

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

PRINTED: 04/12/2022  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495156</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>03/30/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHOICE HEALTHCARE AT ROANOKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>324 KING GEORGE AVE SW ROANOKE, VA 24016</b>
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{E 000}	Initial Comments	{E 000}		
{F 000}	INITIAL COMMENTS	{F 000}		
{F 584} SS=E	<p>Medicare/Medicaid revisit to the standard survey conducted 2/8/22 through 2/11/22, was conducted 3/29/22 through 3/30/22. Corrections are required for compliance with the following Federal Long Term Care Requirements. Uncorrected deficiencies are identified within this report. Corrected deficiencies are identified on the CMS 2567-B.</p> <p>The census in this 130 certified bed facility was 56 at the time of the survey. The survey sample consisted of 9 current Resident reviews (Residents 101 through 109).</p> <p>Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7)</p> <p>§483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible. (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft.</p>	{F 584}	Safe/Clean homelike environment <ol style="list-style-type: none"> <li>1. Resident #103 floor mopped, walls and heater cleaned. Resident #102 floor mopped, left side of bed, walls, heating/cooling unit, windowsill, ceiling and light cover cleaned. Resident #105 walls clean and privacy curtain changed.</li> <li>2. Full facility audit to ensure a safe, clean, comfortable, homelike environment for all residents.</li> <li>3. All staff reeducated on Routine Cleaning and Disinfection policy to ensure safe, clean, comfortable, and homelike environment.</li> <li>4. Administrator/ or designee will audit twice weekly for 3 weeks to ensure no tubefeeding is on any surface areas. Audits and audit findings will be reported to the facility QAPI Committee to review the need for continued intervention or amendment of the plan.</li> </ol>	4/11/2022

5. Allegation of compliance set for  
04.11.2022

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

TITLE

(X6) DATE

*Eppie Saunders*

*4-19-22*

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 584}	<p>Continued From page 1</p> <p>§483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior;</p> <p>§483.10(i)(3) Clean bed and bath linens that are in good condition;</p> <p>§483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv);</p> <p>§483.10(i)(5) Adequate and comfortable lighting levels in all areas;</p> <p>§483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and</p> <p>§483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility staff failed to ensure a clean environment for 3 of 9 residents in the survey sample, Residents #102, #103, and #105.</p> <p>For Resident #102, on two (2) separate days of the survey, areas of a dried, light brown substance was observed on multiple surfaces in their room; areas of a dried, dark brown substance was observed on the wall and ceiling over the bed; areas of a dried, pinkish substance was observed on the heating/cooling unit.</p> <p>For Resident #103, on two (2) separate days of the survey, areas of a dried, light brown substance was observed on multiple surfaces in</p>	{F 584}		
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{F 584}	<p>Continued From page 2</p> <p>their room. Multiple areas of a dried, dark brown substance was observed on the wall on the left side of the bed.</p> <p>Resident #105 had a dried brownish substance on the wall beside the bed and a dark-brownish stain on the privacy curtain.</p> <p>The findings included:</p> <p>1. Resident #102's diagnosis list indicated diagnoses, which included, but not limited to Chronic Respiratory Failure, Type 2 Diabetes Mellitus, Alcohol Dependence with Alcohol-Induced Persisting Dementia, Dysphagia, and Chronic Pain Syndrome.</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 1/15/22 assigned the resident a BIMS (brief interview for mental status) summary score of 1 out of 15 indicating Resident #102 was severely cognitively impaired. Resident #102 was coded for the presence of a feeding tube in which they received 51% or more of total calories and 501 cc/day or more of average fluid intake.</p> <p>On 3/29/22 at 2:20 pm and 3/30/22 at 8:05 am, surveyor observed Resident #102 receiving Promote with Fiber tube feeding formula via enteral pump. The Promote with Fiber formula was liquid and light brown in color. Surveyor observed multiple areas of a dried, light brown substance on the floor on each side of the bed, in the window sill, on the wall under the window, and on the wall to the left side of the bed. Three (3) areas of a dried, pinkish substance was observed on the heating/cooling unit. Four (4) areas of a dried, dark brown substance was present on the</p>	{F 584}		

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{F 584}	<p>Continued From page 3</p> <p>ceiling and light cover over the bed. A large dried, smeared area of a dark brown substance was observed on the wall to the left side of the bed under the window.</p> <p>On 3/30/22 at approximately 2:05 pm, surveyor and the Regional Manager and Regional Director of Environmental Services entered Resident #102's room and surveyor pointed out the multiple areas of dried substances on environmental surfaces in the room. The Regional Manager stated they would take care of the concerns right away.</p> <p>On 3/30/22 at 2:31 pm, the facility management team including the administrator, director of nursing, and the regional director of clinical services were informed of the above observations in Resident #102's room on 3/29/22 and 3/30/22.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 3/30/22.</p> <p>2. Resident #103's diagnosis list indicated diagnoses, which included, but not limited to Hemiplegia and Hemiparesis following Unspecified Cerebrovascular Disease Affecting Left Non-Dominant Side, Dysphagia, Acute on Chronic Congestive Heart Failure, Chronic Viral Hepatitis C, Essential Hypertension, Paroxysmal Atrial Fibrillation, Dementia, and Bipolar Disorder.</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 1/12/22 assigned the resident a BIMS (brief interview for mental status) summary score of 10 out of 15 indicating Resident #103 was moderately cognitively impaired. Resident #103</p>	{F 584}		
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{F 584}	<p>Continued From page 4</p> <p>was coded for the presence of a feeding tube in which they received 51% or more of total calories and 501 cc/day or more of average fluid intake.</p> <p>On 3/29/22 at 2:05 pm and 3/30/22 at 8:02 am, surveyor observed Resident #103 in bed receiving Jevity 1.5 tube feeding formula via enteral pump. The Jevity 1.5 formula was liquid and light brown in color. Surveyor observed multiple areas of a dried, light brown substance on the floor to the right side and under the bed, on the heating/cooling unit, and on the wall to the left side of the bed. Multiple areas of a dried, darker brown substance was also present on the wall to the left side of the bed.</p> <p>On 3/30/22 at 1:56 pm, surveyor and the Regional Manager and Regional Director of Environmental Services entered Resident #103's room and surveyor pointed out the multiple areas of dried substances on environmental surfaces in the room. The Regional Manager stated they would take care of the concerns.</p> <p>On 3/30/22 at 2:31 pm, the facility management team including the administrator, director of nursing, and the regional director of clinical services were informed of the above observations in Resident #103's room on 3/29/22 and 3/30/22.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 3/30/22.</p> <p>3. Resident #105's face sheet listed diagnoses which included but not limited to sepsis, urinary tract infection, dysphagia, and hypertension.</p> <p>Resident #105's most recent significant change</p>	{F 584}			

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{F 584}	Continued From page 5 MDS (minimum data set) with an ARD (assessment reference date) of 03/14/22 assigned the resident a BIMS (brief interview for mental status) score of 14 out of 15 in section C, cognitive patterns. This indicates that the resident is cognitively intact.  Surveyor observed Resident #105 on 03/30/22 at 8:55 am. Resident was resting in bed. Surveyor observed a dried, dark brownish substance on the wall beside the resident's bed. Surveyor also observed a dark-colored stain on the resident's privacy curtain.  The regional manager of environmental services and the regional director of environmental services were notified of the issues on 03/30/22 at 2:00 pm.  No further information was provided prior to exit.	{F 584}		
{F 692} SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3)  §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-  §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;	{F 692}	Quality of Care CFR(s): 483.25  1. Resident #102 tubefeeding and flush orders clarified with RD then MD and corrected in PCC and on the tubefeeding pump. RP and MD contacted, no further orders.  2. Full facility audit to ensure accurate tube feeding orders.  3. All licensed nursing staff regarding re-educated by Director of Nursing/ or designee on Enteral orders.  4. Director of Nursing/ or designee will audit tube feeding orders and pump twice weekly x 3 weeks.	4/11/2022



Audits and audit findings will be reported to the facility QAPI Committee monthly for three months to review the need for continued intervention or amendment of the plan.

5. Allegation of compliance set for 04.11.2022



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<p>{F 692}</p>	<p>Continued From page 6</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview, and clinical record review, the facility staff failed to ensure a resident who is fed by enteral means receives the appropriate, provider ordered tube feeding formula and hydration for 1 of 9 residents in the survey sample, Resident #102.</p> <p>For Resident #102, the facility staff failed to follow the provider's orders in regards to tube feeding formula and frequency of water flushes.</p> <p>The findings included:</p> <p>Resident #102's diagnosis list indicated diagnoses, which included, but not limited to Chronic Respiratory Failure, Type 2 Diabetes Mellitus, Alcohol Dependence with Alcohol-Induced Persisting Dementia, Dysphagia, and Chronic Pain Syndrome.</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 1/15/22 assigned the resident a BIMS (brief interview for mental status) summary score of 1 out of 15 indicating Resident #102 was severely cognitively impaired. Resident #102 was coded for the presence of a feeding tube in which they received 51% or more of total calories and 501 cc/day or more of average fluid intake.</p> <p>Resident #102's current physician's orders</p>	<p>{F 692}</p>		
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<p>{F 692} Continued From page 7</p> <p>included an active order dated 3/01/22 stating in part "RTH (ready to hang) per JT (jejunostomy tube) via Pump. Rate: 70 mLs/hour, for 24 hours/day, to provide 1680 Calories per 24 hours". The resident also had an active order dated 2/10/22 for "Promote RTH per JT via Pump. Rate 50 mLs/hour, for 24 hours/day".</p> <p>Resident #102's active order for water flushes dated 2/10/22 read in part "Flush with 75 mLs H2O (water) every 2 hours, before/after meds, before initiating feeding or when there is an interruption of feeding to maintain Tube Patency".</p> <p>On 3/29/22 at 2:20 pm, surveyor observed Resident #102 sitting in a reclining chair receiving Promote with Fiber tube feeding formula via pump at 70 ml/hour. A fillable TF (tube feeding) bag of water was also attached to the pump with the pump set to deliver 75 ml water every four (4) hours.</p> <p>On 3/30/22 at 8:05 am, surveyor observed Resident #102 in bed receiving Promote with Fiber tube feeding formula via pump at 70 ml/hour. A fillable TF bag of water was also attached to the pump with the pump set to deliver 75 ml every four (4) hours.</p> <p>On 3/30/22 at 8:58 am, surveyor spoke with CSSM (central supply staff member) #1 regarding types of Promote tube feeding formulas present in the facility. CSSM #1 stated Promote with Fiber was the only type of Promote tube feeding formula kept in the facility. CSSM #1 also stated if a resident has an order for a formula that the facility does not have, they notify the DON (director of nursing).</p>	<p>{F 692}</p>
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<p>{F 692}</p>	<p>Continued From page 8</p> <p>Surveyor requested a facility tube feeding formulary, however, none was provided.</p> <p>On 3/30/22 at 10:25 am, surveyor spoke with the DM (dietary manager) who stated Resident #102 returned from the hospital on Promote and the RD (registered dietician) increased the rate. The DM manager provided RD documentation from Resident #102's medical record. A RD progress note dated 2/28/22 at 9:09 am read in part "Resident remains NPO (nothing by mouth) with PEJ tube- Promote RTH at 50 mL/hr x 24 hrs, 1200 ml/formula provided total, w (with)/75 mL hydration flush q (every) 2 hrs ..." and "Increase enteral order to Promote RTH at 60 mL/hr x 24 hours, 1440 mL/total; provide at rate x 3 days and if resident tolerating increase to ultimate goal of 70 mL/hr x 24 hours ...". A subsequent RD progress note dated 3/18/22 6:08 pm read in part "Resident remains NPO w/PEJ tube - Promote RTH at 70 mL/hr x 24 hrs, 1680 mL/formula provided total, w/ 75 mL hydration flush q2hrs ...".</p> <p>On 3/30/22 at approximately 1:15 pm, surveyor informed the DON (director of nursing) of Resident #102 receiving Promote with Fiber instead of the provider ordered Promote and the resident having two different orders for rate of tube feeding administration. Surveyor also informed DON of the pump set to administer 75 ml of water every four (4) hours instead of the ordered every two (2) hours.</p> <p>On 3/30/22 at 1:25 pm, surveyor spoke with the RD via phone regarding Resident #102's tube feeding formula, rate of administration, and water flushes. RD stated they increased the resident's Promote to 70 ml/hr but the previous order was never removed. RD acknowledged the correct</p>	<p>{F 692}</p>		
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<p>{F 692}</p> <p>{F 842} SS=E</p>	<p>Continued From page 9</p> <p>order was Promote RTH at 70 ml/hr. Surveyor informed RD that Resident #102 was observed receiving Promote with Fiber, RD stated that was not in the order and the hospital RD recommended Promote and they came back with the order for Promote. RD stated it does not state anywhere with Fiber. RD further stated they did not know if Promote with Fiber was "all that different" and if the resident was tolerating the fiber without constipation or diarrhea, they would not change the formula now. Surveyor asked the RD the correct frequency for the water flushes, RD stated they would need to check and could not at this time.</p> <p>On 3/30/22 at 2:31 pm, surveyor met with the management team including the administrator, DON, and regional director of clinical services and discussed the concerns related to Resident #102's tube feeding formula, rate of administration, and frequency of water flushes. The DON stated all of the concerns had been corrected.</p> <p>No further information regarding these concerns were presented to the survey team prior to the exit conference on 3/30/22.</p> <p>Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)</p> <p>§483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted</p>	<p>{F 692}</p> <p>{F 842}</p>	<p>Resident Records CFR(s): 483.45</p> <ol style="list-style-type: none"> <li>1. Resident #109 documentation was completed on the MAR. Resident #102, RD and MD notified; enteral orders for feeding and flush clarified in PCC. Pump settings verified to match enteral order.</li> <li>2. Full facility audit to ensure enteral formula and pump rates are correct for all residents.</li> <li>3. All licensed nursing staff reeducated regarding enteral administration and documentation policies by Clinical Nurse Educator.</li> <li>4. Director of Nursing/or designee will audit twice weekly for three weeks the resident's enteral feeding and flush orders and documentation of resident enteral orders. Director of Nursing/or designee will audit twice weekly for three weeks narcotic sign out sheets and MAR documentation of pm narcotics.</li> </ol>	<p>4/11/2022</p>
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			<p>Audits and audit findings will be reported to the facility QAPI Committee to review the need for continued intervention or amendment of the plan.</p> <p>5. Allegation of compliance set for 04.11.2022</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495156</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>03/30/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CHOICE HEALTHCARE AT ROANOKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>324 KING GEORGE AVE SW ROANOKE, VA 24016</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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<p>{F 842}</p>	<p>Continued From page 10 to do so.</p> <p>§483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are-</p> <ul style="list-style-type: none"> <li>(i) Complete;</li> <li>(ii) Accurately documented;</li> <li>(iii) Readily accessible; and</li> <li>(iv) Systematically organized</li> </ul> <p>§483.70(i)(2) The facility must keep confidential all information contained in the resident's records, regardless of the form or storage method of the records, except when release is-</p> <ul style="list-style-type: none"> <li>(i) To the individual, or their resident representative where permitted by applicable law;</li> <li>(ii) Required by Law;</li> <li>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</li> <li>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</li> </ul> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <ul style="list-style-type: none"> <li>(i) The period of time required by State law; or</li> </ul>	<p>{F 842}</p>	
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p style="text-align: center;"><b>495156</b></p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING _____</p> <p>B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p style="text-align: center;">R-C <b>03/30/2022</b></p>	
<p>NAME OF PROVIDER OR SUPPLIER</p> <p><b>CHOICE HEALTHCARE AT ROANOKE</b></p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p><b>324 KING GEORGE AVE SW ROANOKE, VA 24016</b></p>		
<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETION DATE</p>

<p>{F 842}</p>	<p>Continued From page 11</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed professional's progress notes; and</p> <p>(vi) Laboratory, radiology and other diagnostic services reports as required under §483.50.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on resident interview, staff interview, clinical record review, and facility document review, facility staff failed to maintain a complete and accurate clinical record for 1 of 9 residents in the survey sample as evidenced by failure to document narcotic administration in the clinical record (Resident #109).</p> <p>Resident #109 was admitted to the facility with diagnoses including schizoaffective disorder, bipolar disorder with manic phase psychosis, chronic viral hepatitis, benign prostatic hypertrophy, and post surgical care after prosthesis removal. On the minimum data set assessment with assessment reference date 3/6/2022, the resident scored 15/15 on the brief interview for mental status and was assessed as without signs of delirium, psychosis, or behaviors affecting care.</p>	<p>{F 842}</p>		
<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p><b>495156</b></p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING _____</p> <p>B. WING _____</p>		<p>(X3) DATE SURVEY COMPLETED</p> <p>R-C</p> <p><b>03/30/2022</b></p>
<p>NAME OF PROVIDER OR SUPPLIER</p> <p><b>CHOICE HEALTHCARE AT ROANOKE</b></p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p><b>324 KING GEORGE AVE SW</b> <b>ROANOKE, VA 24016</b></p>		
<p>(X4) ID PREFIX TAG</p>	<p>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</p>	<p>ID PREFIX TAG</p>	<p>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</p>	<p>(X5) COMPLETION DATE</p>



<p>{F 842} Continued From page 12</p> <p>During an interview on 3/29/22, the resident reported that a nurse told him the prior day that his PRN (as needed) pain medication order had been canceled. The resident said that would be a problem as he had unrelieved pain in his hip and knee.</p> <p>Clinical record review revealed the resident had an active order for oxycodone hydrochloride capsule 5 milligram - Give 5 milligram by mouth every 6 hours (PRN) as needed for break through pain in addition to Oxycodone ER 80 mg give 80 mg by mouth every 12 hours for pain.</p> <p>The medication administration record (MAR) documented administration of the PRN medication at least once daily in March 2022 except March 28, the prior day.</p> <p>The resident's nurse reported that the resident did have a PRN pain medication order and administered a dose on 3/29/2022 at 2 PM. The resident's narcotic count sheet documented two nurses signed out 1 dose each of the resident's PRN pain medication on 3/28/22. Neither dose was documented on the MAR or in nursing progress notes.</p> <p>The administrator and director of nursing were notified of the documentation concern during a summary meeting on 3/30/2022.</p> <p>2. Resident #102's diagnosis list indicated diagnoses, which included, but not limited to Chronic Respiratory Failure, Type 2 Diabetes Mellitus, Alcohol Dependence with Alcohol-Induced Persisting Dementia, Dysphagia, and Chronic Pain Syndrome.</p>	<p>{F 842}</p>
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495156</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>03/30/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>CHOICE HEALTHCARE AT ROANOKE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>324 KING GEORGE AVE SW</b> <b>ROANOKE, VA 24016</b>		
(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

<p>{F 842}</p>	<p>Continued From page 13</p> <p>The most recent quarterly MDS (minimum data set) with an ARD (assessment reference date) of 1/15/22 assigned the resident a BIMS (brief interview for mental status) summary score of 1 out of 15 indicating Resident #102 was severely cognitively impaired. Resident #102 was coded for the presence of a feeding tube in which they received 51% or more of total calories and 501 cc/day or more of average fluid intake.</p> <p>Resident #102's current physician's orders included an active order dated 3/01/22 stating in part "RTH (ready to hang) per JT (jejunostomy tube) via Pump. Rate: 70 mLs/hour, for 24 hours/day, to provide 1680 Calories per 24 hours". The resident also had an active order dated 2/10/22 for "Promote RTH per JT via Pump. Rate 50 mLs/hour, for 24 hours/day".</p> <p>Resident #102's March 2022 MAR (medication administration record) documentation indicated the resident was receiving Promote RTH per JT at 50 ml/hour.</p> <p>On 3/29/22 at 2:20 pm, surveyor observed Resident #102 sitting in a reclining chair receiving Promote with Fiber tube feeding formula via pump at 70 ml/hour.</p> <p>On 3/30/22 at 8:05 am, surveyor observed Resident #102 in bed receiving Promote with Fiber tube feeding formula via pump at 70 ml/hour.</p> <p>On 3/30/22 at 8:58 am, surveyor spoke with CSSM (central supply staff member) #1 regarding types of Promote tube feeding formulas present in the facility. CSSM #1 stated Promote with</p>	<p>{F 842}</p>		
<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p><b>495156</b></p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING _____</p> <p>B. WING _____</p>		<p>(X3) DATE SURVEY COMPLETED</p> <p><b>R-C</b> <b>03/30/2022</b></p>
<p>NAME OF PROVIDER OR SUPPLIER</p> <p><b>CHOICE HEALTHCARE AT ROANOKE</b></p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p><b>324 KING GEORGE AVE SW</b> <b>ROANOKE, VA 24016</b></p>		
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<p>{F 842}</p>	<p>Continued From page 14</p> <p>Fiber was the only type of Promote tube feeding formula kept in the facility. CSSM #1 also stated if a resident has an order for a formula that the facility does not have, they notify the DON (director of nursing).</p> <p>Surveyor requested a facility tube feeding formulary, however, none was provided.</p> <p>On 3/30/22 at 10:25 am, surveyor spoke with the DM (dietary manager) who stated Resident #102 returned from the hospital on Promote and the RD (registered dietician) increased the rate. The DM manager provided RD documentation from Resident #102's medical record. A RD progress note dated 2/28/22 at 9:09 am read in part "Resident remains NPO (nothing by mouth) with PEJ tube- Promote RTH at 50 mL/hr x 24 hrs, 1200 ml/formula provided total, w (with)/75 mL hydration flush q (every) 2 hrs ..." and "Increase enteral order to Promote RTH at 60 mL/hr x 24 hours, 1440 mL/total; provide at rate x 3 days and if resident tolerating increase to ultimate goal of 70 mL/hr x 24 hours ...". A subsequent RD progress note dated 3/18/22 6:08 pm read in part "Resident remains NPO w/PEJ tube - Promote RTH at 70 mL/hr x 24 hrs, 1680 mL/formula provided total, w/ 75 mL hydration flush q2hrs ...".</p> <p>On 3/30/22 at approximately 1:15 pm, surveyor informed the DON (director of nursing) of Resident #102 having two different orders for rate of tube feeding administration and the March 2022 MAR documentation indicated the resident was receiving 50 ml/hr, however, surveyor observed 70 ml per hour being administered. Surveyor also notified the DON of the 3/01/22 tube feeding order not specifying the type of RTH tube feeding formula to be administered.</p>	<p>{F 842}</p>		
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495156</b></p>	<p>(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____</p>		<p>(X3) DATE SURVEY COMPLETED  <b>R-C 03/30/2022</b></p>
<p>NAME OF PROVIDER OR SUPPLIER  <b>CHOICE HEALTHCARE AT ROANOKE</b></p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE <b>324 KING GEORGE AVE SW ROANOKE, VA 24016</b></p>		
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{F 842} Continued From page 15

{F 842}

On 3/30/22 at 1:25 pm, surveyor spoke with the RD via phone regarding Resident #102's tube feeding formula, rate of administration, and water flushes. RD stated they increased the resident's Promote to 70 ml/hr but the previous order was never removed. RD acknowledged the correct order was Promote RTH at 70 ml/hr. Surveyor informed RD that Resident #102 was observed receiving Promote with Fiber, RD stated that was not in the order and the hospital RD recommended Promote and they came back with the order for Promote. RD stated it does not state anywhere with Fiber. RD further stated they did not know if Promote with Fiber was "all that different" and if the resident was tolerating the fiber without constipation or diarrhea, they would not change the formula now.

On 3/30/22 at 2:31 pm, surveyor met with the management team including the administrator, DON, and regional director of clinical services and discussed the concerns related to Resident #102's tube feeding formula and rate of administration. The DON stated all of the concerns had been corrected.

No further information regarding these concerns were presented to the survey team prior to the exit conference on 3/30/22.

*Eppie Sawler*  
administrator

4-19-22