

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0411	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/13/2019
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NAME OF PROVIDER OR SUPPLIER LIBERTY RIDGE HEALTH & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 189 MONICA BLVD LYNCHBURG, VA 24502
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F 000	<p>Initial Comments</p> <p>An unannounced biennial State Licensure Inspection survey was conducted on 6/11/19 through 6/13/19. The facility was not in compliance with the Virginia Rules & Regulations for the Licensure of Nursing Facilities. There were no complaints investigated during the survey.</p> <p>The census in this ninety certified bed facility was 76 at the time of the survey. The survey sample consisted of twenty current residents and three closed record reviews.</p>	F 000		
F 001	<p>Non Compliance</p> <p>The facility was out of compliance with the following state licensure requirements:</p> <p>This RULE: is not met as evidenced by: The facility was not in compliance with the following Virginia Rules and Regulations for the Licensure of Nursing Facilities:</p> <p>12 VAC 5-371-150 A - cross reference to F561, F583, F607, item 1.</p> <p>12 VAC 5-371-140 A, E. 3 - cross reference to F607, item 2.</p> <p>12 VAC 5-371-250 G - cross reference to F657</p> <p>12 VAC 5-371-220 .2 - cross reference to F688</p> <p>12 VAC 5-371-220 A - cross reference to F700</p> <p>12 VAC 5-371-300 B - cross reference to F761</p> <p>12 VAC 5-371-340 A - cross reference to F812</p>	F 001	<p>Resident #15's care plan, care guide and All about Me form updated to include bedtime preference. The grievance of resident #15 on 6/12/19 was completed and logged.</p> <p>All residents have the potential to be affected.</p> <p>100% audit of All about Me assessments completed to ensure bed time preferences are listed. 100% Care plans audited to ensure resident preference is reflected. All about Me assessments will be reviewed in AM clinical meeting by Activity Director after admission so preferences can be updated.</p> <p>100% nursing staff and Activities staff will be educated by DON/designee on updating the All about Me assessments with bedtime preference and where this information can be located.</p>	7/3/19

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

TITLE

(X6) DATE

Electronically Signed

06/26/19

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F 001	Continued From page 1 12 VAC 5-371-180 A - cross reference to F883 12 VAC 5-371-370 A, B - cross reference to F909	F 001	<p>Social Services to conduct weekly interviews of 4 alert and oriented residents a week x 3 months to ensure staff compliance with bedtime preference being within 20-30 minutes of preferred time. Audit results will be reviewed at the monthly QA committee meeting. Date of completion 7/3/19</p> <p>A Virginia criminal background was completed on 6/13/19 on the employee that transferred in from Ohio. 100% audit of all active employee files were completed on 6/21/19 to ensure they all had Virginia criminal background checks completed. There were no new findings of any employee not having one. HR Director was educated by RDSCS on 6/14/19 that all employees were to have Virginia criminal background checks completed upon hire even if the employee is transferred in from another state as a Saber employee. An audit of all new hire employee files will be conducted monthly by HR to ensure that Virginia criminal background checks are present in employee file. Audit results will be reviewed at the monthly QA committee meeting. Date of completion 7/3/19</p> <p>Resident #17's care plan has been updated to reflect broda chair. All residents have the potential to be affected. MDS completed 100% audit on 6/19/19 of all care plans to ensure accurate care planning of specialty chairs.</p>	

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F 001	Continued From page 2	F 001	<p>MDS staff were educated by DON 6/19/19 on accurately care planning specialty chairs. MDS will conduct weekly audits x 3 months of all new admissions to ensure they have accurate care planning specific to specialty chairs. Audit results will be reviewed at the monthly QA committee meeting. Date of completion 7/3/19.</p> <p>Resident #20's physician orders are accurate and are being followed to include palm guard, refusals are being documented. All residents have the potential to be affected. All physician orders for palm guards have been reviewed for accuracy and are being followed. All palm guard orders are placed on TAR for nurse to ensure in place. 100% licensed nurses will be educated by DON/ADON/UM on carrying out physician orders to ensure transcription to TAR and refusal documentation. Physician orders will be reviewed daily Monday thru Friday in risk by DON/designee to ensure applicable transcription to TAR. 10 TARs/ week for 3 months will be checked by DON/designee to ensure complete documentation of administration and/or refusals. Audit results will be reviewed at the monthly QA committee meeting. Date of completion 7/3/19.</p> <p>Resident #20's bedrail assessment has been re-done and the grab bars were</p>	

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F 001	Continued From page 3	F 001	<p>deemed appropriately needed. This was discussed with family and consented. All residents have the potential to be affected. 100% bedrail assessments were reviewed for accuracy and appropriate documentation of need. This will be completed on 6/28/19 100% licensed nurses will be educated by DON/ADON on how to appropriately fill out a bedrail assessment to ensure the need for bedrails to remain in place. This will be completed on 6/28/19 ADON will complete weekly audits of 5 bedrail assessments that nursing has completed to ensure accuracy and appropriateness and the need is established. The weekly audits will be completed x 3 months. Audit results will be reviewed at the monthly QA committee meeting. Date of completion 7/3/19.</p> <p>The opened, undated PPD vials were disposed of on 6/12/19. All residents have the potential to be affected. Both medication refrigerators were checked on 6/14/19 and all opened PPD vials were dated per policy. 100% licensed nurses will be educated by DON/ADON on labeling PPD vials when opened per policy, this will be completed by 6/28/19. ADON/UM will check refrigerators 3 x week x 4 weeks, then weekly x 2 months, to ensure all PPD vials that have been opened are dated. Audit results will be reviewed at the monthly QA committee</p>	

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F 001	Continued From page 4	F 001	<p>meeting. Date of completion 7/3/19.</p> <p>The food in the pantry refrigerator on LTC side was thrown away on 6/11/19. No residents were affected. Both pantry refrigerators were checked on 6/12/19 and all brought in food was in date per facility policy. Hskg/Maint Director educated all housekeeping staff on checking the pantry refrigerators for out of date foods per facility policy on 6/14/19. Hskg/Maint Director will check pantry refrigerators 3 x week x 3 months to ensure no expired foods per facility policy. Audit results will be reviewed at the monthly QA committee meeting. Date of completion 7/3/19.</p> <p>Resident #61 and family confirmed on 6/14/19 the type and date received of PNA vaccine the resident had received prior to admission and this was documented in the record. All admissions for the past 30 days were reviewed to ensure we have correct information of PNA vaccine in records. Completed on 6/18/19. Admissions was educated by DON on 6/14/19 when collecting information on the vaccinations upon admission we need to have clear information regarding the type of pneumonia vaccine and an exact date. This information is to be given to the DON/ADON immediately and if clarification is needed the DON/ADON will be responsible to obtain further information.</p>	

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F 001	Continued From page 5	F 001	<p>The DON or designee will conduct weekly audits x 3 months of all new admits to ensure they have the applicable information needed on prior pneumonia vaccines documented in the record. Audit results will be reviewed at the monthly QA committee meeting. Date of completion 7/3/19</p> <p>No residents affected. 100% assessments of beds completed for entrapment issues per policy on 6/24/19. Maintenance Director and NHA were both educated by RDCS on 6/14/19 on the side rail and entrapment policy. Maintenance Director and / NHA will conduct a monthly audit of 10 beds x 3 months to ensure bed dimensions have no entrapment issues. Audit results will be reviewed at the monthly QA committee meeting. Date of completion 7/3/19</p>	