

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

PRINTED: 03/02/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/13/2022
NAME OF PROVIDER OR SUPPLIER RADFORD HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 RANDOLPH STREET RADFORD, VA 24141		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments An unannounced Emergency Preparedness survey was conducted 1/11/22 through 1/13/22. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	E 000			
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 1/11/22 through 1/13/22. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements and Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. Four (4) complaints were investigated during the survey.	F 000			
F 580 SS=D	Notify of Changes (Injury/Delirium/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or	F 580		2/18/22	

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

TITLE

(X6) DATE

Electronically Signed

01/27/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 580	<p>Continued From page 1</p> <p>clinical complications);</p> <p>(C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or</p> <p>(D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on family interview, staff interview, and clinical record review, the facility staff failed to</p>	F 580	<p>The statements made in the following plan of correction are not an admission to</p>		

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F 580	<p>Continued From page 2</p> <p>notify the physician and responsible party of a fall with injury for 1 of 24 residents in the survey sample, Resident #59.</p> <p>The findings include:</p> <p>Resident #59 was admitted to the facility with diagnoses including diabetes mellitus with diabetic neuropathy, hypertension, dysphagia, peripheral vascular disease, anxiety, depression, bipolar disorder, rheumatoid arthritis, urinary tract infection, and enterocolitis due to clostridium difficile. On the minimum data set assessment with assessment reference date 12/26/2021, the resident scored 6 out of 15 on the Brief Interview for Mental Status and was assessed as without signs of delirium, psychosis, or behaviors affecting care.</p> <p>During a family telephone interview of a non-interviewable resident on 1/12/2022, the resident's family member (RP) reported visiting the resident on the evening of 1/10/2022 around 7 PM and finding the resident in a wheelchair in the hall looking disheveled, having food on clothes, a soiled incontinence undergarment, a reddened knot on the resident's forehead, and what appeared to be a rash around the mouth. The RP reported asking staff how the resident got the knot on the forehead and that the nurse said it must have happened when the resident fell. The nurse said the resident fell earlier in the day. The family member had not been notified of the fall or of the injury.</p> <p>Clinical record review revealed a Fall Risk Assessment dated 1/10/2022 19:27 (after the reported time of the fall). The fall risk assessment indicated section 2. Date of</p>	F 580	<p>and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>1. Immediate action taken for the resident found to have been affected include: Resident #59 medical provider was notified of fall on 01/11/2022 with no new orders. Director of Nursing spoke with responsible party regarding fall and hematoma on 01/11/2022. Fall risk assessment was updated with corrected information on 01/25/2022.</p> <p>2. Identification of other residents having the potential to be affected was accomplished by: All residents have the potential to be affected if center staff does not notify medical provider and resident responsible party if applicable with change in condition. 100% audit of all current residents falls within the last 30 days were reviewed for medical provider and responsible party notification.</p> <p>3. Actions taken/systems put into place to reduce the risk of future occurrence: Center licensed nursing staff educated on change in condition policy and fall policy</p>		

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F 580	<p>Continued From page 3</p> <p>Admission: the resident had been admitted more than 3 months ago (the resident was admitted 19 days prior to the fall); section 3. History of falls within the last 6 months: no history; 4. Medication use: none of the 13 options were checked (the resident was taking medications in 5 categories). Answers checked by the nurse resulted in a score of 11=moderate fall risk. Accurate answers in sections 2, 3, and 4 would result in a fall score 9 points higher.</p> <p>A Health Status note dated 1/10/2022 19:14 Note text: "Rsd [resident] was observed by staff to be on the floor. Rsd was obsessed by staff; no injuries noted, no c/o [complaints of] pain. About an hour later, rsd had a bruise on her left forehead. No c/o pain or dizziness". A Fall Note dated 1/11/2022 10:29 Data: " Resident was followed up after fall incident from yesterday. Resident is up sitting on her geri chair near nursing station and being assisted with breakfast tray Action: Follow-up assessment Response: knot and forehead bruising on left side of forehead has approx decreased in size and diameter by 50%."</p> <p>There was no documentation that the physician had been notified of the fall with injury.</p> <p>The concern was reported to the administrator and director of nursing during a summary meeting on 1/12/2022. A request was made for unwitnessed fall reports, assessments of the residents and evidence of notification of an unwitnessed fall with injury.</p> <p>The facility policy titled Fall Prevention Program outlines fall prevention policies. Section #8 summarizes actions to be taken when a resident</p>	F 580	<p>which both include contacting medical provider and responsible party when there is an incident involving the resident resulting in injury or has the potential for requiring physician intervention.</p> <p>4. How the corrective action will be monitored to ensure the practice will not recur, who is responsible for implementation and corrective action timeframe.</p> <p>The Director of Nursing (DON) or designee will complete weekly reviews of falls consisting of 5 times per week for a period of 8 consecutive weeks to ensure compliance with center policy and regulatory standards. The scheduled audits will be reported/reviewed by the Risk Management/Quality Assurance Committee for tracking and trending until such time that consistent substantial compliance has been achieved as determined by the committee.</p>		

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F 580	Continued From page 4 falls: 8. When any resident experiences a fall, the facility will: a. Assess the resident B. complete a post fall assessment c. Complete the incident report d. Notify the physician and family e. Review the resident's care plan and update as indicated f. Document all assessments and actions g. obtain witness statements in the case of injury. A Neurological Assessment form documented vital signs every 15 minutes from 1/10/22 at 18:30 through 1/10/22 at 19:30. None of the neurological assessment portion of the form were completed. The director of nursing reported to the surveyor that the nurse working on 1/10/2022 was a contract worker who had not fully completed the assessments. The director of nursing stated the intention to complete the investigation herself.	F 580			
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to ensure the residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered	F 684	1. Immediate action taken for the residents found to have been affected include: Resident #22 physician notified, and Famotidine dose adjusted as ordered on		2/18/22

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F 684	<p>Continued From page 5</p> <p>care plan for two of 24 residents in the survey sample, Resident #22 and Resident #59.</p> <p>For Resident #22, the facility staff failed to follow the medical provider's order for the administration of Famotidine, a medication used to decrease the amount of acid produced by the stomach; and failed to ensure neurological assessments of Resident #59 were completed every fifteen minutes after a fall on 1/10/22, in which the resident sustained a documented injury of a knot and bruising to the forehead.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. Resident #22's diagnosis list indicated diagnoses, which included, but not limited to Hypertensive Heart Disease with Heart Failure, Chronic Obstructive Pulmonary Disease, Type 2 Diabetes with Diabetic Polyneuropathy, and Gastro-Esophageal Reflux Disease. <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 11/29/21 assigned the resident a BIMS (brief interview for mental status) summary score of 15 out of 15, indicating Resident #22 was cognitively intact.</p> <p>Resident #22's clinical record included a "Transfer and Treatment Form" dated 12/23/21 from a consulting provider appointment which stated in part under the section "MD [medical doctor] Response and Orders", "Famotidine 20 mg [milligram] every pm". Review of Resident #22's current physician's orders revealed an active order dated 12/23/21 documenting, "Famotidine Tablet 10 mg give 1 tablet by mouth in the evening for gerd (gastro-esophageal reflux</p>	F 684	<p>01/12/2022. Resident #59 fall risk assessment updated with corrected information on 01/25/2022. Neurological Assessment could not be corrected due to exceeding timeframe for proper neurological assessment to be completed, physician notified with no additional orders.</p> <ol style="list-style-type: none"> 2. Identification of other residents having the potential to be affected was accomplished by: All residents have the potential to be affected if center staff transcribe medication in error and do not complete neurological assessments following an incident. 100% audit of all transfer and treatment forms within the last 30 days were reviewed for accurate transcription of new orders to EMR. 100% audit of all falls requiring neurological assessments within the last 30 days were reviewed for completion. 3. Actions taken/systems put into place to reduce the risk of future occurrence: All transfer and treatment sheets to be reviewed for accurate transcription of orders to EMR. All fall investigations to be reviewed timely by nursing administration to make sure fall policy is being followed. Licensed nursing staff education on accurate transcribing physician's orders to EMR and fall policy including completing accurate fall risk assessment after each incident and neurological assessments per policy. 4. How the corrective action will be monitored to ensure the practice will not recur, who is responsible for implementation and corrective action 		

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F 684	<p>Continued From page 6</p> <p>disease)". On 1/12/22 at 9:41 am, the DON (director of nursing) was notified the of the above findings. At 10:40 am, the DON returned and stated they had corrected the order for Famotidine.</p> <p>On 1/12/22 at 10:49 am, surveyor, with the assistance of LPN (licensed practical nurse) #1, observed Famotidine 10 mg located in the medication cart for Resident #22.</p> <p>Resident #22's current comprehensive person-centered care plan included a focus area initiated 12/09/20 stating "(Resident #22) has GERD" with an intervention dated 12/09/20 documenting in part, "Give medications as ordered".</p> <p>On 1/12/22 at 4:17 pm, during a meeting with the administrator, DON, assistant DON, corporate MDS representative, and the corporate nurse the concern of Resident #22 not receiving the correct dose of Famotidine as ordered by the provider was revealed and discussed.</p> <p>No further information regarding this issue was presented to the survey team prior to the exit conference on 1/13/22.</p> <p>2. Resident #59 was admitted to the facility with diagnoses including diabetes mellitus with diabetic neuropathy, hypertension, dysphagia, peripheral vascular disease, anxiety, depression, bipolar disorder, rheumatoid arthritis, urinary tract infection, and enterocolitis due to clostridium difficile. On the minimum data set assessment with assessment reference date 12/26/2021, the resident scored 6/15 on the Brief Interview for Mental Status and was assessed as without signs of delirium, psychosis, or behaviors affecting</p>	F 684	<p>timeframe.</p> <p>The Director of Nursing or designee will complete weekly audits consisting of fall reports being reviewed 5 times a week for 8 consecutive weeks for accuracy of fall assessment and needed neurological assessments to ensure compliance with center policy and regulatory standards. The Director of Nursing or designee will complete weekly audits consisting of reviewing all appointments transfer and treatment forms to verify all new orders were transcribed accurately 5 times a week for 8 consecutive weeks. Scheduled audits will be reported/reviewed by the Risk Management/Quality Assurance Committee for tracking and trending until such time that consistent substantial compliance has been achieved as determined by the committee.</p>		

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F 684	<p>Continued From page 7 care.</p> <p>During a family telephone interview of a non-interviewable resident on 1/12/2022, the resident's family member (RP) reported visiting the resident on the evening of 1/10/2022 around 7 PM and finding the resident in a wheelchair in the hall looking disheveled, having food on clothes, a soiled incontinence undergarment, a reddened knot on the resident's forehead, and what appeared to be a rash around the mouth. The RP reported asking staff how the resident got the knot on the forehead and that the nurse said it must have happened when the resident fell. The nurse said the resident fell earlier in the day. The family member had not been notified of the fall or of the injury.</p> <p>Clinical record review revealed a Fall Risk Assessment dated 1/10/2022 19:27 (after the reported time of the fall). The fall risk assessment indicated section 2. Date of Admission: the resident had been admitted more than 3 months ago (the resident was admitted 19 days prior to the fall); section 3. History of falls within the last 6 months: no history; 4. Medication use: none of the 13 options were checked (the resident was taking medications in 5 categories). Answers checked by the nurse resulted in a score of 11=moderate fall risk. Accurate answers in sections 2, 3, and 4 would result in a fall score 9 points higher. A Health Status note dated 1/10/2022 19:14 Note text: "Rsd was observed by staff to be on the floor. Rsd was obsessed by staff; no injuries noted, no c/o pain. About an hour later, rsd had a bruise on her left forehead. No c/o pain or dizziness". A Fall Note dated 1/11/2022 10:29 Data: " Resident was followed up after fall incident from yesterday. Resident is up</p>	F 684			

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F 684	<p>Continued From page 8</p> <p>sitting on her geri chair near nursing station and being assisted with breakfast tray Action: Follow-up assessment Response: knot and forehead bruising on left side of forehead has approx decreased in size and diameter by 50%."</p> <p>The surveyor reported the concern to the administrator and director of nursing during a summary meeting on 1/12/2022. The surveyor asked for unwitnessed fall reports, assessments of the residents and evidence of notification of an unwitnessed fall with injury.</p> <p>On 1/13/2022, the director of nursing provided the following information:</p> <p>The facility policy titled Fall Prevention Program outlines fall prevention policies. Section #8 summarizes actions to be taken when a resident falls:</p> <p>8. When any resident experiences a fall, the facility will: a. Assess the resident B. complete a post fall assessment c. Complete the incident report d. Notify the physician and family e. Review the resident's care plan and update as indicated f. Document all assessments and actions g. obtain witness statements in the case of injury.</p> <p>A Neurological Assessment form documented vital signs every 15 minutes from 1/10/22 at 18:30 (6:30 p.m.) through 1/10/22 at 19:30 (7:30 p.m.). None of the neurological assessment portion of the form were completed. The director of nursing reported to the surveyor that the nurse working on 1/10/2022 was a contract worker who had not fully completed the assessments. The director of nursing stated the intention to complete the investigation herself.</p>	F 684			

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F 773 SS=D	<p>Lab Svcs Physician Order/Notify of Results CFR(s): 483.50(a)(2)(i)(ii)</p> <p>§483.50(a)(2) The facility must-</p> <p>(i) Provide or obtain laboratory services only when ordered by a physician; physician assistant; nurse practitioner or clinical nurse specialist in accordance with State law, including scope of practice laws.</p> <p>(ii) Promptly notify the ordering physician, physician assistant, nurse practitioner, or clinical nurse specialist of laboratory results that fall outside of clinical reference ranges in accordance with facility policies and procedures for notification of a practitioner or per the ordering physician's orders.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview and clinical record review, the facility staff failed to obtain laboratory services as ordered by the medical provider for 1 of 24 residents in the survey sample, Resident #22.</p> <p>The findings included:</p> <p>For Resident #22, the facility staff failed to obtain a urinalysis as ordered by the provider on 12/30/21.</p> <p>Resident #22's diagnosis list indicated diagnoses, which included, but not limited to Hypertensive Heart Disease with Heart Failure, Chronic Obstructive Pulmonary Disease, Type 2 Diabetes with Diabetic Polyneuropathy, and Gastro-Esophageal Reflux Disease.</p>	F 773	<p>1. Immediate action taken for the resident found to have been affected include: Resident #22 medical provider was notified of missed urinalysis laboratory service. Resident was assessed for urinary symptoms, provider discontinued order on 01/12/2022.</p> <p>2. Identification of other residents having the potential to be affected was accomplished by: All residents have the potential to be affected by center staff failing to obtain urinalysis laboratory services as ordered by medical provider. 100% audit of all current resident's urinalysis orders were reviewed for completion with in the last 30 days.</p> <p>3. Actions taken/systems put into place</p>	2/18/22	

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NAME OF PROVIDER OR SUPPLIER RADFORD HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 700 RANDOLPH STREET RADFORD, VA 24141		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 773	<p>Continued From page 10</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 11/29/21 assigned the resident a BIMS (brief interview for mental status) summary score of 15 out of 15, indicating Resident #22 was cognitively intact.</p> <p>Resident #22 was seen by the FNP (family nurse practitioner) on 12/30/21, the progress note documented in part, "seen today for evaluation per request of nursing due to pt (patient) report of not feeling well today" and "Will obtain influenza swab, covid swab, cbc (complete blood count), cmp (comprehensive metabolic panel), ua (urinalysis), chest x-ray, bnp (B-type natriuretic peptide), and mag (magnesium) level ...". Resident #22's current physician's orders included an active order dated 12/30/21 documenting "obtain UA, cbc, cmp, FLU swab, BNP and mag level 12/30/21".</p> <p>Review of Resident #22's clinical record revealed no results of a UA obtained following the 12/30/21 provider order. On 1/12/22 at 9:41 am, the DON (director of nursing) was notified the inability to locate results of the physician ordered urinalysis. The DON returned at 10:40 am and stated the urinalysis was not done.</p> <p>The concern of the facility staff not obtaining a urinalysis for Resident #22 as ordered by the provider was discussed with the administrator, DON, assistant DON, corporate MDS representative, and corporate nurse during a meeting on 1/12/22 at 4:17 pm.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 1/13/22.</p>	F 773	<p>to reduce the risk of future occurrence: All new urinalysis orders will be reviewed for transcription to lab log during clinical meeting. Licensed nursing staff were educated on lab policy including daily review of lab log for ordered labs to be obtained for the day, documentation obtained and follow up on results.</p> <p>4. How the corrective action will be monitored to ensure the practice will not recur, who is responsible for implementation and corrective action timeframe.</p> <p>Director of Nursing or designee will complete lab order and lab log audits 5 times a week of urinalysis orders and specimen collection for 100% compliance going forward for 8 consecutive weeks. The scheduled audits will be reported/reviewed by the Risk Management/Quality Assurance Committee for tracking and trending until such time that consistent substantial compliance has been achieved as determined by the committee.</p>		

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

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FORM APPROVED
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