STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495133	A. BUILDING _____ B. WING _____	C 04/28/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY REHABILITATION AND NURSING CENTER	940 EAST LEE HIGHWAY CHILHOWIE, VA 24319

(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
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted on 4/26/22 through 4/28/22. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Three (3) complaints were investigated during the survey. VA00053373 was substantiated with a related deficiency. VA00053725 was substantiated without a deficiency. VA00054954 was substantiated with a related past non-compliance deficiency. The census in the 180 certified bed facility was 160 at the time of the survey. The survey sample consisted of five (5) current resident reviews (Resident #1 through Resident #5).	F 000		
F 604 SS=D	Right to be Free from Physical Restraints CFR(s): 483.10(e)(1), 483.12(a)(2) §483.10(e) Respect and Dignity. The resident has a right to be treated with respect and dignity, including: §483.10(e)(1) The right to be free from any physical or chemical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms, consistent with §483.12(a)(2). §483.12 The resident has the right to be free from abuse, neglect, misappropriation of resident property, and exploitation as defined in this subpart. This includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to	F 604		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: ADMINISTRATOR | (X6) DATE: 5/17/22

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 604	Continued From page 1 treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(2) Ensure that the resident is free from physical or chemical restraints imposed for purposes of discipline or convenience and that are not required to treat the resident's medical symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time and document ongoing re-evaluation of the need for restraints. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, facility document review and in the course of a complaint investigation the facility staff failed to ensure 1 of 5 residents was free from physical restraints, Resident #1. For Resident #1 the facility staff failed to ensure the resident was free from physical restraints. The findings included: Resident #1's face sheet listed diagnoses which included but not limited to nontraumatic intracranial hemorrhage, dysphagia, muscle weakness, and hypertension. Resident #1's admission minimum data set with an assessment reference date of 04/03/22 assigned the resident a brief interview for mental status score of 0 out of 15 in section C, cognitive patterns. This indicates that the resident is severely cognitively impaired. Section P, physical restraints, indicated that no type of restraints were being used.	F 604		

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F 604	Continued From page 2 Resident #1's comprehensive care plan (CCP) was reviewed and contained care plans for "... is at risk for delirium r/t (related to) being inattentive with disorganized thinking d/t (due to) nontraumatic intracranial hemorrhage" and "Inappropriate (verbal/physical) sexual behavior verbal and touching related to unknown etiology". Resident #1's clinical record was reviewed on 04/26/22 and contained a nurse's progress note, which read in part "Approached by (resident's adult child)... (name omitted). He/She brought to my attention that 'someone had tied dad/mom to the bed last night'. (Adult child) was extremely angry and voiced his/her concerns. While doing my round this am, I do not recall anything being tied to the bed. My student ... (name omitted) did not recall anything as well. Pt was sitting up in wheelchair at front desk with mask on when we arrived for shift and voiced no concerns at all. Pt medication was administered at 0924. [Adult child] ... had approached me previously asking for medication and did not voice the concern about the issue. Full skin assessment was completed by myself and ... (certified nurse's aide [CNA] #1) and no bruising or open wounds were noted. While doing skin assessment resident stated 'no one had been mean to him/her last night'. Returned back to resident room to obtain blood pressure and (Adult child) ... (name omitted) stated 'I don't understand how anyone could do this. We used to do this at (name omitted) back in the day before it was against the law'. Unit managers aware of current situation. Will continue to monitor." This note was signed by licensed practical nurse (LPN) #2. Surveyor spoke with CNA #1 on 04/26/22 at 1:05	F 604		

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F 604	Continued From page 3	F 604		

pm. Surveyor asked CNA #1 if they recalled Resident #1 and the incident. CNA #1 stated they did not really much know about it, because "it happened on night shift". CNA #1 stated resident was up in chair when they arrived for the start of their shift. Surveyor asked CNA #1 if they had observed a sheet tied to Resident #1's bed, and CNA #1 stated they observed a sheet tied to the bed frame and "weaved through the side railing". Surveyor asked CNA #1 if the sheet was on the resident's bed and CNA #1 stated "it was laying in the floor". Surveyor asked CNA #1 if they recalled what time this was, and CNA #1 stated, "It was early, maybe 11:30 (am) or so".

Surveyor spoke with LPN #2 on 04/27/22 at 9:10 am. Surveyor asked LPN #2 if he recalled the resident and the incident and LPN #2 stated they did. Surveyor asked LPN #2 what they could recall about it, and LPN #2 stated they had come in on days and relieved the night shift nurse. Stated they made rounds with the night shift nurse, and did not see anything unusual. Stated that Resident #1 was already up, dressed and seated at the nurse's station. Stated that the resident's family came in later in the morning and requested a breathing treatment for the resident. LPN #2 stated that when they went into resident's room to administer the breathing treatment, the resident's adult child was very upset, due to finding a sheet tied to the side of the bed. Surveyor asked LPN #2 if they had observed the sheet tied to the bed at this time, and LPN #2 stated they had. Stated it was on the left side of the bed "tied to the side rail". Surveyor asked LPN #2 what they did then, and LPN #2 stated they told the two unit managers (UM), who then reported to the director of nursing (DON). LPN #2 stated, "Everyone came in". LPN #2 stated they

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F 604	Continued From page 4	F 604		

did a full assessment of the resident, and identified no problems. Stated the resident said they were fine and no one had tied them up. LPN #2 stated this was their day to work until 7 pm, and when evening shift came it at 3 pm, they apprised the oncoming staff of the situation. Stated at this time, temporary nurse aide (TNA) #4 came to them, stating "I need to tell you something", and stated "(LPN #1) was in the room last night and did that. I should have reported it, but I was scared". LPN #2 stated they immediately reported this to the DON.

Surveyor spoke with TNA #4 via telephone on 04/27/22 at 9:50 am. Surveyor asked TNA #4 what they recalled about Resident #1 and the incident. TNA #4 stated they were at the nurse's station, finishing their charting for the shift, when LPN #1 came out of Resident #1's room and "hollered for one of the agency CNA's". TNA #4 stated they told LPN #1 that both CNA's were busy, and LPN #1 asked them for assistance. TNA #4 stated when they entered the room, they observed Resident #1 lying in the floor. TNA #4 stated they and LPN #1 "picked (Resident #1) up and placed him/her back on the bed". TNA #4 stated that LPN #1 then took the flat sheet from the resident's bed, tied it in a knot under the bed, pulled it across the resident, tied it under the bed on the other side, then pulled the other bed covers up over the resident. TNA #4 stated that LPN #1 said, "Don't tell anybody". Surveyor asked TNA #4 what time this happened, and TNA #4 stated, "It was about 10:00 pm". Surveyor asked TNA #4 why they had waited until the next day to report the incident, and TNA #4 stated, "I was scared". Surveyor asked TNA #4 if they know what a mandated reporter is, and TNA #4 stated, "Well, I do now". Surveyor asked TNA #4 if they

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F 604	Continued From page 5 had received training on abuse prevention and reporting during their orientation, and TNA #4 stated that they did and that they have since received extra training on abuse/neglect and the reporting of such incidents. Surveyor spoke with LPN #3 and LPN #4, who are the unit managers, on 04/27/22 at 10:00 am. Surveyor asked them if they recalled Resident #1 and the incident, and LPN #4 stated that the resident's adult child had come to them and said there was a sheet tied to their parent's bed, and that it looked like "an old-time restraint". LPN #4 stated they called the DON to report the allegation. Surveyor asked LPN #4 if they saw the sheet, and LPN #4 stated, "It was tied through the bed frame, with a little knot right on the side rail, and then draped on the floor". Surveyor spoke with DON on 04/27/22 at 10:25 am. Surveyor asked DON to recall the incident, and DON stated that the unit managers (LPN #3 and LPN #4) called and said Resident #1 had a sheet tied to the side of the bed. Stated that the resident's adult child was very upset, and felt like that the resident had been restrained to the bed. DON stated that they and the unit managers went to the resident's room. DON stated they observed a sheet tied to the left side of the resident's bed, on the side rail, looped around the bed frame, and draped into the floor. DON stated they attempted to interview the resident, but "they were not really with it" and not oriented. DON stated that resident said no one had hurt them or tied them to the bed. DON stated they immediately started and investigation into the allegation of abuse. Surveyor asked the DON if the accused employee was still working at the facility, and DON stated that LPN #1, CNA #2,	F 604		

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F 604	Continued From page 6 CNA #3 and TNA #4 were all suspended pending the investigation. Upon completion of the investigation, LPN #1, CNA #2 and CNA #3 had been terminated. DON stated that TNA #4 was provided re-education on abuse reporting and allowed to return to work. Surveyor was unable to speak with LPN #1, CNA #2 or CNA #3. Surveyor requested and was provided with the facility's investigation into the allegation of abuse. This investigation contained copies of the criminal background screening reports for LPN #1, CNA #2 and #3, written statements from LPN #1, LPN #2, TNA #4, CNA #2, and CNA #3. The investigation also contained interviews from Resident #1 and other residents of the facility regarding abuse. The investigation also contained a copy of an email sent to the Virginia Department of Health Professions complaint department, which read in part, "Please see attached FRI (facility reported incident) from 4-6-22. At the start of the investigation we did not have a staff member that was accused. At the end of the investigation we have substantiated the allegation of abuse with ... (LPN #1) as having tied a resident to the bed..." Surveyor requested and was provide with facility policies entitled "Abuse Prevention Program" and "Use of Restraints". The Abuse Prevention policy read in part, "Our residents have the right to be free from abuse, neglect, misappropriation of resident property and exploitation. This includes, but not limited to freedom from corporal punishment, involuntary seclusion, verbal, mental, sexual or physical abuse, and physical or chemical restraint not required to treat the	F 604		

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F 604	Continued From page 7 resident's symptoms". The restraint policy read in part, "Restraints shall only be used for the safety and well-being of the resident(s) and only after other alternatives have been tried unsuccessfully. Restraints shall only be used to treat the resident's medical symptom(s) and never for discipline or staff convenience, or for the prevention of falls". Surveyor requested and was provided with a Plan of Correction, which read in part "1. The Administrator informed of allegation on 4/6/2022 regarding allegation of abuse with unvoluntary restraint of the resident on 4/5/2022. The identified resident had a psychosocial, physical, skin and pain assessment completed with no identified changes. MD/RP (medical doctor/responsible party), law enforcement, Ombudsman and APS (adult protective services) notified, and FRI sent of incident on 4/6/22. 2. All resident have the potential to be affected. An audit will be conducted by Social Services or designee on current residents 8 or above to include during interview psychosocial assessment, concerns or allegations with care or conduct. The DON or designee will conduct an audit on current residents to include skin assessments for residents with a BIMS (brief interview for mental status) of 7 or lower. If changes are identified, further intervention will be initiated with documentation and MD/RP notification. The administrator will be notified in person or via phone to determine if a Facility Report Incident and/or law enforcement is required. 3. In-services by the Facility Educator or designee for the facility staff on mandated abuse reporting by law, ethics, and policy to inform your department manager, a charge nurse or supervisor with escalation of report to the	F 604		

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F 604	Continued From page 8 Administrator and/or DON on the day as soon as possible in person or via phone to initiate a Facility Reported Incident and investigation. A staff person with knowledge or witnessed abuse must do what is right and report as soon as possible to protect the resident from harm. An investigation will be initiated documentation. 4. An audit will be conducted by the DON or designee on residents with reports of abuse, signs of abuse such as; skin changes (bruising redness, skin tears, abrasion etc.) of unknown origin, If founded, verify the abuse process followed with reporting, intervention, implemented to prevent further actions, MD/RP notification with documentation, the Administrator notified in person or via phone to determine if a Facility Report Incident and law enforcement is required weekly x 4 then monthly x 2. The findings will be reviewed and revised as needed x 3 months. 5. Date of compliance: 4/20/2022." The concern of the facility not ensuring the resident was free of physical restraint was discussed with the administrator, DON, interim DON, and director of rehab services on 04/27/22 at 3:30 pm. No further information was provided prior to exit. This is a past noncompliance complaint deficiency.	F 604		
F 921 SS=E	Safe/Functional/Sanitary/Comfortable Environ CFR(s): 483.90(i) §483.90(i) Other Environmental Conditions The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced	F 921	1. The resident's bathroom in room 206, 208 218, shared 209 and 211 and shared 214 and 2016 had the toilet paper holders replaced or repaired. 2. All residents' bathrooms have the potential be affected. An audit by	6/1/22

			the Director of Maintenance or designee conducted on all residents' bathrooms to verify toilet paper were attached and functional. Any findings of toilet paper holders missing or broken were replaced or repaired. 3. The Administrator or designee will in-service the Maintenance staff on the process for preventative maintenance for replacing or repairing toilet paper holders to maintain a functional bathroom environment for the resident. The Facility Educator will in-service facility staff on the process to submit a work order for missing or broken toilet paper holders for maintenance to repair or replace. 4. An audit will be conducted by the Director of Maintenance or designee on 10 bathrooms to verify the toilet paper holders are attached and functional weekly x 4 weeks then monthly x 2. The findings will be review or revised in the QAPI meeting x 3 months. 5. Date of compliance: June 1, 2022	

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F 921	Continued From page 9 by: Based on observations, interviews, facility document review, and in the course of a complaint investigation, the facility staff failed to ensure a functional environment for four (4) resident bathrooms. The facility staff failed to ensure four (4) resident bathrooms had functioning toilet paper holders. The findings include: Resident bathrooms were observed on 4/26/22. The resident bathroom shared by room 206 and room 208 was missing a toilet paper holder; two (2) rolls of toilet paper were noted to be tied to the handrail with what appeared to be plastic garbage bags. The following three (3) resident bathrooms were noted to have broken toilet paper holders: (a) room 218's bathroom, (b) the bathroom shared by room 209 and room 211; and (c) the bathroom shared by room 216 and room 214. The three (3) resident bathrooms with broken toilet paper holders had rolls of toilet paper placed on the handrails. On 4/27/22 at 8:11 a.m., the four (4) aforementioned resident bathrooms with broken and/or missing toilet paper holders were observed with the facility's Director of Rehabilitation. The following information was found in a facility policy titled "Maintenance Service" (with a revised date of December 2009): - "Maintenance service shall be provided to all area of the building, grounds, and equipment." - "Functions of maintenance personnel include, but are not limited to: ... Maintaining the building in good repair ..."	F 921		

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F 921	Continued From page 10 On 4/27/22 at 3:33 p.m., the observations of broken and/or missing toilet paper holders in the four (4) aforementioned resident bathrooms was discussed with the facility's Administrator, Director of Nursing, Interim Director of Nursing, and Director of Rehabilitation. This is a complaint investigation.	F 921		