electrolyte					
		esident's clinical condition					
		s is not possible or resident					
	preference indicate of						
	-	eful indicator of nutritional					
		Intended changes in weight ous weight loss (gradual					
	unintended loss over						
	indicate a nutritional p						
		identified, implemented,					
	monitored and modifie						
		sident's assessed needs,					
	choices, preferences,	-					
	•	s to maintain acceptable					
	parameters of nutrition	nal status."					
	Donidoni #2016	les included a ferre that					
		lan included a focus that it's nutritional needs. This					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
×.		495156	B. WNG				С
	ROVIDER OR SUPPLIER		1	5	STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	01	8/05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
F 692 F 693 SS=D	focus included the gor have a decrease in (o (greater than) 113 pou focus included the folliper facility protocol/MI any significant weight On 8/5/21 at 9:18 a.m. staff to address Reside the resident's weight of planned goal to keepir 113 pounds, was discumeeting with the facility	al of "(the resident) will not ral) intake, maintain weight unds." The care planned owing intervention: "Weigh D orders and monitor for changes."  In the failure of the facility ent #33's weight loss, when ropped below the care ag their weight greater than ussed during a survey team y's Administrator, Director pional Vice-President of Regional Director of estore Eating Skills	F 6	692			
	both percutaneous endosco enteral fluids). Based of comprehensive assess ensure that a resident- §483.25(g)(4) A reside eat enough alone or wisenteral methods unless condition demonstrates clinically indicated and resident; and §483.25(g)(5) A residentemeans receives the appropriate of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the prov	and gastrostomy tubes, loscopic gastrostomy and pic jejunostomy, and on a resident's ment, the facility must  at who has been able to th assistance is not fed by the resident's clinical that enteral feeding was		THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O			

STATEMENT OF DEFICIENCIES (2) AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A. BUILDI		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	495156	B. WING		···	1	C <sup>T</sup>
NAME OF STREET	493136	B. WING			08/	05/2021
NAME OF PROVIDER OR SUPPLIER  ACCORDIUS HEALTH AT ROANOKE	:	i	324	EET ADDRESS, CITY, STATE, ZIP CODE KING GEORGE AVE SW ANOKE, VA 24016		
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diarrhea, vomiting, dehy abnormalities, and nasa This REQUIREMENT is by: Based on observation, record review, the facility physician orders in regal of 30 residents, Resident The findings included.  1. For Resident #40, the ensure the residents tube prescribed physician orders in regal of 30 resident #40's (EHR) election C (cognitive patadmission (MDS) minimal with an (ARD) assessment of 21/21 had been code resident had problems where and had modified indeptor daily decision making (swallowing/nutritional sindicate Resident #40 had the focus area requires nutrition.  The (EHR) electronic help physician order to admir pump at 75cc/hour continuation.	It to aspiration pneumonia, ydration, metabolic al-pharyngeal ulcers. It is not met as evidenced staff interview, and clinically staff failed to follow ards to tube feedings for 2 ands #40 and #32.  It is facility staff failed to be feeding was set at the dered rate of 75cc/hour.  Ilectronic health record chronic respiratory agia, and epilepsy.  Itterns) of Resident #40's aum data set assessment ent reference date of ed (0/1/1) to indicate the with long term memory endence in cognitive skills g. Section K.  Itatus) was coded to ad a feeding tube.  Itensive care plan included tube feeding for 100%  Itensive care promote per peg via	F	3	F693  Resident #40: discharged fro facility on 08/16/2021. Resident #32: Enteral feed or was clarified with MD and tu feeding adjusted to comply vorder.  Audit of current resident on enteral feed to ensure accura orders.  Education of Licensed Nursin staff on continuous vs interm feed orders.  Monday — Friday audits of enfeed orders x 4 weeks, then in x 2 months, with audits being presented to QAPI for accountability.  Date of Compliance: September 19, 2021.	rder rbe with ate g nittent nteral monthly	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 495156 A WING 08/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW **ACCORDIUS HEALTH AT ROANOKE** ROANOKE, VA 24016 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) F 693 Continued From page 98 F 693 bed, tube feeding running at 65cc/ hour. 08/01/21 3:10 p.m., observed tube feeding running at 65cc/hour. Checked by (LPN) licensed practical nurse #4 who stated it should be at 75cc and adjusted the rate. 08/04/21 05:14 p.m., the Administrator, (DON) director of nursing, Regional Vice President of Clinical Services, and the Regional Director of Operations were made aware of the issue regarding Resident #40's tube feeding rate. No further information regarding the residents tube feeding was provided to the survey team prior to the exit conference. 2. For Resident #32 the facility staff failed to follow tube feeding orders. Resident #32's face sheet listed diagnoses which included but not limited to hemiplegia, type II diabetes mellitus, acute kidney failure, aphasia, anxiety, depression, retention of urine, anemia. dysphagia and adult failure to thrive. The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) 06/17/21 failed to assign the resident a BIMS (brief interview for mental status) score, in section C, cognitive patterns. The quarterly MDS with an ARD date of 03/31/21 assigned the resident a BIMS score of 8 out of 15 in section C. This indicates that the resident is moderately cognitively impaired. Resident #32's comprehensive care plan was reviewed and contained a care plan for "...requires tube feeding due to CVA

PRINTED: 09/07/2021

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	495156	8. WNG			08/	05/2021
AME OF PROVIDER OR SUPPLIER CCORDIUS HEALTH AT ROANOK	E		STREET ADDRESS, CITY, STATE, ZIP COD 324 KING GEORGE AVE SW ROANOKE, VA 24016	Ē		
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aphasia".  Surveyor observed Re 10:10 am. Resident wa observed tube feeding infusion pump at a rate  Resident #32's clinical contained a physician's read in part "Enteral Fe and night shift for nutril Feeding: Administer O (percutaneous endoso Pump, Rate 65 mLs/ho  Resident #32's eMAR ( administration record)/administration record)/administration record)/administration record)/administration record) 2021 were reviewed. S an enteral feed order o Resident #32's eMAR f were reviewed and con read in part "Enteral Fe OSMOLITE 1.5 50 cc h date-07/30/20211900 - Date-07/30/2021 1041' initialed as having beer  Surveyor spoke with the clinical services (RVPO Resident #32's tube fee stated that resident's or was Glucerna 1.5 at 65 This order started on 07 07/20/21, when the resi RVPCS stated when re	dent) with dysphagia and disident #32 on 08/01/21 at as resting in bed. Surveyor of Osmolite 1.5 running via a of 65 cc/hour.  record was reviewed and sorder summary, which eed Order every evening tion needs Enteral 1 - Demolite 1.5 per PEG opic gastrostomy) via our".  (electronic medication eTAR (electronic treatment for the month of August eWAR/eTAR for the month of July 2021 of the August eMAR/eTAR for the month of July 2021 of the dorder every shift frour -Start D/C (discontinue)  "This entry was not in done.  e regional vice-president of eS) on 08/03/21 regarding eding orders. RVPCS riginal enteral feed order is cc/hour x 16 hours/day. 2/24/21 and ended on ident was hospitalized. esident returned from the evidence that the enteral	F	693			

A. BUILDING		(X3) DATE SURVEY COMPLETED	
495156 B. WING		С	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP		08/05/2021	
ACCORDIUS HEALTH AT ROANOKE  324 KING GEORGE AVE SW ROANOKE, VA 24016	CODE		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN O PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE AC TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
Continued From page 100 enteral feed order for Osmolite 1.5 at 65 cc/hour was written on 07/30/21, "but for some reason did not populate to the MAR". This order was discontinued on 08/02/21 and the current order of Glucerna 1.5 at 65 cc/hour x 16 hours/day entered.  RVPCS provided the surveyor with a copy of an "Order Recap Report" for Resident #32, which read in part "Commercial Supplement every shift for supplement Glucerna 1.5 @ 65 ml/hr for 16 hrs (3p-7a) with 150 ml flush q (every) 4 hr Start Date 02/24/20/12 End Date of 02/20/20/21", "Enteral Feed Order every evening and nigh shift for nutrition needs Enteral 1-Feeding: Administer osmolite 1.5 per PEG via pump. Rate 65 mLs/hour Start Date 07/30/2021 End Date 08/02/2021" and "Enteral Feed Order two times a day for nutrition Enteral-1-Feeding: Administer Glucerna 1.5 per (Specify: PEG via Pump. Rate: 65 mLs/hour, up at 3 pm down at 7 a Start Date 08/03/2021".  Surveyor observed Resident #32 on 08/04/21 at 8:45 am. Resident was resting in bed, enterat tube feeding of Glucerna 1.5 running via pump at 65 cc/ hour. Surveyor, along with DON (director of nursing) again observed Resident #32 on 08/04/21 at 10:45 am. Resident was resting in bed with enteral feeding of Glucerna 1.5 running via pump at 65 cc/hour. Surveyor asked DON to confirm resident tube feeding order. After confirming order, DON stated the feeding should not be running and stated they would take it down "right now".  The concern of the facility staff not follow physician's orders in regards to Resident #32's tube feedings was discussed with the			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495156	B. WING	_		1	С
Ì	PROVIDER OR SUPPLIER			3:	TREET ADDRESS, CITY, STATE, ZIP CODE 24 KING GEORGE AVE SW COANOKE, VA 24016	1 08	1/05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 693	administrative team (inursing, regional vice services, regional dire meeting on 08/04/21.  No further information Respiratory/Tracheos CFR(s): 483.25(i)  § 483.25(i) Respirator tracheostomy care and The facility must ensurated respiratory care care and tracheal succare, consistent with practice, the compreheare plan, the resident and 483.65 of this subthis REQUIREMENT by:  Based on observation record review and facility staff failed to mequipment for 1 of 30.  The findings included:  For Resident #19 the the resident's respirator to prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the prevent contaminates and the	administrator, director of appresident of clinical actor of operations) during a at approximately 5:20 pm.  It was provided prior to exitatomy Care and Suctioning of tracheal suctioning. The successional standards of ensive person-centered to goals and preferences, apart.  It is not met as evidenced on, staff interview, clinical dility document review the maintain respiratory residents, Resident #19.  If acility staff failed to store only equipment in a manner tion.  In the staff diled diagnoses which do to acute and chronic agestive heart failure, Imonary disease, chronic		693	<ol> <li>Resident #19: Nebulizer mas and tubing disposed of and new set provided with plastic bag provided for storage.</li> <li>Audit of current residents winebulizer and O₂ treatments ensure proper storage and labeling of equipment.</li> <li>Education of Licensed Nursin staff on policy and procedure for storage of nebulizer equipment.</li> <li>Weekly audits of new orders x 4 weeks, then monthly x 2 months, with audits being presented to QAPI for accountability.</li> <li>Date of Compliance: September 19, 2021.</li> </ol>	ith to ng e	

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					O. 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DAT	E SURVEY
		495156	B. WING				C
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 08	3/05/2021
ACCORD	US HEALTH AT ROANO	KE			324 KING GEORGE AVE SW ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
	Resident #19's most r (minimum data set) w reference date) of 06/ a BIMS (brief interview 11 out of 15. This indicognitively intact.  Resident #19's clinical contained a physician read in part "Ipratropic 0.5-2/5 (3) MG/ML 1 alevery 4 hours as need 5.50 pm. Resident w observed nebulizer maresting on resident's oragain observed Reside pm and 4:40 pm. Both resident's nebulizer muncovered on the over 0.08/02/21 at 8:05 at DON observed Reside lying uncovered on the asked the DON if the rethis manner, and DON DON also stated that the mask and tubing and placed in.  Surveyor requested ar of a facility policy entitl Medications through a Nebulizer" which read	ecent quarterly MDS ith an ARD (assessment 02/21 assigned the resident of for mental status) score of cates that the resident is  I record was reviewed and is order summary which um-Albuterol Solution application inhale orally led for sob/wheezing".  I resident #19 on 08/01/21 at as resting in bed. Surveyor achine, mask and tubing verbed table. Surveyor rent #19 on 08/01/21 at 2:50 times, surveyor observed ask and tubing lying red table.  In surveyor, along with ent #19's nebulizer mask is overbed table. Surveyor mask should be stored in stated that it should not, hey would replace the provide a bag for it to be  and was provided with a copy and was provided with a copy and "Administering Small Volume (Handheld) in part, "29. When by dry, store in a plastic bag are and the date on it."	F	695			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	2397		ONSTRUCTION		TE SURVEY MPLETED
		495156	B. WING				C 8/05/2024
	ROVIDER OR SUPPLIER	KE		324	EET ADDRESS, CITY, STATE, ZIP CODE KING GEORGE AVE SW ANOKE, VA 24016	1 0	8/05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLETION DATE
F 695	respiratory equipment administrative team (a nursing, regional vice services, regional dire meeting on 08/04/21	t was discussed with the administrator, director of		695 697 <b>F</b> (	697		
SS=D	§483.25(k) Pain Mana The facility must ensu provided to residents consistent with profes the comprehensive peand the residents' goa This REQUIREMENT by: Based on interviews a documents, it was det failed to provide a pair the provider for one (1 (Resident #34).  The findings include:	re that pain management is who require such services, sional standards of practice, erson-centered care plan, als and preferences, is not met as evidenced and the review of ermined the facility staff in medication as ordered by ) of 30 sampled residents to administer Resident		3.	staff on pain management a professional standards of pr	nARs / ation ng nd actice. ARS x	
	the provider.  Resident #34's minimulassessment, with an all (ARD) of 5/21/21, was 6/11/21. Resident #34 make self understood others. Resident #34's Status (BIMS) summa	um data set (MDS) ssessment reference date signed as completed on was assessed as able to and as able to understand s Brief Interview for Mental ry score was documented lent #34 was assessed as			September 19, 2021.		1)

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTER	S FOR MEDICARE &	MEDICAID SERVICES					O. 0938-0391	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495156	B. WING			1	C	
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	1 08	/05/2021	
ACCORD	US HEALTH AT ROANO!	KE		3	ROANOKE, VA 24016			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
	requiring assistance v dressing, toilet use, at Resident #34's diagnor limited to: high blood depression, and lung. During an interview or Resident #34 reported month ago, a medicat provided as ordered. medication was used. Resident #34's clinical order, dated 2/17/21, 1(1) capsule a day; this p.m. This medication ordered for "POLYNEt (Polyneuropathy is a clinical order, dated 2/17/21, 1(2) capsules twice a diagnostic dated 2/17/21, 1(2) capsules twice a diagnostic dated 2/17/21, 1(2) capsules twice a diagnostic dated 2/17/21, 1(3) capsules twice a diagnostic dated 2/17/21, 1(2) capsules twice a diagnostic dated 2/17/21, 1(3) capsules twice a diagnostic dated as being Review of Resident #34 administration records documentation, and mindicated the resident's administered as ordered 5/1/21 at 8:00 a.m.; ti 5/1/21 at 9:00 p.m.; ti 5/1/21 at 9:00 p.m.; ti 5/31/21 at 9:00 p.m.; ti	with bed mobility, transfers, and personal hygiene. Uses included, but were not pressure, seizures, anxiety, disease.  In 8/1/21 at 11:00 a.m., at that approximately a sion (gabapentin) was not Resident #34 reported this to treat their pain.  If record included a provider for gabapentin 300mg one was scheduled for 2:00 was documented as being UROPATHY".  Fondition affecting an at can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and record included a provider for gabapentin was scheduled for an attention was ordered for "seizures/pain".  It is nedication to the can result in numbness, and record included a provider for gabapentin was not early the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can result in numbness, and the can resu	F	697				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
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	ROVIDER OR SUPPLIER	KE		3	STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	00	1/05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	3E	(X5) COMPLETION DATE
-	focus: "(resident) is a comfort (related to) m neuropathic pain." The included 'medicate as On 8/3/21 at 11:05 a.r. staff to administer the gabapentin was discussed with the Ad Nursing (DON), Region Clinical Services, and Operations on 8/5/21. Please see F842 for it medication count recondocumentation accurations of the facility must ensure facility must ensure with professional stand comprehensive person the residents' goals ar This REQUIREMENT by:  Based on staff intervice and facility document failed to coordinate ca	plan included the following at risk for alteration in igraine headache, as care planned focus ordered' as an intervention.  In., the failure of the facility aforementioned doses of ssed with the Regional ical Services.  Ity staff to provide Resident ordered/scheduled was ministrator, Director of anal Vice-President of the Regional Director of at 9:18 a.m.  Information related to ords and MAR accy.  The that residents who are such services, consistent dards of practice, the in-centered care plan, and ad preferences.  Is not met as evidenced  The tisk for alteration in the facility staff in the facility staff.	2	697			
	sample, Resident #46,				E B 🛨		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  IG	(X3) DATE SURVEY COMPLETED	
		495156	B. WING_		C	
ACCORDIUS HEALTH AT ROANOKE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		IQ.	STREET ADDRESS, CITY, STATE, ZIP CODE  324 KING GEORGE AVE SW  ROANOKE, VA 24016  PROVIDER'S PLAN OF CORRECTION	08/05/2021 (X5)		
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIADE DEFICIENCY)		
F 698	The findings included:  1. For Resident #46, complete dialysis comdialysis treatments.  Resident #46's diagnowhich included, but no (Congestive) Heart Fa Pulmonary Disease U Renal Disease, Deper Chronic Respiratory Fin Chronic Kidney Disease U Renal Disease, Deper Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Respiratory Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident Fin Chronic Kidney Disease U Resident	the facility staff failed to munication forms prior to sis list indicated diagnoses, at limited to Acute Systolic illure, Chronic Obstructive inspecified, End Stage idence on Renal Dialysis, ailure with Hypoxia, Anemia ease, and Paranoid erly MDS (minimum data easement reference date) of resident a BIMS (brief atus) score of 14 out of 15 Patterns.  46's active physician's er dated 5/21/21 for s on Tuesdays, Thursdays, eviewed Resident #46's most recent Dialysis ocated in the clinical record surveyor requested and its of dialysis for Resident #46 dated in Of the 54 provided in forms, 44 forms were be completed by facility and sent with the resident to its section on the	F 69	1. Resident #46: Dialysis Communication Form complet Resident #49: Dialysis Communication Form complet 2. Audit of current dialysis reside to ensure Dialysis Communication Forms are in place and completion of Dialysis Communication Form. 4. Weekly audits of Dialysis Communication Forms x 4 weeks, then monthly x 2 mon with audits being presented to QAPI for accountability. 5. Date of Compliance: September 19, 2021.	eted. lents ation leted. g	
		rough 7/31/21 documents				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	KE.		3	TREET ADDRESS, CITY, STATE, ZIP CODE 24 KING GEORGE AVE SW COANOKE, VA 24016	1 00	/05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST 8E PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD 8I CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E ATE	(X5) COMPLETION DATE
F 698	information on antibio pre-dialysis vital signs blood sugar. A differe entitled "Dialysis Com from 5/15/21 through documents information to dialysis, medication change in condition be medications to be give In addition to the proviforms, the facility also sign-in sheet dated 8/6 "Dialysis Communication and signed by eight number of the proviforms of the facility include all aspectate will be managed, b. How information with facilities  The concern of the incommunication forms of discussed with the admursing, Regional Vice Services, and the Region 8/04/21 at 5:20 pm.  No further information presented to the surveconference on 8/05/21.	tic use, isolation, in medications, diabetic, and set communication form munication Form" was used 7/01/21, this section in on meal provided to take is required before dialysis, and an during dialysis.  Ided dialysis communication provided an in-service 03/21 for the subject of iton" with a blank copy of a inform stapled to the back urses in attendance.  Inder deceived the facility of a Resident with ase" which states in part: an this facility and the illestage renal disease) and the exchanged between the facility of a Resident #46 was including:  If the exchanged between the facility of a resident for the including:  If the exchanged between the facility of a resident for the exchanged between the facility and the including:  If the exchanged between the facility of the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged between the exchanged	F	698			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
1/4		495156	B. WNG	N		С	
NAME OF P	ROVIDER OR SUPPLIER	495190	B. WHING	STREET ADDRESS, CITY, ST	ATE ZIR CODE	08/05/2021	
ACCORDI	US HEALTH AT ROANOR			324 KING GEORGE AVE SV ROANOKE, VA 24016			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD BI NCED TO THE APPROPRIA DEFICIENCY)		ON .
	dialysis treatments.  Resident #49's minimassessment, with an at (ARD) of 7/13/21, was 7/16/21. Resident #49'make self understood others. Resident #49' Status (BIMS) summass 15 out of 15. Resident gas 15 out of 15. Resident gas isstance who to the self-understood diagnoses included, behart disease, high blood disease, diabetes, and Resident #49's clinical provider order for outpersident going to the resident going to the resident going to the resident returning section of the form to be included the following antibiotic use, isolation status, pre-dialysis vital signs medications received dialysis, whether or not the resident was the idiabetic what was the included what was the included to the resident gas included the following antibiotic use, isolation status, pre-dialysis vital signs medications received dialysis, whether or not the resident what was the idiabetic what was the included what was the included what was the included what was the idiabetic what was the included the following included the following antibiotic use, isolation status, pre-dialysis vital signs and included the following included the following antibiotic use, isolation status, pre-dialysis vital signs and included the following included the following included the following antibiotic use, isolation status, pre-dialysis vital signs and included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following included the following in	um data set (MDS) assessment reference date a signed as completed on 9 was assessed as able to and as able to understand s Brief Interview for Mental rry score was documented dent #49 was assessed as with bed mobility, dressing, all hygiene. Resident #49's ut were limited to: anemia, bod pressure, kidney I lung disease.  record included a medical atient hemodialysis.  record included multiple fon" forms. This form the facility to complete prior to the dialysis provider and the provider to complete prior to the facility. The the completed by the facility information:  s, during the day prior to sident was diabetic (if most recent finger stick much insulin was provided),	F	598			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		- [	(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY PLETED	
		495156	B. WNG_			l	C 05/2021
	ROVIDER OR SUPPLIER US HEALTH AT ROANOR	(E		324 KING	ADDRESS, CITY, STATE, ZIP CODE 3 GEORGE AVE SW DKE, VA 24016	1 00	03/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
SS=D	the facility staff memb section of this form pridialysis on the followin 5/31/21; 6/2/21; 6/7/2 and 7/19/21.  The findings of the incommunication forms discussed with the Adr. Nursing (DON), Regio Clinical Services, and Operations on 8/05/21 Drug Regimen Review CFR(s): 483.45(c)(1)(2) \$483.45(c)(1) The drug must be reviewed at lelicensed pharmacist.  §483.45(c)(2) This rev of the resident's medical direct and these reports mus (i) Irregularities to the attafacility's medical direct and these reports mus (ii) Irregularities including that meets the crid (d) of this section for a during this review mus separate, written repor attending physician and director and director of	49's clinical record revealed ers failed to complete their for to the resident going to an dates: 5/24/21; 5/26/21; 1, 6/21/21; 6/23/21; 6/25/21; 1, 6/21/21; 6/23/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21; 6/25/21	F 7	5. C	Resident # 13: Review of curi MAR for duplication of medic with issues being corrected. Audit of current resident's M ensure all note medication irregularities are addressed in a timely manner. Education of Licensed Nursing staff on order entry. Weekly audits of MARS x 4 w then monthly x 2 months, with audits being presented to QA accountability. Date of Compliance: September 19, 2021.	RR to	

		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) D/	(X3) DATE SURVEY COMPLETED	
l			495156	B. WING			С	
ŀ		ROVIDER OR SUPPLIER US HEALTH AT ROANOK		B. WING	STREET ADDRESS, CITY, STATE, ZIP COE 324 KING GEORGE AVE SW ROANOKE, VA 24016		08/05/2021	
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		resident's medical recirregularity has been reaction has been taken be no change in the mphysician should docu the resident's medical §483.45(c)(5) The faci maintain policies and progregimen review the process and steps when he or she identification and facility document requires urgent action. This REQUIREMENT by:  Based on staff intervie and facility document reto identify and report maintain facility document reto identify and report maintain facility document reto identify and report maintain facility and report maintain facility document reto identify and report maintain facility document reto identify and report maintain facility document reto identify and report maintain facility and report maintain facility and report maintain facility and report maintain facility. Resident #13's face she included but not limited cerebral infarction, her dysphagia, hypertension respiratory failure.  Resident #13's most re (minimum data set) with	sician must document in the ord that the identified eviewed and what, if any, to address it. If there is to redication, the attending ment his or her rationale in record.  Solution in the monthly and include, but are not for the different steps in the pharmacist must take ies an irregularity that to protect the resident. Is not met as evidenced eview the facility staff failed redication irregularities for dent #13.  Solution is a spirin and system of the diagnoses which to urinary tract infection, hiplegia, and hemiparesis, an, and acute and chronic	F7	756			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
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a B 15 of indi  Ress connected and a day  Ress was Bott esci adm  Ress regin 2022 med phan way aspi Dire	of 15 in section C, icates that the resident #13's clinical stained a physician'd in part "Aspirin Ling (Aspirin). Give ay related to CERE UNSPECIFIED OC RIGHT MIDDLE C pirin Tablet Chewa uth one time a day "ARCTION, UNSPECIATE Tablet 10 mg. Give 10 for depression". Sident #13's eMAR is reviewed and conthe entries for aspirin italopram were initial ininistered. Sident #13's consultations was not ic reactions on 08/03/2 sident #13's medical irmacy Operations on to know if resident irin, since it is a horestor of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consultations of Pharmacy (Consult	or for mental status) score of cognitive patterns. This dent is cognitively intact.  I record was reviewed and is order summary, which ow Dose Tablet Chewable 1 tablet by mouth one time IBRAL INFARCTION DUE CCLUSION OR STENOSIS EREBRAL ARTERY", ble 81 mg. Give 1 tablet by related to CEREBRAL ECIFIED", "Escitalopram Give 1 tablet by mouth one time a for the month of May 2021 tained entries as above. I and both entries for alled as being tant pharmacist medication months of April and May the multiple entries for the dentified by the consultant are medication reviews.  The Director of Pharmacy 1 at 3:30 pm regarding	F	756				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	(E		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016		08	/05/2021
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F 761 SS=D	on 04/15/21, 05/10/21 Director of Pharmacy indicated the resident medication as ordered Surveyor requested a facility policy entitled " Review" which read in and Compliance Guid Regimen Review (MR Review, is a thorough medication regimen of promoting positive out adverse consequence associated with medic a. Review of the medic prevent, identify, report medication-related pro- irregularities, 4. The pleither manually or elect medication regimen re a. The pharmacist sha irregularity was identificated irregularities.  The concern of failing the physician's order s discussed with the adr (administrator, director vice-president of clinic director of operations) 08/04/21 at approxima	, 06/09/21 and 07/21/21. Operations stated this was receiving the daily.  Ind was provided with a Medication Regimen part, "Policy Explanation elines: 1. Medication R), or Drug Regimen evaluation of the a resident, with the goal of comes and minimizing and potential risks ation. The MRR includes: cal record in order to tt, and resolve elblems, errors, or other narmacist shall document, etronically, that each view has been completed. Il document either that no ed or the nature of any "  to identify irregularities on ummary and eMAR was ninistrative team of nursing, regional all services, regional during a meeting on tely 5:20 pm.  was provided prior to exit. Biologicals ()(2)	F7	61			
	,g vi						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLET	
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	ROVIDER OR SUPPLIER	KE		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	1 00/03/	12021
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F 761	Drugs and biologicals labeled in accordance professional principles appropriate accessory instructions, and the eapplicable.  §483.45(h) Storage of §483.45(h) Storage of §483.45(h)(1) In according Federal laws, the facility biologicals in locked of temperature controls, personnel to have according for the Comprehensive D. Control Act of 1976 and abuse, except when the package drug distribut quantity stored is minimible readily detected. This REQUIREMENT by:  Based on staff intervitional in the course of a facility staff failed to strontrolled medications Resident #159.  The findings included:  For Resident #159 the account for 36 hydrocordinate in the course of Resident #159's face strongled facility staff failed to strontrolled medications Resident #159 the account for 36 hydrocordinate in the strongled facility staff failed to strongled medications Resident #159 the account for 36 hydrocordinate in the strongled facility staff failed to strongled medications Resident #159 the account for 36 hydrocordinate in the strongled facility staff failed to strongled facility staff failed to strongled facility staff failed to strongled facility staff failed to strongled facility staff failed to strongled facility staff failed to strongled facility staff failed to strongled facility staff failed to strongled facility staff failed to strongled facility staff failed to strongled facility staff failed to strongled facility staff failed to strongled facility staff failed to strongled facility staff failed to strongled facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility staff failed facility s	with currently accepted and include the with currently accepted and include the and cautionary expiration date when a superior of Drugs and Biologicals and accepted and accepted and accepted and accepted and permit only authorized and permit only authorized and permit only authorized and permit only authorized and permit only authorized and permit only authorized and permit only authorized and permit only authorized and accepted and accepted and accepted and and a missing dose can also not met as evidenced and account for and account for and account for and accepted accepted and accepted accepted accepted and accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepted accepte	F7	F761  1. Resident #159: Resident disch from facility on 03/26/2020. 2. Audit of controlled substance ensure correct count. 3. Education of Licensed Nursing on Policy/Procedure for Consubstance Administration and Accountability and Destruction of Unused Drugs. September and 13, 2021 4. Weekly audits of Controlled Substance count sheets x 4 with the monthly x 2 months, with audits being presented to Quantity of Compliance:  5. Date of Compliance:  September 19, 2021.	s to  ng staff trolled nd on 10	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	set) with an ARD (assigned the interview for mental stain section C cognitive the resident was cogn Resident #159's compreviewed and contained omitted) has chronic p (carpal tunnel syndrom Resident #159's clinical contained a physician's months of January 202 which read in part "oxy Give 5 mg by mouth expain". This order has a Resident #159's eMAR administration record) February and March of contained entries as all that the resident receive in January, 37 times in March.  Resident #159's clinical physician's progress now which read in part "Chipresent Problem: Pair nursing staff requested needed) codon. She taineeded. Seems too soo pharmacy for informatic	ety, cirrhosis of liver, onic viral hepatitis.  ssion MDS (minimum data essment reference date) of a resident a BIMS (brief atus) score of 15 out of 15 patterns. This indicates that titvely intact.  The rehensive care plan was ad a care plan for " (name ain due to bursitis and CTS ne)".  The record was reviewed and sorder summary for the control of the months of January, or start date of 01/14/2020.  The eMAR indicated and sorder summary for the months of January, one over the eMAR indicated and sorder summary and 3 times in the cord contained a cote dated 03/02/2020, ef Complaint/Nature of a refill on her PRN (as kes 5 mg every 8 hours as on for her refill, I called the	F	761			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	(E		STREET ADDRESS, CITY, STATE, ZIP O 324 KING GEORGE AVE SW ROANOKE, VA 24016	ODE	08/05/2021	-
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F 761	brought to the attention director of nursing), pl Plan: Will hold off on consider changing presented appropriate for GDR (appropriate for GDR). Surveyor requested R Monitoring/Control Refor the above mention not provide the requestion of provide the requestion of provide the requestion of the facility staff provide letter written by the facility staff provide the requestion of provide the requestion of the facility staff provide letter written by the facility staff provide letter written by the facility staff provide letter written by the facility staff provide letter written by the facility staff provide letter written by the facility staff provide letter written by the facility staff provide letter written by the facility staff provide letter written by the facility staff provide letter was calculated in History 36-tablets of oxycodone 5 mg was 2020 (21tablets), January 16, 2020 (21 to 21 tablets) and February 5, 2020 (21 to 21 tablets) and February 5, 2020 (21 to 21 tablets) and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February 3, and February	a 36 pill variance. This was not the ADON (assistant narmacy, and my attending. refilling oxycodone for now, escription to ER (extended also I think patient is gradual dose reduction)".  The sesident #159's "Medication cord" for oxycodone 5 mg and order. The facility could sted control record.  The facility could sted control record.  The facility could sted control record.  The facility could sted control record.  The facility could sted control record.  The facility could sted control record.  The facility could sted control record.  The facility could sted control record.  The facility could sted control record.  The facility could sted control record.  The facility could sted control record in the control record for ninety and the facility is previous director of part "On March 3, 2020 (name omitted), and Progress Note a control recording to on the facility is previous for ninety.  The facility could sted the facility is previous for ninety and the facility is previous director of sted to this resident where the facility is previous for the control record reveals are missing. The facility is previous form.  The facility is previous director of nontrol record reveals are missing. The facility is previous form.  The facility is previous director of nontrol record reveals are missing. The facility is previous form. The facility is previous form.  The facility is previous director of nontrol record reveals are missing. The facility is previous form.  The facility is previous director of nontrol record reveals are missing. The facility is previous form. The facility is previous form. The facility is previous form. The facility is previous form. The facility is previous form. The facility is previous form. The facility is previous form. The facility is previous form. The facility is previous form. The facility is previous form. The facility is previous form. The facility is previous form. The facility is previous form. The facility is previous form. The facility is previous form. The facility is previous form	F	761			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	(E		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	[ 00	105/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 772 SS≂D	regarding Resident # SW stated since they medications, they wo medications are missi staff available for interduring the time frame.  The concern of the far accounting for medications are missis the administrative teal regional vice-president regional director of op on 08/04/21 at approx.  No further information.  THIS IS A COMPLAIN Lab Services Not Prov. CFR(s): 483.50(a)(1)(f) §483.50(a)(1) The facility and timeliness of the solid in the services in site, it must obtain these services meets the applicable of this chapter.  This REQUIREMENT by: Based on staff intervices in the services in staff intervices in the services in staff intervices.	It approximately 1:45 pm 159's missing medications. have nothing to do with Itldn't even know if Ing. There were no other review that were employed of the missing medications. It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is most medications It is m	F 77	F772  1. Resident # 40 discharge facility on 08/13/2021 2. Audit of last 30 days or resident's labs for command results. 3. Education of Licensed staff on Policy and Pro Laboratory Services and September 10 and 13, 4. Weekly audits of Lab Ox 4 weeks, then month with audits being prese QAPI for accountability  5. Date of Compliance:	urrent  pletion  Nursing  cedure for  d Reporting.  2021.  order Book  ly x 2 months  ented to		
	review, the facility staf ordered laboratory tes Resident #40.	failed to obtain a physician		with audits being prese QAPI for accountability	ented to		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER  US HEALTH AT ROANO!	(E	· · ·	32	TREET ADDRESS, CITY, STATE, ZIP CODE 24 KING GEORGE AVE SW OANOKE, VA 24016	1 00	800/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 772	The facility failed to ol laboratory test hemocon Resident #40's (EHR) included the diagnose failure, diabetes, dyspepilepsy.  Section C (cognitive padmission (MDS) minimized and (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) assession (ARD) asses	electronic health record s, chronic respiratory hagia, anemia, and atterns) of Resident #40's mum data set assessment ment reference date of ded (0/1/1) to indicate the with long term memory pendence in cognitive skills	F	7772			
	A review of the (EMAF administration records nursing staff had signe initials beginning on 07 However, the surveyor results for the hemoco 08/02/21 4:03 p.m., du Administrator, (DON) of Regional Vice Preside results of the hemocou 08/04/21 5:14 p.m., the did not have the results tests.	ring a meeting with the lirector of nursing, and not of Clinical Services the lift tests were requested.  Administrator stated they is of the hemoccult lab					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495156	B. WING			C 08/05/2021	
ACCORD		ATEMENT OF DEFICIENCIES	al	324 K	ET ADDRESS, CITY, STATE, ZIP CODE  ING GEORGE AVE SW  NOKE, VA 24016  PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
F 842	CFR(s): 483.20(f)(5), §483.20(f)(5) Residen (i) A facility may not resident-identifiable to accordance with a coragrees not to use or dexcept to the extent the todo so.  §483.70(i) Medical rec §483.70(i) (1) In accordance with a coragrees not to use or dexcept to the extent the do so.  §483.70(i) Medical rec §483.70(i) (1) In accordance with a redical that are-(i) Complete; (ii) Accurately docume (iii) Readily accessible (iv) Systematically org §483.70(i)(2) The facilial information container regardless of the form records, except when (i) To the individual, or representative where propertions, as permitted with 45 CFR 164.506; (iv) For public health a neglect, or domestic views as the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of the side of	dentifiable Information 483.70(i)(1)-(5)  at-identifiable information. At identifiable information. At identifiable information that is the public. At identifiable information that is the public. At identifiable information that is an agent only in Attract under which the agent Attract under which the agent Attract under which the agent Attract under which the agent Attract under which the agent Attract under which the agent Attract under which the agent Attract under which the agent Attract under which the agent Attract under which the agent Attract under which the agent Attract under which the agent Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attract Attra	F 84	2. 3.	ensure no recommendations made 02/01, 04/01, 05/01, at 06/01/2021. Resident #49: Pharmacy cont to ensure no recommendatio were made 02/01, 03/01, 04/05/01, and 06/01/2021. Resident #34: Medication ma available. Audit of current resident's an new admissions MRRs to ensure completion of Consultant Pharmacist's Medication Regimen Review. Education of DON and MD on and Procedure for Medication Regimen Review. September 09,2021.	were nd acted ns lo1, de d ure imen Policy	

		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		ATE SURVEY OMPLETED
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l	NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	<u> </u> E	08/05/2021
	ACCORDI	US HEALTH AT ROANOK	E	:	324 KING GEORGE AVE SW ROANOKE, VA 24016		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST 8E PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
		medical examiners, fural serious threat to hear by and in compliance with the serious threat to hear by and in compliance with the serious difference of information again unauthorized use.  §483.70(i)(4) Medical of for- (i) The period of time reference of the period of time reference of the serious difference of the residual against the serious difference of the residual against the serious difference of the residual against the serious difference of the residual against the serious determinations conduct (v) The results of any pand resident review evaluation of the serious determinations conduct (v) Physician's, nurse's professional's progress (vi) Laboratory, radiologis ervices reports as required the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the serious determination of the	neral directors, and to avert alth or safety as permitted with 45 CFR 164.512.  ity must safeguard medical ainst loss, destruction, or records must be retained equired by State law; or date of discharge when it in State law; or safter a resident reaches aw.  ical record must containate to identify the resident; dent's assessments; explan of care and services oreadmission screening aluations and ted by the State; and other licensed in other licensed in other safety and other diagnostic uired under §483.50, is not met as evidenced and the review of remined the facility staff lete and accurate clinical	F	842		
_		The facility staff faile	d to ensure the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	495156 B. WING				С		
<del></del>		490 100	B. WING			08	/05/2021
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORD	US HEALTH AT ROANOR	(F		3.	24 KING GEORGE AVE SW		
		•••		R	OANOKE, VA 24016		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	I ID		PROVIDER'S PLAN OF CORRECTION	-	
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F 842	Continued From page	120	F	342			
	pharmacist completing	Resident #6's monthly					[ ]
	medication regimen re	eview (MRR) documented in					
	the resident's clinical	ecords that no					i l
	recommendations wer	re made.		ı			
			1				
	Resident #6's minimus			- 1			
		ssessment reference date					
	(ARD) of 5/7/21, was :	signed as being completed					
	on 5/25/21. Resident						
	usually able to make s						i i
	usually able to unders	tand others. Resident #6					
	was assessed as requ	iring assistance with bed					
	mobility, transfers, dre	ssing, toilet use, and					
	personal hygiene. Re-	sident #6's diagnoses					
	high blood pressure, s	limited to: heart disease,		ı			
	depression, and diabe						
	ocpicasion, and diage	165					
	Review of Resident #6	's clinical record included		- 1			
		pleted" documented by a	İ				
	pharmacist for the folio	wing dates: 2/1/2021;					[
1		d 6/8/21. These entries					
j	did not identify if the pl						
ĺ	recommendations base	ed on the MRR.					
						ľ	
	"Consultant Pharmacis	t's Medication Regimen				J	
-	Review: Listing of Res	ident Reviewed with No					
		cuments were provided to					
	the survey team. Resi	dent #6's name was one of		1			
	*	es included on the same					
	form for the following d						1
	- "For Recommendatio	n Created Between				1	ì
	2/1/2021 And [sic] 2/16		1				ſ
	- "For Recommendatio	n Created Between					
	4/1/2021 And [sic] 4/30						1
	- "For Recommendatio		1				
- 1	5/1/2021 And [sic] 5/12	·· — •	ŀ				
1	- "For Recommendation						
	6/1/2021 And [sic] 6/17	IZI					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X	3) DATE SURVEY COMPLETED
ļ		495156	B. WING			C
	ROVIDER OR SUPPLIER	(E		STREET ADDRESS, CITY, STATE, ZIP ( 324 KING GEORGE AVE SW ROANOKE, VA 24016	CODE	08/05/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE ACT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
	These forms were not clinical records.  The following informat document titled "Media (with an implemented "Written communication shall become a part of record."  During an interview or Regional Vice-Preside asked about pharmacist monthly MRRs; the Reclinical Services report documentation should recommendations were worthly MRR was discussed and the pharmacist commendations were monthly MRR was discussed asked about pharmacist recommendations were monthly MRR was discussed asked asked about pharmacist recommendations were monthly MRR was discussed asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked asked aske	tion was found in a facility cation Regimen Review" date of 11/1/2020): ons from the pharmacist of the resident's medical at 8/3/21 at 2:48 p.m., the ent of Clinical Services was st documentation of the egional Vice-President of tred pharmacist include whether or not e made due to the MRR.  In a macist to document, in record, whether or not e made as a result of the cussed with the facility's of Nursing (DON), and of Clinical Services, and perationson on 8/5/21 at ed to ensure the Resident #49's monthly view (MRR) documented in ecords that no e made.  In a facility to the resident facility is monthly view (MRR) documented in ecords that no e made.	F	842		
	assessment, with an a (ARD) of 7/13/21, was 7/16/21. Resident #49 make self understood a	ssessment reference date signed as completed on was assessed as able to and as able to understand a Brief Interview for Mental				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495156	B. WING_			C	;
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP C	ODE	08/05/2021	_
400000	NO HEALTH AT DOLLIN			324 KING GEORGE AVE SW			
ACCORDI	US HEALTH AT ROANOP	VE		ROANOKE, VA 24016			
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	Status (BIMS) summa as 15 out of 15. Resic requiring assistance we toilet use, and personal diagnoses included, be heart disease, high ble disease, diabetes, and Review of Resident #4 the phrase "MRR Compharmacist for the following informations as proceed the survey team. Resident many resident many resident many resident many resident many resident many resident many resident many resident many resident many resident many resident many resident many resident many resident many resident many resident many for the following informations and form for the following informations and form for the following informations and forms were not clinical record.  The following information document titled "Medic (with an implemented of the following information document titled "Medic (with an implemented of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following information of the following informati	ary score was documented dent #49 was assessed as with bed mobility, dressing, all hygiene. Resident #49's ut were limited to: anemia, bod pressure, kidney of lung disease.  #49's clinical record included appleted" documented by a powing dates: 2/2/2021; #4/2021; and 6/8/21. These if the pharmacist made part of the MRR.  #51's Medication Regiment ident Reviewed with No pocuments were provided to ident #49's name was one pames included on the lawing dates:  #51's made on the law of the model of the made of the made of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of the model of th	F	342			
	shall become a part of	the resident's medical					

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI		E CONSTRUCTION	(X3) DAT	O. 0938-0391 E SURVEY IPLETED	
	,	4 <b>9</b> 5156	B. WING			C		
	ROVIDER OR SUPPLIER	SE.		;	STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	1 08	3/05/2021	
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	record."  During an interview or Regional Vice-Preside asked about pharmac monthly MRRs; the Recollinical Services report documentation should recommendations were recommendations were recommendations were monthly MRR was districted as a service of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Control of Cont	in 8/3/21 at 2:48 p.m., the ent of Clinical Services was ist documentation of the egional Vice-President of ried the pharmacist include whether or not re made during the MRR.  Imacist to document, in a record, whether or not re made as a result of the cussed with the facility's rof Nursing (DON), ent of Clinical Services, and reperationson on 8/5/21 at rect.  Im data set (MDS) ssessment reference date signed as completed on a was assessed as able to and as able to understand as Brief Interview for Mental ry score was documented ent #34 was assessed as ith bed mobility, transfers, d personal hygiene.  Is ses included, but were not pressure, seizures, anxiety, lisease.	F	842				
	Resident #34 reported	that approximately a						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		SURVEY PLETED
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NAME OF B	DOMBED OD OHOR IED	433136	D. WING			08/	/05/2021
NAME OF M	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ACCORDI	US HEALTH AT ROANOR	(E		3	324 KING GEORGE AVE SW		
				F	ROANOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	RTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 842	Continued From page	124	F	842			
	month ago a medicati	on, gabapentin, had not	1				
	been not provided as	ordered. Resident #34					
		on was used to treat their					
	pain.		1				
	• 00						
	Review of Resident #3	34's medication					
	administration records	(MARs) and clinical					
	documentation indicat				:		
	gabapentin was not ac	dministered as ordered	-		į		
	and/or scheduled on:						[
		his was a 600mg dose and				,	
		his was a 300mg dose.				ļ	
	The resident's MARs i	ndicated the gabapentin				j	
	600mg dose due on 5						
	documented as admin	istered although Resident					[
		MONITORING/CONTROL				-	1
İ		ne resident ran out of the				İ	
	medication on 4/30/21						
		stocked until 5/2/21 at 8:00					
	a.m.; no documentatio						
	survey team to show to	his medication dose had					i
	been obtained for the	resident.					
	Review of Resident #3	Ma madanta					
							- 1
	administration records documentation indicate						
1	gabapentin was not ac						
	and/or scheduled on:	ministered as ordered					
		this was a 600mg dose,					
	and	ans was a oponing dose,		ĺ			
	- 6/1/21 at 2:00 p.m.; tl	his was a 300mg dose					-
j		ndicated the gabapentin					ì
	600mg dose due on 6/	1/21 at 8:00 a m. was				ĺ	
		istered although Resident					
	#6's "MEDICATION Me	ONITORING/CONTROL	1	Ì			
		e resident ran out of the					
	medication on 5/31/21			ŀ		İ	ŀ
		stocked until 6/1/21 at 9:00					
	p.m.; no documentation						
	Emilia deconicidado	provided to the		- 1			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED	
		495156	B. WING			0.0	C	
	ROVIDER OR SUPPLIER	KE		;	STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	0	8/05/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
SS=D	been obtained for the On 8/3/21 at 11:05 a.r. staff to administer the Gabapentin was discu- Vice-President of Clin The following informat document titled "Docu- Record" [sic] (with a re- 10/28/2020): "Each re- shall contain an accur- actual experiences of enough information to resident's progress thr and timely documenta  The failure of the facili- and accurate document MARs, was discussed Director of Nursing (Di- Vice-President of Clini Regional Director of O- a.m. Influenza and Pneumo CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza a- immunizations §483.80(d) Influenza a- immunizations §483.80(d) Influenza policies and procedure (i) Before offering the in each resident or the re-	this medication dose had resident.  In., the failure of the facility aforementioned doses of issed with the Regional ical Services.  It ion was found in a facility mentation in Medical eviewed/revised date of esident's medical record ate representation of the the resident and include provide a picture of the ough complete, accurate, tion."  It is staff to ensure correct intation, on Resident #34's with the Administrator, DN), Regional cal Services, and the perations on 8/5/21 at 9:18  Indoor provide a picture of the ough complete, accurate, the facility must develop sto ensure that-influenza immunization, sident's representative arding the benefits and if the immunization; ered an influenza		842				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			NSTRUCTION	(X3) DATE COMP	SURVEY PLETED
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NAME OF P	ROVIDER OR SUPPLIER			STREE	ET ADDRESS, CITY, STATE, ZIP CODE	08/	05/2021
	US HEALTH AT ROANO	KE		324 KI	ING GEORGE AVE SW NOKE, VA 24016		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	RTEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 883	annually, unless the ir contraindicated or the immunized during this (iii) The resident or the has the opportunity to (iv)The resident's med documentation that incomposed in the provided education and potential side effer immunization; and (B) That the resident or immunization or did not immunization or did not immunization due to make the provided education and the provided education and (B) That the resident of immunization or did not immunization or did not immunization due to make the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided education and the provided educ	mmunization is medically resident has already been time period; e resident's representative refuse immunization; and lical record includes dicates, at a minimum, the or resident's representative on regarding the benefits cts of influenza of receive the influenza of receive the influenza nedical contraindications or occord disease. The facility and procedures to ensure oneumococcal sident or the resident's seducation regarding the side effects of the fered a pneumococcal he immunization is ted or the resident has ed; resident's representative refuse immunization; and ical record includes licates, at a minimum, the resident's representative regarding the benefits	F88	<ol> <li>2.</li> <li>3.</li> </ol>	offer and given 09/09/2021. vaccine was offered, accepted will be given during flu seaso	Flu d, and n. u and g staff lu and er 10	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DAT	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	KE		STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW ROANOKE, VA 24016	_ [ 0	8/05/2021	
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10 mg 100 mg	(B) That the resident of pneumococcal immunithe pneumococcal immunithe pneumococcal immunithe pneumococcal immunithe pneumococcal immunithe pneumococcal immunithe pneumococcal immunithe pneumococcal immunithe pneumonithe president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president president presi	either received the ization or did not receive munization due to medical usal.  is not met as evidenced ew, clinical record review, review, the facility staff and pneumonia vaccine to 1 dent #35.  facility staff failed to offer a ccine upon admit to the eet revealed that Resident d to the facility 12/28/20 coses anxiety disorder, essive disorder, and a catterns) of Resident #35's am data set) assessment ent reference date) of MS (brief interview for ry score of 9 out of a ction O (special treatments, ams) had been coded to ad not received the was not offered the flu or ident of Clinical Services with a copy of their and influenza vaccine read in part, "Each	F	883			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY COMPLETED	
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	immunization upon ac be offered a pneumocit is medically contrair already been immuniz will be routinely offere through May 31st unle medically contraindica already been immuniz or refuses to receive to 08/04/21 10:00 a.m., that stated Resident #35 hand pneumonia vaccin offered, and encourage 08/04/21 5:14 p.m., that director of nursing, Recoperations, and the Recommendation Resident #3 and/or pneumonia vaccin provided to the survey conference.  Resident Call System CFR(s): 483.90(g)(2)  §483.90(g) Resident CThe facility must be accommunication system	ImissionEach resident will coccal immunization unless idicated or the resident has redInfluenza vaccinations d annually from October 1st less immunization is sted, the individual has red during this time period he vaccine"  The infection preventionist and not been offered the fluence, it should have been red.  The Administrator (DON) regional Director of regional Vice President of made aware of the issue 5 not being offered a fluence.  Tregarding this issue was ream prior to the exit	FS	19	DEFICIENCY)			
	work area. §483.90(g)(2) Toilet ar This REQUIREMENT by:	nd bathing facilities. is not met as evidenced			_			

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

**FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING C 495156 B. WING 08/05/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 324 KING GEORGE AVE SW **ACCORDIUS HEALTH AT ROANOKE** ROANOKE, VA 24016 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) F919 F 919 Continued From page 129 F 919 Based on observations, interviews, and the 1. Malfunctioning call bell system review of documents, it was determined the has been repaired. Annunciator facility staff failed to ensure a properly working call system for parts of two (2) of two (2) open panels moved to nurse's stations. 2. Audit of call bell system to The findings include: ensure proper function. 3. Education of Maintenance On 8/3/21 at 8:28 a.m., the call light in the **Director on Policy and Procedure** resident bathroom shared by Room 119 and Room 121 was noted to have been pulled but the for Call Light System. light outside of the rooms in the hallway was not September 10,2021. lit to indicate the bathroom call light had been 4. Weekly audit of Call Light activated. It was also noted that an alarm was not heard on either of the units to alert staff to the System weekly x 4 weeks then call light being activated. This observation was monthly x 6 months, with audits confirmed by the facility's Director of Maintenance being presented to QAPI for (DoM) and Employee #31 (a respiratory therapist). accountability. Observations of the facility's call system identified 5. Date of Compliance: the following additional concerns: 1. The call light in the resident bathroom shared September 19, 2021. by Room 102 and Room 104 was not working. 2. The call light for Room 104 Bed B was not working. 3. The call light in the resident bathroom shared by Room 105 and Room 107 did not have a "pull cord". The DoM was notified on 8/3/21 at 9:15 of the missing "pull cord". 4. The call light for Room 110 Bed A was not working. 5. The call light in Room 55's resident bathroom was not working. 6. The call light in Room 56's resident bathroom was not working.

was not working.

7. The call light in Room 60's resident bathroom

8. The call light in the resident bathroom shared

PRINTED: 09/07/2021

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NAME OF P	ROVIDER OR SUPPLIER	453 (30	B. WING		FADDRESS, CITY, STATE, ZIP CODE	08	/05/2021
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	by Room 123 and Roo 9. The call light in the by Room 122 and Roo On 8/3/21 at 9:06 a.m annunciator panels, o open units, that were lights being activated respiratory therapy sto room's door was close pad.  The following informat document titled "Answ revised date of Octobe call light is plugged in defective call lights to promptly"  On 8/3/21, the facility's survey team with a do System Failure"; this o This document identifit taking to repair the ma and actions the facility the needs of their resic checks on the impacte manual call bell, one- resident is utilizing an  During an interview on Administrator and the Clinical Services repor detailed in the "Call Sy	om 125 was not working. resident bathroom shared om 124 was not working, it was noted that the none (1) of the facility's to notify facility staff of call were located in a orage room; this storage and and secured with a code from was found in a facility tering the Call Light" (with a er 2010): " Be sure the at all times Report all the nurse supervisor  a Administrator provided the cument titled "Call Bell locument was dated 8/3/21. The dations the facility was alfunctioning call system staff were taking to meet dents (e.g., every 15 minuted of residents, provide a supervision when a laffected bathroom).  8/3/21 at 5:14 p.m., the Regional Vice-President of the ted that interventions stem Failure" document e until the facility's Call	F	919			