

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0257	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2021
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NAME OF PROVIDER OR SUPPLIER WADDELL NURSING AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 202 PAINTER ST GALAX, VA 24333
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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) COMPLETE DATE
F 000	<p>Initial Comments</p> <p>An unannounced Medicare/Medicaid standard survey and biennial State Licensure Inspection was conducted 06/22/2021 through 06/24/2021. 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. One complaint was investigated during the survey (unsubstantiated) The Life Safety Code survey/report will follow.</p> <p>The census in this 135 certified bed facility was 114 at the time of the survey. The survey sample consisted of 23 current residents and 3 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>Infection Control 12 VAC 5-371-180 - cross reference to F880</p> <p>Pharmaceutical Services 12 VAC 5-371-300 - cross reference to F760 and F761.</p>	F 001	<p>To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction for F760 All errors were reported to the MD on 06-24-21 for Resident #3, 92, 58, 2, and 20. No harm to these residents. MD has reviewed these orders and their blood sugars as well. Education with all nurses making the errors were completed on reading orders thoroughly and following the orders were completed on 07-8-21. Residents throughout the building having range orders had the potential to be affected by this. A review of current resident with insulin range orders was completed for medication error reporting</p>	7/20/21

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

TITLE

(X6) DATE

Electronically Signed

07/12/21

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F 001	Continued From page 1	F 001	<p>and MD awareness on 06-24-21. Licensed staff were re-educated by DON/designee regarding range order compliance and the medication administration policy and procedure. Education completed on 07-12-21. Unit Managers or designee will do a weekly audit of insulin orders to assess adherence to the parameters for 3 months to ensure continued compliance and re-educate as needed. Results will be disused in monthly QAPI.</p> <p>To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction for F880 Re-education on proper hand hygiene during wound care was completed with LPN #3 and LPN #1 on 06-24-21. No actual harm to the residents number 74 and 58.</p> <p>Residents throughout the building receiving wound care had the potential to be affected by this. Random spot checks of staff were conducted on all shifts to reinforce the importance of use of appropriate hand hygiene as well as observed wound care during wound rounds to ensure proper hand washing is being completed. Observations were completed on 07-08-21.</p> <p>Licensed staff were re-educated by DON/designee regarding appropriate hand hygiene with dressing changes. Hand washing policy was reviewed. Education completed on 07-12-21.</p> <p>Leadership will do unannounced 2 audits during wound care weekly for 3 months to ensure continued compliance and re-educate and or disciplinary actions as</p>	

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F 001	Continued From page 2	F 001	<p>needed. Results will be discussed in QAPI monthly.</p> <p>To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction for F761 Re-education on proper medication storage including narcotics in double locked secured areas of medication cart with LPN nurse #2 was completed on 06-24-21. No actual harm to any resident. Residents throughout the building had the potential to be affected by this. All medication carts were assessed to ensure medications were stored properly. Audit was completed on 06-24-21 by Tammy Eichner RN, DON.</p> <p>Licensed staff were re-educated by DON/designee regarding the appropriate storage of all medications on the medication carts including narcotics being in double locked secured areas by review of the medication administration policy. Education completed on 07-13-21. DON/designee will do a weekly medication cart check for 3 months to ensure continued compliance and re-educate and or disciplinary actions as needed. Results will be discussed in QAPI monthly.</p>	