

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0007	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/12/2022
NAME OF PROVIDER OR SUPPLIER CARRINGTON PLACE AT WYTHEVILLE - BIRDMONT (STREET ADDRESS, CITY, STATE, ZIP CODE 990 HOLSTON RD WYTHEVILLE, VA 24382		
(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 05/10/22 through 05/12/22. Corrections are required for compliance with Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. The census in this 107 certified bed facility was 87 at the time of the survey. The final survey sample consisted of 18 current resident reviews.	F 000	F 756-Resident #28 & #42 had a complete physician medication regimen review on 5/13/22 by pharmacy consultant and physician. Pharmacy consultant was also made aware of missing MRR and submitted MRR for physician review on 5/13/22. An audit on all resident MRR was conducted by ADON and unit managers on 5/13/22. In order to ensure this deficiency does not recur, ADON will conduct monthly audits for MRR and consult with pharmacy and physician as needed to ensure accurate completion of MRR in a timely manner. All MRR audits will be discussed in weekly PAR meeting by nursing leadership and in monthly QAPI meetings for 3 months. Subsequent plans of correction will be updated and implemented if needed.	5/13/22
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 the Licensure of Nursing Facilities. Infection Control 12 VAC 5-371-180 (C)(6) - cross reference to F880 12 VAC 5-371-180 (C)(6) - cross reference to F886 Pharmacy Services 12VAC 5-371-300(H)-cross reference to F-756. Clinical Records 12 VAC 5-371-360 (E)-cross reference to F-842.	F 001	F842-Documentation that was required for resident #45 blood sugar orders was immediately corrected by unit manager on 5/10/2022. The order was corrected to include a requirement for nursing staff to document blood sugar results in the MAR. ADON/Unit managers will conduct a second check on all blood sugar orders within 24 hours of order entry to ensure correct documentation requirements were entered beginning on 5/11/2022. ADON educated licensed nursing staff on documentation policy and procedure on 5/10/22 and 5/11/22. Monthly audits will be completed by ADON and unit managers to ensure correct order entry on blood sugar monitoring and documentation. These audits will be discussed in monthly QAPI meetings for 3 months or until substantial compliance is achieved which began 5/23/22. Subsequent plans of correction will be updated and implemented if needed. F886-On 5/10/2022, CNA #1 was educated by ADON on correct COVID-19 testing policy, procedure, and manufacturer's instructions. Nursing staff were educated on swabbing procedure on 5/10/22 by infection preventionist.. A mandatory skills day for all nursing staff is scheduled for 6/22/22 & 6/23/22 to demonstrate competency prior to testing residents or staff for COVID-19. ADON/unit managers will provide reeducation on proper procedure for covid 19 testing. Infection Preventionist will conduct random observations weekly to ensure testing procedures are being executed correctly. These audits will be discussed in monthly QAPI meetings for 3 months. Subsequent plans of correction will be updated and implemented if required.	5/13/22 5/13/22 5/10/22 5/11/22 5/10/22 6/23/22

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

TITLE

(X6) DATE