

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0136	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/12/2021
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

BLAND COUNTY NURSING & REHABILITATION CENT **12185 GRAPEFIELD ROAD**
BASTIAN, VA 24314

(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) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 11/08/21 through 11/12/21. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The census in this 57 certified bed facility was 46 at the time of the survey. The survey sample consisted of 16 current Resident reviews and 4 closed record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for Licensure of Nursing Facilities. Resident Rights 12 VAC 5-371-150 (B)(1) Cross reference to F550 Pharmaceutical Services 12 VAC 5-371-300 (A) Cross reference to F755 Nursing Services 12 VAC 5-371-220 (B) Cross reference to F759	F 001	Kissito Healthcare shares the state's focus on the health, safety, and wellbeing of facility residents. Although the facility does not agree with some of the findings and conclusions of the surveyors, we have implemented a plan of correction to demonstrate our continuing effort to provide quality care to our residents. 12 VAC 5-371-150 (B)(1)/F550 1. Identified residents were notified of the plan put into place to prevent recurrence since the voting time has closed for this election. 2. Residents registered to vote have potential to be affected by the deficient practice. Interviewed registered voters and no other residents were identified as being affected. 3. Activities Director educated to ensure	12/17/21

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

Electronically Signed

TITLE

(X6) DATE

12/10/21

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F 001	Continued From page 1	F 001	<p>all residents have the opportunity to vote and provided with literature from the Virginia Department of Elections regarding early/absentee ballot voting process and timelines. Education completed and literature provided on 12/2/2021.</p> <p>4. Voting process to be reviewed with residents annually and Activities will report to the CAO date of absentee ballot submission with a list of residents wishing to vote to ensure all residents have the opportunity to vote.</p> <p>5. The results will be reported monthly to the Quality Assurance Committee for review and discussion. Once the QA Committee determines the problem no longer exists, audits will be conducted on a random basis.</p> <p>The CAO/DON have ultimate responsibility for the implementation of this plan.</p> <p>12 VAC 5-371-300 (A)/F755 1. Resident #25 was assessed immediately by the DON with no negative findings. Resident #45 was immediately assessed for pain by Unit Manager and it was determined no pain medication was needed at that time. Upon discovery, Unit Manager contacted pharmacy for delivery and verbally reminded nurses on duty of ensuring medications are available and process of accessing STAT box medications.</p> <p>2. Current residents have potential to be</p>	

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F 001	Continued From page 2	F 001	<p>affected by this deficient practice. Checked availability of current ordered medications on 11/15/2021. No other residents were identified as being affected.</p> <p>3. Nursing staff to be educated by the DON 12/11/2021 on accessing STAT box when medications are not available. Nurses also educated to contact pharmacy when expected medications do not arrive timely and notifying the physician for further instruction/orders.</p> <p>4. DON or designee to monitor for availability of medications 5 x weekly. If medications are found to be unavailable, DON or designee to ensure STAT BOX was accessed or pharmacy/physician contacted for resolution.</p> <p>5. Results will be reported monthly to the Quality Assurance Committee for review and discussion. Once the QA Committee determines the problem no longer exists, audits will be conducted on a random basis.</p> <p>The CAO/DON have ultimate responsibility for the implementation of this plan.</p> <p>12 VAC 5-371-220 (B)/F759 1. Resident #4's blood pressure was checked immediately upon discovery by LPN #1 and found to be within normal range. LPN#1 was verbally educated immediately by DON on obtaining vital signs per physician order prior to administration of medication. LPN #1</p>	

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F 001	Continued From page 3	F 001	<p>corrected physicians order immediately upon discovery to alert nurses of blood pressure entry prior to administration of resident #4's BP medication. Resident #4's physician notified of missed administration as well as administering BP medication without obtaining blood pressure on 11/10/2021 by Unit Manager with no new orders. Resident #35's physician was notified of incomplete dose of Lexapro immediately upon discovery by unit manager with no new orders. Nurses on duty were verbally reminded of following physician orders of obtaining vital signs, correct dose, and correct medications by the DON.</p> <p>2. Current residents have potential to be affected by this deficient practice. DON monitored the next medication pass with no other residents being identified as being affected.</p> <p>3. Ordered medication will be administered by licensed nurse per physician order. Nurses on duty will ensure vital signs are obtained per order, correct resident, correct medication, correct dose, correct route, correct time when administering medication. Nurses to be in-serviced on ensuring proper medication pass practices by DON on 12/11/2021. Medication Pass competencies to be completed with current nurses to ensure proper practice.</p> <p>4. DON or designee to observe 3 med-passes weekly to ensure proper practice and that medications are administered as ordered.</p>	

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F 001	Continued From page 4	F 001	<p>5. Results will be reported monthly to the Quality Assurance Committee for review and discussion. Once the QA Committee determines the problem no longer exists, audits will be conducted on a random basis.</p> <p>The CAO/DON have ultimate responsibility for the implementation of this plan.</p>	