PRINTED: 02/17/2023 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		495339	B. WING		06/30/2021
	ROVIDER OR SUPPLIER	SING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
F 000	INITIAL COMMENTS		F 00	0	
	survey was conducte Corrections are requi CFR Part 483 Federa requirements. The Li survey/report will follo The census in this 12	fe Safety Code ow. 0 certified bed facility was			
	consisted of 34 curre closed record reviews VA00052226- unsubs during the survey. Develop/Implement C	survey. The survey sample on the Resident reviews and 4 one complaint, stantiated was investigated comprehensive Care Plan	F 65	6	8/1/21
SS=D	§483.21(b) Comprehe §483.21(b)(1) The faci implement a comprehe care plan for each respective and timeframedical, nursing, and needs that are identificated assessment. The condescribe the following (i) The services that a or maintain the reside physical, mental, and required under §483. (ii) Any services that under §483.24, §483. provided due to the reunder §483.10, including treatment under §483.	cility must develop and thensive person-centered sident, consistent with the that §483.10(c)(2) and cludes measurable armes to meet a resident's mental and psychosocial fied in the comprehensive in the care plan must great to be furnished to attain ent's highest practicable psychosocial well-being as 24, §483.25 or §483.40; and would otherwise be required 25 or §483.40 but are not esident's exercise of rights ling the right to refuse			

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

TITLE (X6) DATE

Electronically Signed 07/15/2021

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.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPL IDENTIFICATION NUMBER: A. BUILDING			PLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		495339	B. WING			06/:	30/2021	
	ROVIDER OR SUPPLIER	RSING	•	20	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET ARMVILLE, VA 23901			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
F 656	rehabilitative service provide as a result or recommendations. If findings of the PASA rationale in the resid (iv)In consultation wiresident's representa (A) The resident's godesired outcomes. (B) The resident's profuture discharge. Fact whether the resident community was assellocal contact agencial entities, for this purp (C) Discharge plans plan, as appropriate, requirements set for section. This REQUIREMENT by: Based on staff internand clinical record refacility staff failed to comprehensive care in the survey sample #89. 1. The facility staff fa 327's comprehensive management of pain needed pain medical level rating was beloeight, without a pain attempting non-pharm multiple occasions d 2021.	s the nursing facility will f PASARR a facility disagrees with the RR, it must indicate its ent's medical record. th the resident and the ative(s)- cals for admission and eference and potential for cilities must document 's desire to return to the essed and any referrals to es and/or other appropriate ose. in the comprehensive care in accordance with the th in paragraph (c) of this T is not met as evidenced view, facility document review eview, it was determined the implement the plan for two of 38 residents r, Resident #27 and Resident illed to implement Resident	F	656	F000 To remain in compliance with all Federa and State regulations, that facility has will take the following actions set forth it the following plan of correction. The alleged deficiencies cited have been or will be corrected by the date(s) indicates F656 Develop/Implement Comprehens Care Plan & 12 VAC5-371-250G 1. All staff involved in 1a, 2a-b will be re-educated and skills validated to folloplan of care for pain mgt, wound care a foley placement below the level of the bladder. 2. Once the facility was notified of this occurrence during the survey process, nurse manager(s) made observations as	or in ed. ive w		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		495339	B. WING		,	6/30/2021	
	ROVIDER OR SUPPLIER ANOR REHAB AND NUR	SING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 656	pressure injury. LPN Resident #89's left bu of gauze wiping the w and then wiped back same gauze. 2.b. The facility staff comprehensive care #89's indwelling cath Resident #89's Foley staff onto the residen was lying in the bed. traveling up towards draining down toward The findings include: 1. Resident #27 was 2/11/2019 with diagn not limited to: chronic and rheumatoid arthr disease characterize The most recent MDs assessment, a quarte assessment reference the resident as scorir interview for mental s resident was modera cognitive decisions. The comprehensive of and reviewed on 3/9/ "Potential for pain (Po The "Approaches" do location, frequency,	e care plan for treatment of a #6 was observed cleaning attock wound using a piece wound from top to bottom up the wound using the failed to implement the plan for the care of Resident eter and urine collection bag. It catheter bag was placed by the total was observed the resident, instead of the total state of the collection bag.	F 65	no other staff were identified as following the plan of care. 3. All other nursing staff will be re-educated to follow plan of camgt, wound care and foley plate below the level of the bladder to potential for involvement of any residents. 4. Each quarter the DON/ADO designee will audit 10% of the PRN medication administration randomly chosen nurses per mound care and on positioning resident with a foley. Concerns will be addressed by SDC/ auditorial immediately and reporte committee/compliance for revier ecommendations until 100% of is obtained with prn pain medicadministration for prescribed proper wound care with foley public below the bladder. 5. Date: 8/1/21	are for pain cement to avoid y other N/SDC/ or MARs for n, and 2 nonth during I for a identified ditor with the did to the QA ew and compliance cation ain level,		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 656	physician. Attempt r measures such as re residents allows. Ac ordered." The physician orders documented in part, Tylenol used to treat 1/2 tablet by mouth e pain (8-10) [8 to 10 or meaning the worse propain]. The April 2021 MAR record) for Resident physician order for Nothen Norco was admindates and times and regarding the adminidates and times and regarding the administration of Nothen Norco was administration of No	non-pharmacologic pain relief epositioning and back rubs as alminister medication as a dated, 7/11/2020, "Norco (an opioid with pain) (2) 5-325 tablet, take every 6 hours as needed for on a pain scale of 0 to 10, ten pain ever and zero meaning and ever and zero meaning a documented the following documented the following documented the following estration of the Norco: a There was no evidence of the attempted and interventions prior to the reco. b "c/o (complained of) bilateral lower extremity) 7/10 out of ten]." a "c/o aching pain in right and assessment or macological interventions	F 65	6		

NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMP			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
MAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGS (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DREFIX TAGS (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DREFIX TAGS (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DREFIX TAGS (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DREFIX TAGS DREFIX TAGS			495339	B. WING		06/30/2021
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY F 656 Continued From page 4 4/9/2021 at 6:07 p.m. There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/10/2021 at 10:42 a.m "c/o of back pain, 7/10, refused repositioning." 4/10/2021 at 10:42 a.m "c/o of aching pain in right leg, 7/10, repositioning ineffective." 4/11/2021 at 10:21 p.m "PRN (as needed) administered pain." There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/13/2021 at 6:42 p.m There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/13/2021 at 6:42 p.m There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/13/2021 at 9:00 p.m "Resident requested for pain. Non-pharmacological interventions without		AME OF PROVIDER OR SUPPLIER COLLY MANOR REHAB AND NURSING	2	2003 COBB STREET	,	
4/9/2021 at 6:07 p.m. There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/10/2021 at 10:42 a.m "c/o of back pain, 7/10, refused repositioning." 4/10/2021 at 6:06 p.m There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/11/2021 at 12:40 a.m "c/o of aching pain in right leg, 7/10, repositioning ineffective." 4/11/2021 at 10:21 p.m "PRN (as needed) administered pain." There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/13/2021 at 6:42 p.m There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/14/2021 at 9:00 p.m "Resident requested for pain. Non-pharmacological interventions without	PRÉFIX	(EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP	D BE COMPLETION
repositioning ineffective." 4/16/2021 at 5:49 p.m There was no	F 656	4/9/2021 at 6:07 p.r evidence of a pain a non-pharmacological administration of Not 4/10/2021 at 10:42 refused repositionin 4/10/2021 at 6:06 p documented eviden attempted non-phar prior to the administ 4/11/2021 at 12:40 right leg, 7/10, repositioning administered pain." evidence of a pain a non-pharmacological administration of Not 4/13/2021 at 6:42 p documented eviden attempted non-phar prior to the administ 4/14/2021 at 9:00 p pain. Non-pharmacorelief." 4/15/2021 at 3:51 p repositioning ineffect 4/16/2021 at 5:49 p documented eviden attempted non-phar prior to the administ 4/17/2021 at 12:38 leg. 7/10, reposition 4/17/2021 at 11:39 effective." 4/18/2021 at 6:43 p documented eviden	m. There was no documented assessment or attempted al interventions prior to the orco. a.m "c/o of back pain, 7/10, g." .m There was no oce of a pain assessment or macological interventions tration of Norco. a.m "c/o of aching pain in sitioning ineffective." p.m "PRN (as needed) There was no documented assessment or attempted al interventions prior to the orcom There was no oce of a pain assessment or macological interventions tration of Norcom "Resident requested for cological interventions without .m "c/o right leg pain 7/10, otive." .m There was no oce of a pain assessment or macological interventions tration of Norco. p.m. "c/o aching pain in right ing ineffective." p.m "c/o pain reposition not .m There was no oce of a pain assessment or	F 656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
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(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)	D 4.T.E.
F 656	attempted non-phar prior to the administ 4/23/2021 at 6:27 p documented evident attempted non-phar prior to the administ 4/26/2021 at 5:50 p repositioning ineffect 4/27/2021 at 12:34 effective." 4/27/2021 at 8:24 p right side hip pain, 7 repositioning." 4/28/2021 at 1:49 p repositioning ineffect 4/28/2021 at 7:54 p right hip and leg pair repositioning. PRN 4/29/2021 at 1:41 p 7/10, repositioning in PRN 4/29/2021 at 10:46 documented evident attempted non-phar prior to the administ The May 2021 MAR record) for Resident physician order for late Norco was admined attempted non-phar prior to the administ The Norco was admined attempted non-phar prior to the administ The Norco was admined attempted non-phar prior to the administ The Norco was admined attempted non-phar prior to the administ The Norco was admined attempted non-phar prior to the administ The Norco was admined attempted non-phar prior to the administ The Norco was admined attempted non-phar prior to the administ The Norco was admined attempted and times and regarding the admined the Norco was admined attempted evident the Norco was admined the Norco was admin	.m There was no ce of a pain assessment or macological interventions tration of Norcom There was no ce of a pain assessment or macological interventions tration of Norcom "c/o right leg pain, 7/10, ctive." a.m "c/o pain reposition not .m "Resident requested for 7/10, No relief with .m "c/o right leg pain, ctive." .m "Resident requested for n, 7/10. No relief with med given per order." .m "c/o of right leg pain, neffective." p.m. There was no ce of a pain assessment or macological interventions tration of Norco. a (medication administration the 427 documented the above Norco. The MAR documented inistered on the following didocumented the following instration of the Norco: .m "c/o pain reposition not	F	656		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495339	B. WING _			06/30/2021	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 656	effective." 5/4/2021 at 9:33 a.m. pain." There was no opain assessment or a non-pharmacological administration of Nor 5/6/2021 at 1:11 a.m. effective." 5/6/2021 at 6:26 p.m. documented evidenc attempted non-pharm prior to the administra 5/7/2021 at 9:45 p.m. documented evidenc attempted non-pharm prior to the administra 5/10/2021 at 12:22 a hi, 7/10. Repositionin 5/10/2021 at 8:12 p.m. There was no eviden non-pharmacological administration of Nor 5/11/2021 at 8:26 p.m. pain in hips and back repositioning." 5/12/2021 at 11:36 p. effective." 5/13/2021 at 10:09 p pain." There was no opain assessment or a non-pharmacological administration of Nor 5/14/2021 at 3:38 p.m. pain in hips and back repositioning."	ation of Norco. - "c/o pain repositioning not - "PRN administered - documented evidence of a attempted interventions prior to the co "c/o pain reposition not - There was no e of a pain assessment or nacological interventions ation of Norco There was no e of a pain assessment or nacological interventions ation of Norco "C/o aching pain in right g ineffective." n. "PRN administered, pain." ce of a pain assessment or interventions prior to the co. n "Resident requested for t. No relief with - "C/o pain reposition not - "PRN administered documented evidence of a attempted interventions prior to the co. n "Resident requested for t. There was no e of a pain assessment or interventions prior to the co "C-" pain reposition not - "Resident requested for t. There was no e of a pain assessment or interventions prior to the co "C-" pain reposition not - "Resident requested for t. There was no e of a pain assessment or interventions prior to the co "C-" pain reposition not - "Resident requested for t. There was no e of a pain assessment or the co "C-" pain reposition not - "Resident requested for the co "Resident requested for	F 6	56			

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F 656	pain." There was no pain assessment of non-pharmacologic administration of No 5/16/2021 at 5:14 p documented evider attempted non-pharprior to the adminis 5/17/2021 at 8:21 p pain in back and hip repositioning." 5/18/2021 at 8:29 p pain." There was no pain assessment of non-pharmacologic administration of No 5/20/2021 at 12:38 effective." 5/21/2021 at 6:43 p documented evider attempted non-pharprior to the adminis 5/22/2021 at 10:31 hip and back pain 7 repositioning." 5/24/2021 at 4:20 p repositioning refuse evidence of a pain administration of No 5/25/2021 at 4:56 p pain in back and hip repositioning." 5/26/2021 at 12:43 effective." There was no pain assessment or non-pharmacologic administration of No 5/25/2021 at 4:56 p pain in back and hip repositioning." 5/26/2021 at 12:43 effective." There was no pain assessment or non-pharmacologic administration of No 5/25/2021 at 4:56 p pain in back and hip repositioning." 5/26/2021 at 12:43 effective." There was no pain assessment or non-pharmacologic administration of No 5/25/2021 at 4:56 p pain in back and hip repositioning."	a.m "PRN administered of documented evidence of a rattempted all interventions prior to the orco. a.m There was no once of a pain assessment or remacological interventions tration of Norco. a.m "Resident requested for os 7/10. No relief with a.m "PRN administered of documented evidence of a rattempted all interventions prior to the orco. p.m "c/o pain reposition not a.m "C/o pain reposition not a.m There was no once of a pain assessment or remacological interventions tration of Norco. p.m "Resident requested for ref/10. no relief with a.m "c/o r (right) leg pain or red." There was no documented dassessment prior to the orco. a.m "Resident requested for ref." a.m "c/o r (right) reposition not red." There was no documented assessment prior to the orco. a.m "Resident requested for "Resident	F 65	6	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 656	effective." There was a pain assessment properties of the administration of the administ	m. "C/o pain reposition not no documented evidence of ior to the administration of a There was no e of a pain assessment or accological interventions ation of Norco. a There was no e of a pain assessment or accological interventions ation of Norco. a There was no e of a pain assessment or accological interventions ation of Norco. a "c/o generalized pain. relief." (medication administration #27 documented the above orco. The MAR documented istered on the following documented the following stration of the Norco: - There was no e of a pain assessment or accological interventions ation of Norco. - "c/o generalized pain accological interventions ation of Norco. - "c/o LE (lower extremity) prelieved by repositioning or accological interventions	F 68	56			

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F 656	effective." 6/12/2021 at 6:27 p.m documented evidence attempted non-pharm prior to the administra 6/13/2021 at 12:49 a. effective." 6/17/2021 at 12:35 a. effective." 6/17/2021 at 5:45 p.m pain, 7/10. Unrelieved diversional activities. 6/18/2021 at 6:39 p.m documented evidence attempted non-pharm prior to the administra 6/21/2021 at 12:13 p. refused repositioning. 6/21/2021 at 8:25 p.m 7/10. Unrelieved by reactivities." 6/22/2021 at 8:25 p.m right hip and leg pain repositioning. "6/23/2021 at 1:55 a. repositioning ineffecti 6/25/2021 at 5:32 p.m right hip and leg pain repositioning." 6/26/2021 at 6:49 p.m documented evidence attempted non-pharm prior to the administra 6/27/2021 at 6:37 p.m documented evidence attempted non-pharm prior to the administra 6/27/2021 at 6:37 p.m documented evidence attempted non-pharm prior to the administra 6/27/2021 at 6:37 p.m documented evidence attempted non-pharm prior to the administra 6/27/2021 at 6:37 p.m	n "C/o pain reposition not n There was no e of a pain assessment or laccological interventions ation of Norco. m "C/o pain reposition not m "C/o right leg pain m "C/o right leg pain m "C/o right leg pain m "Resident requested for m "C/o right leg pain m "Resident requested for m "There was no me of a pain assessment or macological interventions macological interventions macological interventions macological interventions	F	656			

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F 656	7/10. Unrelieved by ractivities." An interview was compractical nurse) #2 or regarding the purpos plan. LPN #2 stated i our residents. When care plan should be fit's to give the best catalant interview was compared in the purpose of the catalant interview was compared in the purpose of the catalant interview was compared in the purpose of the catalant interview was compared in the purpose of the catalant interview was compared in the purpose of the catalant in the purpose of the purpose of the catalant in the purpose of the purpose of the purpose of the catalant in the purpose of the	ducted with LPN (licensed of 6/30/2021 at 8:55 a.m., er of the comprehensive care the tree that we can. ducted with ASM onember) #2, the director of 1 at 9:08 a.m. When asked it ur resident. To provide the tion how to care for your one of 1 at 9:08 a.m. When asked or plan is, ASM #2 stated it ur resident. To provide the tion how to care for your one of 1 at 9:08 a.m. when asked are plan is, ASM #2 stated it the plan is a state is a state in the plan is a sta	F	356			
	communication tool a members that helps of careThe nursing care information about the and goals. It contain achieving the goals of and is used to direct revise and update the there are changes in with new orders" (3) ASM #1, the administration and the communication is a member of the care changes in with new orders"	re plan is a vital source of patient's problems, needs, s detailed instructions for established for the patient careexpect to review, e care plan regularly, when condition, treatments, and					

AND DUAN OF CORDECTION IDENTIFICATION NUMBER.		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495339	B. WING			06/30/2021
	ROVIDER OR SUPPLIER ANOR REHAB AND NUR	SING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 656	Continued From pag	e 11	F 6	56		
	compliance, were ma findings on 6/30/202	ade aware of the above 1 at 12:56 p.m.				
	No further informatio	n was provided prior to exit.				
	Non-Medical Reader Chapman, page 511 (2) This information of following website: https://medlineplus.g (3) Fundamentals of	ry of Medical Terms for the , 5th edition, Rothenberg and was obtained from the ov/ency/article/002670.htm. Nursing Lippincott Williams ncott Company Philadelphia				
	#89's comprehensive pressure injury. LPN Resident #89's left broof gauze wiping the vand then wiped back same gauze. Resident #89 was ac 5/20/2021 with a rear	failed to implement Resident e care plan for treatment of a #6 was observed cleaning attock wound using a piece wound from top to bottom up the wound using the Imitted to the facility on dmission on 6/7/2021 with led but were not limited to:				
	diabetes, benign pro- enlarged prostate) (1 (Psychotic disorders that cause abnormal (2)	static hypertrophy (an), and psychotic disorders are severe mental disorders thinking and perceptions.) S (minimum data set)				
	assessment, an adm assessment reference the resident as scori	ission assessment, with an se date of 6/13/2021, coded ng a "3" on the BIMS (brief status) score, indicating the				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495339	B. WING _	 		06/30/2021	
	NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING			STREET ADDRESS, CITY, STATE, ZIP COI 2003 COBB STREET FARMVILLE, VA 23901	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 656	cognitive decisions. Trequiring extensive as activities of living excrequired supervision provided. In Section I resident was coded a injury. (According to Madvisory Panel's Upd System: A pressure ulcer is loand/or underlying tiss prominence, as a resin combination with snumber of contributin also associated with significance of these elucidated. Stage 3 is tissue loss. Subcutan bone, tendon or must may be present but dissue loss. May incluting the comprehensive of documented in part, "further impaired skin wound to sacrum (pre [discharged] to hospit [status post] debrider Non-compliant with p "Approaches" docum wound status and rep (medical doctor). Adiordered. Assess impasymptoms) of infections.	rimpaired to make daily The resident was coded as assistance for most of his ept eating in which he after set up assistance was M - Skin Conditions, the is having a stage 3 pressure National Pressure Ulcer lated Pressure Ulcer Staging calized injury to the skin sue usually over a bony ult of pressure, or pressure hear and/or friction. A g or confounding factors are pressure ulcers; the factors is yet to be a defined as full thickness are usually over the depth of de undermining and care plan dated, 5/20/2021, Problem/Need: Potential for integrity. Admitted with essure ulcer d/c'd atal 6/1/2021 readmitted s/p ment of wound). Ositioning at times." The ented in part, "Monitor fort any decline to MD minister treatments as aired area for s/s (signs and in i.e., redness, swelling, melling odor or drainage.	F6	56			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		495339				06/30/2021	
	ROVIDER OR SUPPLIER	URSING	•	STREET ADDRESS, CITY, STATE, ZIF 2003 COBB STREET FARMVILLE, VA 23901	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIAT		
F 656	wound care by LPI on 6/29/2021 at 1: Resident #89 with on each buttock. F #89 recently had a on both buttocks of the supplies and p wound care. She president's wound of gauze pad and wo change gloves and buttock with a gauze observation revea buttock wound from back up the wound Observation revea four sutures in place open. The left but wound being partial wound did not meet the prescribed drewith an abdominal An interview was of practical nurse) #2 When asked the progression care plan, LPN #2 care of our resider comprehensive care	age 13 nade of Resident #89 receiving N (licensed practical nurse) # 6 47 p.m. Observation revealed two pressure sore areas, one for the clinical record Resident closure of his pressure injuries completed. LPN # 6 prepared cositioned Resident # 89 for his proceeded to clean the first the right buttock with a sund cleanser. LPN # 6 did not he proceeded to clean the left for the right buttom and then wiped he with the same gauze. It will be ally open. The edges of the first LPN #6 proceeded to apply sing, a 4x4 gauze covered pad and paper tape. Sonducted with LPN (licensed on 6/30/2021 at 8:55 a.m. surpose of the comprehensive stated it's the order to take the replan should be followed, s, it's to give the best care that	F	656			
	(administrative sta nursing, on 6/30/20 the purpose of the ASM #2 stated it d	conducted with ASM If member) #2, the director of the control of					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ´	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495339	B. WING		06/30/2021	
	ROVIDER OR SUPPLIER ANOR REHAB AND NU	RSING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	,	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	JLD BE COMPLETION	
F 656	care for your reside A copy of the facility care plan was reque a.m. from ASM #3, ASM #1, the admini of nursing, and ASM compliance, were m findings on 6/29/202 No further information following website: https://www.nlm.nih statebph.html. (2) This information following website: https://vsearch.nlm.meta?v%3Aprojectmedlineplus-bundle (3) This information following website: https://www.npuap.o.	or policy for implementing the ested on 6/30/2021 at 8:49 the director of compliance. Strator, ASM #2, the director of the director of corporate made aware of the above	F 65	,		
	comprehensive care #89's indwelling cat Resident #89's Fole staff onto the reside was lying in the bed traveling up towards draining down towa The comprehensive	f failed to implement the e plan for the care of Resident heter and urine collection bag. ey catheter bag was placed by ent's bed while the resident I. Urine was observed as the resident, instead of rds the collection bag.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495339	B. WING _			06/30/2021
	ROVIDER OR SUPPLIER	RSING	1	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 656	catheter, d/c (discon catheter." The "Appr" "Assist with catheter Encourage resident to thigh to prevent proceedings of the collection bag below for kinks. Provide as ambulation as needed Observation was maded of LPN (licensed prawound care for Resider supplies. She the positioning himself in change. Resident #8 the bed. LPN #6 was residents indwelling and placed it onto the Resident #89 to a lyith Observation revealed of the collection bag traveling up towards draining down toward then performed the collection bag traveling was comple #89 into a sitting posend then lowered the bag to the side of the revealed a large, appled wet spot on the resides in the resides of his right kneets.	d to presence of indwelling tinued 6/1. 6/7/21 suprapubic oaches" documented in part, care per facility protocol. to allow securing of catheter ulling on tubing and to keep bladder level. Check tubing sistance during transfer and ed." de on 6/29/2021 at 1:47 p.m. ctical nurse) # 6 performing dent #89. LPN #6 gathered en assisted the resident with a the bed for the dressing 89 was sitting on the side of a observed lifting the catheter urine collection bag e bed. She then assisted ing position on the bed. d Resident #89's legs on top Urine was observed the resident, instead of dis the collection bag. LPN #6 dressing change. After the eted, she assisted Resident sition on the side of the bed e Foley catheter collection bed bed frame. Observation proximately six by three inch, lent's trousers, on the left enducted with LPN #6	F 6	56		
	the placement of a F bag. LPN #6 stated, I hook it to the side of	e dressing change regarding foley catheter urine collection "When the resident is in bed, of the bed at the bed frame so bwn." When asked why she				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495339	B. WING		06/30/2021	
	NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 656	stated she should hat the bed on the bed fris done, LPN #6 state LPN #6 was informed the collection bag platflowing up the cathet bladder. LPN #6 state going back up and be An interview was corpractical nurse) #2 of When asked the purpose of our residents plan should be follow to give the best care. An interview was corpractical nurse plan, LPN #2 state of our residents plan should be follow to give the best care. An interview was corporated an interview was corporated and the purpose of the conformation of nursing, on 6/30/202 the purpose of the conformation of nursing, and ASM #2 stated it directly to provide the staff was care for your resident ASM #1, the administ of nursing, and ASM compliance, were materially stated to the purpose of the conformation of the purpose of	on bag on the bed, LPN #6 ve put it on the other side of ame. When asked why that ed it's for infection control. If of the above observation of aced on the bed and the urine er towards the resident's ed, "That would be dirty urine eing an infection problem." Inducted with LPN (licensed in 6/30/2021 at 8:55 a.m. cose of the comprehensive eated it's the order to take it. When asked if the care are aced, LPN #2 stated, yes, it's that we can. Inducted with ASM member) #2, the director of 1 at 9:08 a.m. When asked comprehensive care plan is, acts the care for our resident. With the information how to t. It trator, ASM #2, the director #3, the director of corporate ade aware of the above	F 65	6		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTI IDENTIFICATION NUMBER: A. BUILDIN		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495339	B. WING		06/30/2021		
	NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION		
F 656	meta?v%3Aproject=i medlineplus-bundle8	ih.gov/vivisimo/cgi-bin/query- medlineplus&v%3Asources= query=psychotic+disorders.	F 656		0/4/04		
F 686 SS=D	S483.25(b) Skin Integ §483.25(b) (1) Pressure Based on the compreresident, the facility r (i) A resident receive professional standard pressure ulcers and ulcers unless the indidemonstrates that th (ii) A resident with professional standard pressure ulcers and ulcers unless the indidemonstrates that th (ii) A resident with professional standard promote healing, prenew ulcers from deverthis REQUIREMENT by: Based on observation document review and was determined the factorism and the survey sample, Resident #89's right wiped down the left by the same prevent infection for survey sample, Resident #89's right wiped down the left by the same prevent infection for survey sample, Resident #89's right wiped down the left by the same prevent infection for survey sample, Resident #89's right wiped down the left by the same prevent infection for survey sample, Resident #89's right wiped down the left by the same prevent infection for survey sample, Resident #89's right wiped down the left by the same prevent infection for survey sample, Resident #89's right wiped down the left by the same prevent infection for survey sample, Resident #89's right wiped down the left by the same prevent infection for survey sample, Resident #89's right wiped down the left by the same prevent infection for survey sample, Resident #89's right wiped down the left by the same prevent infection for survey sample, Resident #89's right wiped down the left by the same prevent infection for survey sample, Resident #89's right wiped down the left by the same prevent infection for survey sample, Resident #89's right wiped down the left by the same prevent infection for survey sample.	grity ure ulcers. chensive assessment of a must ensure that- s care, consistent with ds of practice, to prevent does not develop pressure ividual's clinical condition ey were unavoidable; and essure ulcers receives and services, consistent indards of practice, to vent infection and prevent eloping. T is not met as evidenced on, staff interview, facility d clinical record review, it facility staff failed to provide iner to promote healing and one of 38 residents in the ident #89. Inge gloves between cleaning and left buttock wound and buttock wound from top to ed back up the wound using	F 686	F686 Tx/Services to prevent/ heal Pressure Ulcer & 12 VAC5-371-220-C1. LPN #6 provided re-training on wou care during the survey once the facility was made aware of the concern. 2. Once the facility was notified of this occurrence during the survey process nurse manager(s) made observations no other staff were found to be deviati from standards of practice. 3. All other nursing staff will be re-educated on the processes of wour care. 4. Each quarter the DON/ADON/SDC/designee will observe 2 randomly cho	and , and ng		

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		495339	B. WING _	B. WING		06/	30/2021
	ROVIDER OR SUPPLIER ANOR REHAB AND NUR	SING	•	20	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET ARMVILLE, VA 23901		
(X4) ID PREFIX TAG			ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(X5) COMPLETION DATE
F 686	Resident #89 was ad 5/20/2021 with a read diagnoses that included diabetes, benign prosenlarged prostate) (1 (Psychotic disorders that cause abnormal (2) The most recent MDS assessment, an adminassessment reference the resident as scorin interview for mental seresident was severely cognitive decisions. Trequiring extensive activities of living extensive activities of l	mitted to the facility on dmission on 6/7/2021 with led but were not limited to: static hypertrophy (an), and psychotic disorders are severe mental disorders thinking and perceptions.) S (minimum data set) ission assessment, with an led date of 6/13/2021, codeding a "3" on the BIMS (brief status) score, indicating the ly impaired to make daily. The resident was coded as sesistance for most of his lept eating in which he lafter set up assistance was M - Skin Conditions, the les having a stage 3 pressure lated Pressure Ulcer stated Pressure Ulcer Staging calized injury to the skin sue usually over a bony lutt of pressure, or pressure hear and/or friction. A leg or confounding factors are pressure ulcers; the factors is yet to be sedefined as full thickness leous fat may be visible but cle are not exposed. Slough loes not obscure the depth of	F	686	nurse provide wound care per month. Concerns identified will be addressed to SDC/ auditor with the nurse immediate and reported to the QA committee/compliance for review and recommendations until 100% compliant is obtained. 5. Date: 8/1/21	ly	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		495339	B. WING			06/	30/2021
	ROVIDER OR SUPPLIER	SING	1	2	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET FARMVILLE, VA 23901	, 00.	•
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 686	wound care by LPN (on 6/29/2021 at 1:47 Resident #89 with two on each buttock. Per #89 recently had a clon both buttocks comthe supplies and positions wound care. She progresident's wound on a gauze pad and woun change gloves and puttock with a gauze Observation revealed buttock wound from the back up the wound, wo Observation revealed four sutures in place open. The left buttock wound being partially wound did not meet. The prescribed dressi with an abdominal path An interview was con 6/29/2021 at approximate wound with the same When asked why you go back up with the similar back up on the wabove observation was a wound with the same When asked why you go back up on the wabove observation was a wound with the same When asked why you go back up on the wabove observation was a work an interview was considered.	de of Resident #89 receiving licensed practical nurse) # 6 p.m. Observation revealed o pressure sore areas, one the clinical record Resident osure of his pressure injuries apleted. LPN # 6 prepared itioned Resident # 89 for his ceeded to clean the the right buttock with a d cleanser. LPN # 6 did not roceeded to clean the left and wound cleanser. It LPN #6 wiped down the left op to bottom and then wiped with the same gauze. If the right buttock still had and the wound was partially the had three sutures with the ropen. The edges of the LPN #6 proceeded to applying, a 4x4 gauze covered	F	686			
	6292021 at 2:29 p.m.	. When asked once you ou go back over that same					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		495339	B. WING _	B. WING		06/	/30/2021	
	ROVIDER OR SUPPLIER	SING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901				
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 686	Continued From page	≥ 20	F 6	886				
	"No, Ma'am, because and bringing back ge cleaned." The above shared with RN #3.	you just used, RN #3 stated, it would be contaminating it rms to the area you just wound care observation was						
	documented in part, 'further impaired skin wound to sacrum (pro [discharged] to hospi [status post] debrider compliant with positic "Approaches" docum wound status and rep (medical doctor). Ad ordered. Assess impasymptoms) of infection fever, and any foul sr Report any abnormal	tal 6/1/2021 readmitted s/p ment of wound). Non oning at times." The ented in part, "Monitor oort any decline to MD minister treatments as aired area for s/s (signs and on i.e., redness, swelling, melling odor or drainage. ities to physician."						
	Prevention/Care of documentation of how performed.							
	director of complianc "In-Service Training F "Yearly Skills Evaluat entitled, "Wound Cardocumented in part," towel on bedside tabl that you will be dress the direct wounds. O different wound and w							
		sing Made Incredibly Easy, Wilkins, 2007, page 428.						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER ANOR REHAB AND NUI	RSING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	,	
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 686	least-contaminated a most-contaminated a wound, such as an it to bottom in one most wound and moving of such as a pressure of concentric circles, as wound and moving of gauze pad each time. Discard the gauze prepeat the procedure entire wound. Dry the pads, using the same Discard the used gather wound and moving of nursing, and ASM compliance, were material formation of fully information of the pads of the procedure entire wound. The pads of the procedure entire wound. Dry the pads of the pads of the procedure entire wound. Dry the pads of the pads of the procedure entire wound. Dry the pads of the pads	sure to move from the area to the area. For a linear shaped ncision, gently wipe from top tion, starting directly over the outward. For an open wound, ulcer, gently wipe in gain starting directly over the outward. Us a separate the the wound is cleaned. The area of the wound with 4" X 4" gauze the wound with 4" X 4" gauze the procedure as for cleaning. The wound with 4" X 4" gauze the procedure as for cleaning. The area of the plastic bag." Strator, ASM #2, the director at #3, the director of corporate and aware of the above that 5:40 p.m. The was obtained from the gov/medlineplus/enlargedpro was obtained from the was obtained f	F 68			
F 690 SS=D	medlineplus-bundle (3) This information following website: http://www.npuap.orclinical-resources/np	medlineplus&v%3Asources= &query=psychotic+disorders. was obtained from the g/resources/educational-and- puap-pressure-injury-stages/ ntinence, Catheter, UTI	F 69		8/1/21	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED			
		495339	B. WING _			06/30/2021		
	ROVIDER OR SUPPLIER	SING	·	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE		
F 690	resident who is continuadmission receives a maintain continence condition is or become not possible to maintain S483.25(e)(2)For a reincontinence, based comprehensive asseensure that- (i) A resident who entinuadming catheter is resident's clinical concatheterization was reindwelling catheter or indwelling catheter or is assessed for remo as possible unless the demonstrates that cand (iii) A resident who is receives appropriate prevent urinary tract continence to the ext \$483.25(e)(3) For a reincontinence, based comprehensive asseensure that a resident	nce. cility must ensure that nent of bladder and bowel on ervices and assistance to unless his or her clinical nes such that continence is ain. esident with urinary on the resident's ssment, the facility must ters the facility without an not catheterized unless the adition demonstrates that necessary; ters the facility with an r subsequently receives one val of the catheter as soon e resident's clinical condition theterization is necessary; incontinent of bladder treatment and services to infections and to restore ent possible.	F	590				
	restore as much norr possible. This REQUIREMENT by:			F690 Bowel/Bladder Inco	ontinence & 12			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULT A. BUILDIN		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER ANOR REHAB AND NUI	RSING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	, 55555
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 690	document review an was determined the an indwelling catheter professional standar comprehensive persone of 38 residents in Resident # 89. The indwelling catheter cresident's bladder. Oplaced Resident #89 bed while the reside Urine was observed resident and not tow. The findings include Resident #89 was as 5/20/2021 with a readiagnoses that includiabetes, benign profenlarged prostate) ("(Psychotic disorders that cause abnorma People with psychos Two of the main synhallucinations. Delus as thinking that som or that the TV is sen Hallucinations are fathearing, seeing, or fithere.) (2). The most recent MD assessment, an admassessment reference the resident as scori interview for mental resident was severe	d clinical record review, it facility staff failed to maintain er consistent with ds of practice, and the on-centered care plan for in the survey sample, nurse failed to maintain the collection bag below the Observation revealed the staff d's Foley catheter bag on the int received wound care. flowing up towards the eards the collection bag.	F 69	VAC5-371-220-C3 1. LPN #6 provided re-training on for positioning during the survey once the facility was made aware of the concest accurrence during the survey procest murse manager(s) made observation no other staff were found to be devisived from standards of practice. 3. All other nursing staff will be re-educated on the processes of work care. 4. Each quarter the DON/ADON/SD designee will observe 2 randomly of nurse provide wound care per mont Concerns identified will be addressed SDC/ auditor with the nurse immediand reported to the QA committee/compliance for review are recommendations until 100% complis obtained. 5. Date: 8/1/21	che pern. his pe

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495339	B. WING		06/30/2021		
	ROVIDER OR SUPPLIER	RSING	:	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION		
F 690	activities of living ex required supervision provided. In Section Resident #89 was concatheter. Observation was mand of LPN (licensed prawound care on Resident supplies. She the position himself in the change. The resident the bed. LPN #6 proceeded the resident of the assisted the resident of the dressing was do into a sitting position then lowered the collection of the collection of the dressing was do into a sitting position then lowered the collection of the collection of the dressing was do into a sitting position then lowered the collection of the collection of the collection of the dressing was do into a sitting position then lowered the collection of the collect	assistance for most of his cept eating in which he after set up assistance was H - Bladder and Bowel, oded as having an indwelling ade on 6/29/2021 at 1:47 p.m. actical nurse) # 6 performing dent #89. LPN #6 gathered en assisted the resident to be bed for the dressing in twas sitting on the side of ceeded to lift the indwelling tion bag onto the bed. She sident to lie down with his allection bag. Urine was proposed to be assisted the resident and ection bag. LPN #6 in the dressing change. After the ine, she assisted the resident in on the side of the side of the in the resident's left side of his ge, approximately six by three	F 690				
	hook it to the side of When asked why we the urine will drain d put the urine collecti stated she should hat the bed on the bed f is done, LPN #6 stat	the bed at the bed frame. do that, LPN #6 stated, "So own." When asked why she on bag on the bed, LPN #6 ave put it on the other side of					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION 3	(X3) DATE SUR COMPLETE		
		495339	B. WING	 	06/30/2	2021	
	ROVIDER OR SUPPLIER ANOR REHAB AND NUI	RSING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	,	, 00,00,00	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE CC	(X5) MPLETION DATE	
F 690	Continued From pag	ge 25	F 69	90			
	flowing up the cathe bladder, LPN #6 star going back up and be an interview was conurse) #3, the assist 6/29/2021 at 2:29 p. indwelling urine colle RN #3 stated it shout the bed frame of the leg or bladder. When on the bed, should the on the bed, RN #3 sable to drain adequate	the observation of the urine ter towards the resident's ted, "That would be dirty urine leing an infection problem." Inducted with RN (registered cant director of nursing, on m. When asked where an ection bag should be stored, all be not on the floor but on bed, it has to be below the masked if a resident is lying the collection bag be placed tated, "No, it's not going to be ately and you run the risk of ing up to the bladder, an other."					
	documented in part, injury/infection related catheter, d/c (discond catheter." The "Appr" "Assist with catheter Encourage resident to thigh to prevent procedure to thigh to prevent procedure as ambulation as needed. The facility policy, "Catheter" document resident comfortably bladder." According to Fundar Williams and Wilkins	Catheter Care, Indwelling ed in part, "11. Position r, drainage bag below mentals of Nursing Lippincott s Eighth Edition 2006, r, page 757, titled Renal and					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495339	B. WING			06/	30/2021
	ROVIDER OR SUPPLIER	SING		20	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET ARMVILLE, VA 23901		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 690	Catheter and Closed subheading: "Maintai system: 2. Maintain ab. Urine should not be because free flow of prevent urinary tract i occurs when the tubin allowing pools of urin Keep the bag off the contamination." ASM #1, the administ of nursing, and ASM compliance, were mafindings on 6/29/2021	Drainage System" the ning a closed drainage on unobstructed urine flow. e allowed to collect in tubing urine must be maintained to infection. Improper drainage ing is kinked or twisted, e to collect in the tubing. c. floor to prevent bacterial trator, ASM #2, the director #3, the director of corporate de aware of the above	F	690			
F 697 SS=E	References: (1) This information we following website: https://www.nlm.nih.gstatebph.html. (2) This information we following website: https://vsearch.nlm.nimeta?v%3Aproject=nmedlineplus-bundle&Pain Management CFR(s): 483.25(k) §483.25(k) Pain Management CFR(s): 483.25(k)	vas obtained from the pov/medlineplus/enlargedpro vas obtained from the ph.gov/vivisimo/cgi-bin/query- nedlineplus&v%3Asources= query=psychotic+disorders. agement. ure that pain management is who require such services, essional standards of practice, erson-centered care plan,	F	697			8/1/21

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION	(X3) DATE COMF	SURVEY
		495339	B. WING _			06	30/2021
	ROVIDER OR SUPPLIER ANOR REHAB AND NUR	SING	•	20	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET ARMVILLE, VA 23901		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 697	by: Based on observation document review and was determined the fapain management was professional standard comprehensive persoone of 38 residents in Resident #27. The facility policy, "Padocumented in part, "guidelines concerning management. Definitias an unpleasant sen experience. Procedu Assessments:b. A rinclude intensity of palocation. Nonpharma their effectiveness madiscussed with the reassessment may include scription of the pain factors they report. d. numerical scale of 0-all and 10 being the vibe assessed and docassessment prior to a and during reassessment may include intensity of palocations. The pain factors they report. d. numerical scale of 0-all and 10 being the vibe assessed and docassessment prior to a and during reassessment prior to a and during reassessment prior to a refused this should	is not met as evidenced n, staff interview, facility clinical record review, it acility staff failed to ensure as provided consistent with ls of practice, and the on-centered care plan for a the survey sample, acility staff failed to complete f Resident #27's pain, prior of a pain medication on April, May and June 2021. The purpose: Establish uniform g pain assessment and cion: Pain can be described asory or emotional re: 1. Pain outine pain assessment will ain (level of pain) and acological measures and asy be assessed and sident. c. A pain ude the resident's an and any contributing The Faces Scale or a control of the pain and of the pain and ministering medications	F	697	F697 Pain Management & 12 VAC5 371-220-B 1. Staff identified not following the pain assessment guideline or documenting pain assessment they complete were re-educated on the documentation process. 2. No additional staff were identified not following the pain assessment guidelin or documenting the pain assessment to were completing with the residents. 3. All nurses will be re-educated on the use of the pain scale with medication administration and the documentation process. 4. Each quarter the DON/ADON/SDC/designee will audit 10% of the MARs for PRN medication administration for pain assessment documentation and use for PRN pain medication administration. Concerns identified will be addressed auditor with the nurse immediately and reported to the QA committee/compliant for review and recommendations until 100% compliance is obtained. 5. Date: 8/1/21	ot e hey or or or or	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	IPLE CONSTRUCTION	_	(X3) DATE COMP	SURVEY LETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH COF	ER'S PLAN OF CORRECTION RRECTIVE ACTION SHOULD BI ERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 697	Continued From page		F	697			
	2/11/2019 with diagninot limited to: chronic and rheumatoid arthriced disease characterizes Symptoms are varied grade fever, loss of a tender, painful swelling most commonly in fir shoulders.) (1) The most recent MDS assessment, a quarter assessment reference the resident as scorir interview for mental stresident was moderate cognitive decisions. It resident was coded a and as needed pain in the resident did not reinterventions for pain as having pain occass limits her day-to-day was coded as a "10." Observation was man 6/28/2021 at 4:30 p.m. asking for her pain me (administrator, was observed that the resident #27 wanted #1 was then observed had spoken to the nutries.	as receiving both scheduled medication. It was coded that eccive any non-medication at Resident #27 was coded sionally and coded that it activities. The pain intensity de of Resident #27 on m. She was in her wheelchair redication. ASM member) #1, the poserved telling the nurse that it her pain medication. ASM detelling Resident #27 he arse and it wasn't time for her redication. The nurse would ime.					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495339	B. WING		06/30/2021	
	ROVIDER OR SUPPLIER ANOR REHAB AND NU	RSING	20	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET ARMVILLE, VA 23901	, , , , , , , , , , , , , , , , , , , ,	
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F 697	Tylenol used to trea 1/2 tablet by mouth pain (8-10) (8 to 10 meaning the worse meaning no pain). The April 2021 MAR record) documented for Norco. On the for Resident #27's MAR assessment was conditionally additionally assessment was conditionally as conditionally assessment was conditionally assessment	"Norco (an opioid with t pain) (2) 5-325 tablet, take every 6 hours as needed for on a pain scale of 0 to 10, ten pain every in and zero R (medication administration the above physicians order llowing dates and times R failed to evidence a pain	F 697	DEFICIENCY)		
	to the administration and times:5/1/2021 p.m., 5/4/2021 at 1: p.m., 5/6/2021 at 1: p.m., 5/7/2021 at 9: a.m., 5/10/2021 at 8: p.m., 5/12/2021 at 6: p.m., 5/18/2021 at 8: p.m., 5/18/2021 at 8: p.m., 5/21/2021 at 8: p.m., 5/21/2021 at 5	ressment was completed prior of the Norco: following dates at 1:22 a.m., 5/2/2021 at 6:24 43 a.m., 5/4/2021 at 9:33 11 a.m., 5/6/2021 at 6:26 45 p.m., 5/10/2021 at 12:22 8:12 p.m., 5/11/2021 at 8:26 11:36 p.m., 5/13/2021 at 10:09 6:33 p.m., 5/16/2021 at 5:14 8:29 p.m., 5/20/2019 at 12:38 6:41 a.m., 5/21/2021 at 6:43 8:20 p.m., 5/25/2021 at 4:56				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		TE SURVEY MPLETED
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	ROVIDER OR SUPPLIER ANOR REHAB AND NU	RSING	,	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 697	11:54 p.m., 5/27/20 6:14 p.m., and 5/30 The June 2021 MAI physicians order for dates and times Re evidence a pain ass to the administration 6:16 p.m., 6/9/2021 5:02 a.m., 6/11/202 6:27 p.m., 6/13/202 12:35 a.m., 6/18/20 12:13 p.m., 6/23/20 6:49 p.m., and 6/27 Review of the nurse documentation of pabove listed dates a The comprehensive and reviewed on 3/8 "Potential for pain (I The "Approaches" of location, frequency as indicated and rephysician. Attempt measures such as residents allows. A ordered." An interview was copractical nurse) #2, When asked about a resident complain nurse should asses scale what level the the resident or othe	12:43 a.m., 5/26/2021 a t 21 at 8:11 p.m., 5/29/2021 at /2021 at 2:38 p.m. R documented the above Norco. On the following sident #27's MAR failed to sessment was completed prior of the Norco: 6/1/2021 at at 8:12 p.m., 6/10/2021 at 1 at 1:06 a.m., 6/12/2021 at 1 at 12:49 a.m., 6/17/2021 at 21 at 6:39 p.m., 6/21/2021 at 21 at 11:55 a.m., 6/26/2021 at /2021 at 6:37 p.m.	F 6	97		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G	' '	DATE SURVEY COMPLETED
		495339	B. WING _			06/30/2021
	ROVIDER OR SUPPLIER ANOR REHAB AND NUI	RSING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 697	is a medication you give medication per have parameters of follow up with the reworked." The above reviewed with LPN ##27's pain was asset the prescribed pain rabove, LPN #2 state. An interview was condirector of nursing, of When asked about the aresident complains. "First thing the nurse resident and their pait feel like, and if they the pain scale? First non-pharmacological repositioning, and if go to the physician condered. The above and the Norco order When asked if Resident the dates and time stated, no. Fundamentals of Nurel worked.	can give them. The nurse will the physician order as some when to give. Then you sident to see if the medication order for Norco was t2. When asked if Resident ssed prior to administering medication on the dates listed	F 6	97		
	approach pain mana understand a client's appropriate intervent monitor pain on a coof common characte nurse form an under its pattern, and types bring reliefOnset a durationLocation	gement systematically to spain and to provide tionit is necessary to ensistent basisAssessment eristics of pain helps the standing of the type of pain, as of interventions that may				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	FIPLE CONSTRUCTION NG	1 ' '	(X3) DATE SURVEY COMPLETED	
		495339	B. WING _		06	/30/2021	
	ROVIDER OR SUPPLIER	SING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	·		
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F 697	Institute for Nursing F documents, in part: 1 the assessment and r belongs to the nurse. Institutes for Health), role in pain management the activities. Sound for implementation of management interver ASM #1, the administ of nursing, and ASM acompliance, were ma findings on 6/30/2021	rapy requires an ch" actices, Volume 6, ent Acute Pain, National Research, page 6, The primary responsibility for management of pain (According to the National the nurse plays a central then tand should coordinate assessment is necessary appropriate pain intions." Trator, ASM #2, the director #3, the director of corporate de aware of the above	F	697			
	Non-Medical Reader, Chapman, page 511. (2) This information w following website: https://medlineplus.go Drug Regimen Review CFR(s): 483.45(c)(1)(§483.45(c) Drug Regi §483.45(c)(1) The drumust be reviewed at I licensed pharmacist.	ov/ency/article/002670.htm. w, Report Irregular, Act On (2)(4)(5)	F	756		8/1/21	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		TE SURVEY MPLETED
		495339	B. WING _		0	6/30/2021
	ROVIDER OR SUPPLIER	URSING		STREET ADDRESS, CITY, STATE, ZIP CO 2003 COBB STREET FARMVILLE, VA 23901		
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F 756	irregularities to the facility's medical dand these reports (i) Irregularities in drug that meets th (d) of this section (ii) Any irregularitied during this review separate, written rattending physicial director and direct minimum, the resi and the irregularity (iii) The attending resident's medical irregularity has be action has been to be no change in the physician should of the resident's medical irregularity has be action has been to be no change in the physician should of the resident's medical irregularity has be action has been to be no change in the physician should of the resident's medical irregularity has be action has been to be no change in the physician should of the resident's medical irregularity in the process and swhen he or she id requires urgent action of the different steps of the different step	pharmacist must report any e attending physician and the irector and director of nursing, must be acted upon. clude, but are not limited to, any e criteria set forth in paragraph for an unnecessary drug. es noted by the pharmacist must be documented on a eport that is sent to the n and the facility's medical or of nursing and lists, at a dent's name, the relevant drug, of the pharmacist identified. physician must document in the record that the identified en reviewed and what, if any, alken to address it. If there is to the medication, the attending document his or her rationale in	F7	F756 Drug Regimen (policy VAC5-371-220-A 1. Policy updated to reflect frame as previously discuss survey team. 2. Other policies reviewed f	specific time sed with the	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		E CONSTRUCTION	(X3) DATE COMP	SURVEY
		495339	B. WING _			06/	30/2021
	ROVIDER OR SUPPLIER	SING		2	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET FARMVILLE, VA 23901		
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F 756	(Residents #22, #24, sample of 38 resident The facility, "Medicati to include any docum timeframe that a phar required to be provide acted upon by the phymeet regulatory requi time frames for the di The findings include: Resident #22 was add 4/15/21. Resident #2 were not limited to dia and urinary tract infect admission MDS (mini with an ARD (assessi	ewed for medications, #45 and #77), in the survey s. on Monitoring" policy failed entation regarding the macy recommendation is ed to the physician and ysician. The policy did not rements of specifying those fferent steps. mitted to the facility on 2's diagnoses included but abetes, high blood pressure	F 7	756	time frames to be specified in accordal with the pharmacy review policy. 3. Providers made aware of the time frame specification in the policy. Howe they were already meeting the requirements as discussed with the survey team. 4. Policy implemented and no further policy follow up is needed. Change will reflected in QA. 5. Date: 8/1/21	ver,	
	medications. There we with the use of antide receiving. Resident #24 was add 10/5/2020 with a react diagnoses that including holood pressure, (abnormal condition of congestion and retent kidneys) (1), and demmental decline, especially.	is reviewed for unnecessary vere no identified concerns pressant the resident was mitted to the facility on mission on 1/14/2021 with ed but were not limited to: congestive heart failure haracterized by circulatory cion of salt and water by the mentia a progressive state of cially memory function and companied by disorientation.					

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495339	B. WING _		06/30/2021	
	ROVIDER OR SUPPLIER	JRSING	1	STREET ADDRESS, CITY, STATE, ZIP 2003 COBB STREET FARMVILLE, VA 23901	·	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN C ((EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLETION OF THE APPROPRIATE COMPLETION DATE	
F 756	change assessmer reference date of 4 as scoring a "8" on mental status) scor moderately impaired decisions. The clinical record medications. Therwith the use of antireceiving. Resident #45 was 5/5/2021 with diagrant limited to: diabetatrial fibrillation (a crapid and random cheart causing irregresulting in decrease clot formation in the The clinical record medications. Therwith the use insuling Resident #4 was are 4/22/2021 with a rediagnoses that inclining blood pressure. The most recent Massessment, with a second medication, with a second medication of the clinical record medications.	DS assessment, a significant nt, with an assessment /21/2021, coded the resident the BIMS (brief interview for re, indicating she was ed to make daily cognitive was reviewed for unnecessary e were no identified concerns depressant the resident was admitted to the facility on noses that included but were etes, high blood pressure and condition characterized by contraction of the atria of the ular beats of the ventricles and sed heart output and frequently e atria).(3)	F 7	756		
		indicating she was d to make daily cognitive was reviewed for				

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495339	B. WING			06/30/2021	
	ROVIDER OR SUPPLIER	SING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 756	Continued From page	e 36	F 75	56			
	identified concerns w	tions. There were no rith the antidepressants, ianxiety medications the g.					
	regimen reviews and recommendations was "Medication Monitorin aforementioned resid and responded to by manner. Any concern pharmacist review the immediately called to doctor) or provider or immediately resolved evidence documentate the physician must remedication concerns	as conducted. The policy, ang" documented in part, "The lent reports will be reviewed a physician in a timely a identified during the at is urgent in nature will be the attending MD (medical a call, if after hours to be I." The policy did not tion regarding the timeframe espond for non-urgent					
	regarding the timefra recommendation is re physician and acted to	me that a pharmacy equired to be provided to the upon by the physician. The egulatory requirements of					
	conducted with ASM member) #3, the dire stated that the facilitie review policy did not for physician respons came in at different ti that it was not practic respond when they mays. ASM #3 stated immediate concerns	(administrative staff ctor of compliance. ASM #3 es pharmacy medication provide a specific timeframe se because the physicians meframes. ASM #3 stated cal to give 24-48 hours to hay come in every three did that when there were any discovered during the eviews the physician was					

NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
HOLLY MANOR REHAB AND NURSING (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 756 Continued From page 37 called immediately to address the concern and non-urgent concerns were written out for the physician to review during their next visit. ASM #3 stated that the physician normally responded to the pharmacy medication reviews by the following week. ASM #1, the administrator, ASM #2, the director of nursing and ASM #3 were made aware of the above concern on 6/30/2021 at 12:56 p.m. No further information was provided prior to exit. References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 138. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (3) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (3) Barron's Dictionary of Medical Terms for the			495339	B. WING		06/	/30/2021
F756 Continued From page 37 called immediately to address the concern and non-urgent concerns were written out for the physician to review during their next visit. ASM #3 stated that the physician normally responded to the pharmacy medication reviews by the following week. ASM #1, the administrator, ASM #2, the director of nursing and ASM #3 were made aware of the above concern on 6/30/2021 at 12:56 p.m. No further information was provided prior to exit. References: (1) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 138. (2) Barron's Dictionary of Medical Terms for the Non-Medical Reader, 5th edition, Rothenberg and Chapman, page 124. (3) Barron's Dictionary of Medical Terms for the			SING	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET			
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Chapman, page 55. Prug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) \$483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- \$483.45(d)(1) In excessive dose (including duplicate drug therapy); or \$483.45(d)(2) For excessive duration; or \$483.45(d)(3) Without adequate monitoring; or	F 757	called immediately to non-urgent concerns physician to review d #3 stated that the phy to the pharmacy med following week. ASM #1, the administ of nursing and ASM # above concern on 6/3 No further information References: (1) Barron's Dictionar Non-Medical Reader, Chapman, page 138. (2) Barron's Dictionar Non-Medical Reader, Chapman, page 124. (3) Barron's Dictionar Non-Medical Reader, Chapman, page 55. Drug Regimen is Free CFR(s): 483.45(d)(1) §483.45(d) Unnecess Each resident's drug unnecessary drugs. drug when used- §483.45(d)(1) In exceduplicate drug therap	address the concern and were written out for the uring their next visit. ASM vsician normally responded ication reviews by the trator, ASM #2, the director #3 were made aware of the 80/2021 at 12:56 p.m. In was provided prior to exit. Ty of Medical Terms for the 5th edition, Rothenberg and try of Medical Terms for the 5th edition, Rothenberg and try of Medical Terms for the 5th edition, Rothenberg and try of Medical Terms for the 5th edition, Rothenberg and try of Medical Terms for the 5th edition, Rothenberg and try of Medical Terms for the 5th edition, Rothenberg and the from Unnecessary Drugs (6) Beary Drugs-General. Tregimen must be free from An unnecessary drug is any the sesive dose (including y); or the cessive duration; or				8/1/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		495339	B. WING			06/30/2021
	ROVIDER OR SUPPLIER ANOR REHAB AND NUR	SING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 757	use; or §483.45(d)(5) In the consequences which reduced or discontinut §483.45(d)(6) Any constated in paragraphs section. This REQUIREMENT by: Based on observation document review and determined the facilit 38 residents in the sumnecessary medica. On multiple occasion 2021, the facility staff #27 was free from unevidenced by the state assessment, and failt non-pharmacological administering the phypain medication Norce evidenced by staff action for documented/repowere below the physician for documented/repowere below the physician for documented free with the physician for documented free was for documented free was for documented free was for documented free was for documented free for documen	presence of adverse indicate the dose should be ued; or ombinations of the reasons (d)(1) through (5) of this It is not met as evidenced on, staff interview, facility declinical record review it was yestaff failed to ensure one of arvey sample was free of tions, Resident #27. Is during April, May and June of failed to ensure Resident anecessary medication, as fis failure to complete a pain the pain through the medication of the medication.	F 75	F757 Drug Regimen is free from Unnecessary drugs & 12 VAC5-3' 1. Staff identified not following the assessment guideline PRN pain medication administration was re-educated. 2. No additional staff were identification for pring pain medication administration administration. 3. All nurses will be re-educated of use of the pain scale with medication administration. 4. Each quarter the DON/ADON/Staginee will audit 10% of the MAPRN medication administration for assessment documentation and uproper provided to the QA committee/confor review and recommendations 100% compliance is obtained. 5. Date: 8/1/21	e pain ed not ideline ation. on the tion SDC/ or ARs for or pain use for on. esed by y and mpliance	

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLETION
F 757	Continued From pag	e 39	F 75	57	
	Symptoms are varied grade fever, loss of a tender, painful swelli most commonly in fir shoulders.) (1). The most recent MD assessment, a quart assessment reference the resident as scori interview for mental resident was moderate cognitive decisions. I resident was coded a and as needed pain the resident did not rinterventions for pair as having pain occasi	d by joint inflammation. d, often including fatigue, low appetite, morning stiffness, and of two or more joints, agers, ankles, feet, hips and S (minimum data set) erly assessment, with an ace date of 4/22/2021, coded and a "12" on the BIMS (brief status) score, indicating the ately impaired to make daily in Section J 0100 the as receiving both scheduled medication. It was coded that receive any non-medication a. Resident #27 was coded sionally and it limits her			
	6/28/2021 at 4:30 p.i asking for her pain m (administrative staff administrator, was of Resident #27 wanted #1 was then observe had spoken to the nuto receive her pain m bring it when it was to The physician orders documented in part, Tylenol used to treat 1/2 tablet by mouth 6 pain (8-10)(8 to 10 or	member) #1, the bserved telling the nurse that d her pain medication. ASM ed telling Resident #27 he urse and it wasn't time for her nedication. The nurse would ime.			

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	1				(X5) COMPLETION DATE
meaning no pain). The April 2021 MAR record) documented for Norco. Resident # the Norco was admin dates and times without, and or without any non-pharmacological administration and or physician ordered pa (8): 4/1/2021 at 8:32 p.m. evidence of a pain as non-pharmacological administration of Nord 4/2/2021 at 11:34 p.m. aching pain in BLE (b [pain level seven out no pain and ten being 4/3/2021 at 6:51 p.m. extremity) pain 6/10." 4/6/2021 at 11:52 p.m. leg and knee, 7/10." 4/7/2021 at 9:32 a.m. leg pain." 4/7/2021 at 8:06 p.m. documented evidence any attempt to provid interventions prior to 4/8/2021 at 12:10 p.m. bilateral leg pain unre There was no docum assessment or pain leg 4/9/2021 at 6:07 p.m. evidence of a pain as non-pharmacological	(medication administration the above physician order 427's April MAR documented distered on the following put a pain assessment prior attempt of intervention prior to for a pain level below the in level parameter of eight and the following put a pain level below the in level parameter of eight are assessment or attempted interventions prior to the co. In "c/o (complained of) bilateral lower extremity) 7/10 of possible ten, with 0 being go the worst pain]." In "c/o aching pain in right are "Resident complains of e of a pain assessment or the administration of Norco. In Resident complains of elieved by laying down. In Resident complains of elieved by laying down. In There was no documented seessment or interventions prior to the	F	757			
	SUMMARY ST (EACH DEFICIENCE REGULATORY OR REGULATORY OR REGULATORY OR REGULATORY OR DEFICIENCE R	ANOR REHAB AND NURSING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 40 meaning no pain). The April 2021 MAR (medication administration record) documented the above physician order for Norco. Resident #27's April MAR documented the Norco was administered on the following dates and times without a pain assessment prior to, and or without any attempt of non-pharmacological intervention prior to administration and or for a pain level below the physician ordered pain level parameter of eight (8): 4/1/2021 at 8:32 p.m There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/2/2021 at 11:34 p.m "c/o (complained of) aching pain in BLE (bilateral lower extremity) 7/10 [pain level seven out of possible ten, with 0 being no pain and ten being the worst pain]." 4/3/2021 at 6:51 p.m "c/o of back and LE (lower extremity) pain 6/10." 4/6/2021 at 11:52 p.m "c/o aching pain in right leg and knee, 7/10." 4/7/2021 at 9:32 a.m "Resident complains of	ROVIDER OR SUPPLIER NOR REHAB AND NURSING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) The April 2021 MAR (medication administration record) documented the above physician order for Norco. 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There was no documented evidence of a pain assessment or non-pharmacological interventions prior to the administration of Norco. 4/9/2021 at 6:07 p.m. There was no documented evidence of a pain assessment or non-pharmacological interventions prior to the administration of Norco.	ROVIDER OR SUPPLIER INOR REHAB AND NURSING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 40 meaning no pain). The April 2021 MAR (medication administration record) documented the above physician order for Norco. 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Resident #27's April MAR documented the Norco was administration and in from a pain level below the physician ordered pain level parameter of eight (8): 4/1/2021 at 8:32 p.m. There was no documented evidence of a pain assessment or attempted non-pharmacological interventions prior to the administration of Norco. 4/2/2021 at 1:34 p.m. "fo/ complained of) aching pain in BLE (bilateral lower extremity) prin for 10. 4/2/2021 at 1:34 p.m. "fo/ aching pain in right leg and knee, 710." 4/7/2021 at 9:32 a.m. "Resident complains of leg pain." 4/7/2021 at 8:06 p.m There was no documented evidence of a pain assessment or any attempt to provide non-pharmacological interventions prior to the administration of Norco. 4/8/2021 at 1:10 p.m Resident complains of bilateral leg pain unrelieved by laying down. There was no documented evidence of a pain assessment or any attempt to provide non-pharmacological interventions prior to the administration of Norco. 4/8/2021 at 1:170 p.m Resident complains of bilateral leg pain unrelieved by laying down. There was no documented evidence of a pain assessment or non-pharmacological interventions prior to the administration of Norco. High pain unrelieved by laying down. There was no documented evidence of a pain assessment or non-pharmacological interventions prior to the administration of Norco. High pain unrelieved by laying down. There was no documented evidence of a pain assessment or non-pharmacological interventions prior to the administration of Norco.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495339			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495339	495339 B. WING		06/30/2021		
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F 757	attempted non-pharm prior to the administr 4/11/2021 at 12:40 a right leg, 7/10, repos 4/11/2021 at 10:21 p administered pain." Tevidence of a pain as non-pharmacological administration of Nor 4/13/2021 at 6:42 p.r documented evidence attempted non-pharm prior to the administr 4/14/2021 at 9:00 p.r pain. Non-pharmacorelief." There was no pain assessment. 4/15/2021 at 3:51 p.r repositioning ineffect 4/16/2021 at 5:49 p.r documented evidence attempted non-pharm prior to the administr 4/17/2021 at 12:38 p leg. 7/10, repositioning 4/17/2021 at 11:39 p effective." There was a pain assessment 4/18/2021 at 6:43 p.r documented evidence attempted non-pharm prior to the administr 4/18/2021 at 1:08 a.r effective." There was a pain assessment 4/19/2021 at 1:08 a.r effective." There was a pain assessment 4	m There was no e of a pain assessment or nacological interventions ation of Norcom "c/o of aching pain in itioning ineffective." .m "PRN (as needed) There was no documented assessment or attempted I interventions prior to the co. m There was no e of a pain assessment or nacological interventions ation of Norco. m "Resident requested for allogical interventions without documented evidence of a m "c/o right leg pain 7/10, ive." m There was no e of a pain assessment or nacological interventions ation of Norcom. "c/o right leg pain in right ng ineffective." .m "c/o pain reposition not a no documented evidence of m There was no e of a pain assessment or nacological interventions	F 7:	57			

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F 757	interventions prior to 4/23/2021 at 6:27 p.r documented evidence attempted non-pharm prior to the administra 4/26/2021 at 5:50 p.r repositioning ineffect 4/27/2021 at 12:34 a effective." There was a pain assessment 4/27/2021 at 8:24 p.r right side hip pain, 7/ repositioning." 4/28/2021 at 1:49 p.r repositioning ineffect documented evidence 4/28/2021 at 7:54 p.r right hip and leg pain repositioning. PRN m 4/29/2021 at 1:41 p.r 7/10, repositioning in 4/29/2021 at 10:46 p documented evidence attempted non-pharm prior to the administration to the administration of non-pharmacological administration and or physician ordered pain (8): 5/1/2021 at 1:22 a.m.	pted non-pharmacological the administration of Norco. n There was no e of a pain assessment or nacological interventions ation of Norco. n "c/o right leg pain, 7/10, ive." .m "c/o pain reposition not no documented evidence of n "Resident requested for 10, No relief with n "c/o right leg pain, ive." There was no e of a pain assessment. n "Resident requested for , 7/10. No relief with ned given per order." n "c/o of right leg pain, effective." .m. There was no e of a pain assessment or nacological interventions ation of Norco. (medication administration the above physician order t/27's May 2021 MAR co was administered on the	F 75	57			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 757	attempted non-pha prior to the adminis 5/4/2021 at 1:43 a. effective." There wa a pain assessment 5/4/2021 at 9:33 a. pain." There was n pain assessment of non-pharmacologic administration of N 5/6/2021 at 1:11 a. effective." There wa a pain assessment 5/6/2021 at 6:26 p. documented evide attempted non-pha prior to the adminis 5/7/2021 at 9:45 p. documented evide attempted non-pha prior to the adminis 5/10/2021 at 12:22 hi, 7/10. Reposition 5/10/2021 at 8:12 p. There was no docu assessment or atte interventions prior is 5/11/2021 at 8:26 p. pain in hips and ba repositioning." The evidence of a pain 5/12/2021 at 11:36 effective." There wa a pain assessment 5/13/2021 at 10:09	m There was no note of a pain assessment or rmacological interventions stration of Norco. m "c/o pain repositioning not as no documented evidence of an attempted real interventions prior to the orco. m "c/o pain reposition not as no documented evidence of an attempted real interventions prior to the orco. m "c/o pain reposition not as no documented evidence of an assessment or rmacological interventions stration of Norco. m There was no note of a pain assessment or rmacological interventions stration of Norco. m There was no note of a pain assessment or rmacological interventions stration of Norco. a.m. "c/o aching pain in right and ing ineffective." b.m. "PRN administered, pain." amented evidence of a pain approach of Norco. b.m "Resident requested for ock. No relief with re was no documented assessment p.m "C/o pain reposition not as no documented evidence of	F	757			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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	non-pharmacologica administration of Nor 5/14/2021 at 3:38 p.r pain in hips and back repositioning." 5/14/2021 at 9:42 p.r pain in back and hips repositioning." 5/15/2021 at 6:33 p.r pain." There was no pain assessment or a non-pharmacologica administration of Nor 5/16/2021 at 5:14 p.r documented evidence attempted non-pharm prior to the administr 5/17/2021 at 8:21 p.r pain in back and hips repositioning." 5/18/2021 at 8:29 p.r pain." There was no pain assessment or a non-pharmacologica administration of Nor 5/20/2021 at 12:38 p.effective." There was a pain assessment. 5/21/2021 at 5:41 p.r effective." There was a pain assessment. 5/21/2021 at 6:43 p.r documented evidence attempted non-pharm prior to the administr	Interventions prior to the roo. m "Resident requested for x, 7/10. No relief in m "Resident requested for x 7/10. No relief with m "PRN administered documented evidence of a attempted I interventions prior to the roo. m There was no re of a pain assessment or nacological interventions ation of Norco. m "Resident requested for x 7/10. No relief with m "PRN administered documented evidence of a rettempted I interventions prior to the roo. m "C/o pain reposition not a roo documented evidence of m "C/o pain reposition not a roo documented evidence of m "C/o pain reposition not a roo documented evidence of m There was no re of a pain assessment or nacological interventions ation of Norco. m "Resident requested for "Resident re			

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		495339	B. WING			06/30/2021		
	OVIDER OR SUPPLIER	SING	1	2	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET ARMVILLE, VA 23901			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
The state of the s	repositioning refused. a pain assessment proportion of the proposition	n "c/o r (right) leg pain "There was no evidence of ior to the administration of n "Resident requested for no relief with was no documented sessment. m "C/o pain reposition not no documented evidence of ior to the administration of m. "C/o pain reposition not no documented evidence of ior to the administration of n There was no e of a pain assessment or accological interventions ation of Norco. n There was no e of a pain assessment or accological interventions ation of Norco. n "c/o generalized pain. relief." There was no e of a pain assessment. (medication administration the above physician order 27's June 2021 MAR to was administered on the mes without any attempt of	F	757				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495339	B. WING			06/	30/2021	
	ROVIDER OR SUPPLIER	RSING		20	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET ARMVILLE, VA 23901			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 757	Continued From page 6/1/2021 at 6:16 p.m documented evident attempted non-phart prior to the administ 6/3/2021 at 2:08 p.m rated at 7. Reposition 6/7/2021 at 3:30 p.m and hip pain, 7/10. Undiversional activities 6/8/2021 at 10:50 p. pain in right hip, 7/10/6/9/2021 at 8:12 p.m documented evident attempted non-phart prior to the administ 6/10/2021 at 5:02 p. effective." There was a pain assessment. 6/11/2021 at 1:00 a. effective." There was a pain assessment. 6/12/2021 at 6:27 p. documented evident attempted non-phart prior to the administ 6/13/2021 at 12:49 a effective." There was a pain assessment.	ge 46 n There was no ce of a pain assessment or macological interventions ration of Norco. n "c/o generalized pain med with no relief." n "c/o LE (lower extremity) Unrelieved by repositioning or ." m "Resident requested for 0. Unrelieved by repositioning. n There was no ce of a pain assessment or macological interventions ration of Norco. m "C/o pain reposition not s no documented evidence of m "C/o pain reposition not s no documented evidence of m There was no ce of a pain assessment or macological interventions		7757		ATE		
	a pain assessment. 6/17/2021 at 5:45 p. pain, 7/10. Unrelieve diversional activities 6/18/2021 at 6:39 p. documented eviden	m There was no ce of a pain assessment or macological interventions						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING _	(X3) DATE SURVEY COMPLETED		
		495339	B. WING		06/30/2021
	ROVIDER OR SUPPLIER ANOR REHAB AND NU	RSING	20	TREET ADDRESS, CITY, STATE, ZIP CODE 003 COBB STREET ARMVILLE, VA 23901	1 00000000
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION
F 757	refused repositionin evidence of a pain a 6/21/2021 at 9:58 p 7/10. Unrelieved by activities." 6/22/2021 at 8:25 p right hip and leg pair repositioning." 6/23/2021 at 11:55 repositioning ineffed documented eviden 6/25/2021 at 5:32 p right hip and leg pair repositioning." 6/26/2021 at 6:49 p documented eviden attempted non-phar prior to the administ 6/27/2021 at 6:37 p documented eviden attempted non-phar prior to the administ 6/27/2021 at 4:16 p 7/10. Unrelieved by activities." Review of the nursing June 2021 failed to of pain assessment interventions attempted non-phar prior to the administ 6/28/2021 at 4:16 p 7/10. Unrelieved by activities."	p.m "c/o right leg pain, g." There was no documented assessmentm "c/o L (left) hip pain, repositioning or diversional .m "Resident requested for in, 7/10. No relief with a.m "c/o right leg pain ctive." There was no ce of a pain assessmentm "Resident requested for in, 7/10. No relief with .m There was no ce of a pain assessment or macological interventions tration of Norcom There was no ce of a pain assessment or macological interventions tration of Norcom There was no ce of a pain assessment or macological interventions tration of Norcom "c/o R (right) knee pain, repositioning or diversional	F 757		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
		495339	B. WING		0	6/30/2021		
NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING			1	STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	BY FULL PREFIX (EACH CORRECTIVE AC			(X5) COMPLETION DATE		
F 757	Continued From pag	e 48	F 75	57				
		as repositioning and back pws. Administer medication						
	practical nurse) #2, of When asked about the a resident complains nurse should assess scale what level their the resident or other interventions. If they is a medication perhave parameters of follow up with the resident "The above for Norco was review asked if the resident "7", should staff adm LPN #2 stated no, if prescribed by the dowith the doctor to se to give.	nducted with LPN (licensed on 6/30/2021 at 8:55 a.m. ne process staff follows when of pain, LPN #2 stated, "a the pain, find out on the pain or pain is, and try to reposition non-pharmacological or don't work, you see if there can give them. The nurse will the physician order as some when to give. Then you sident to see if the medication physician as needed order oved with LPN #2. When stated their pain level was a inister the Norco medication, it's not in the range ctor, you'd have to check e if there was something else						
	director of nursing, of When asked about the a resident complains. "First thing the nurse resident and their pait feel like, and if they the pain scale? First non-pharmacological repositioning, and if go to the physician cordered." The above order was reviewed.	nducted with ASM #2, the n 6/30/2021 at 9:08 a.m. he process staff follows when a of pain, ASM #2 stated, a does is to assess the in. Where is it at, what does a can, ask them to rate it on the nurse should try I interventions such as that doesn't work they should briders to see what they have physician as needed Norco with ASM #2. When asked if their pain level as a seven,						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495339	B. WING _			06/30/2021	
NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING			,	STREET ADDRESS, CITY, STATE, ZI 2003 COBB STREET FARMVILLE, VA 23901	P CODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 757	would have to contact order." Resident #27' and June 2021 and the was reviewed with ASR esident #27's pain wattempted non-pharm the dates and times lino. When asked if the pain assessment and interventions prior to ASM #2 stated, Yes. The facility policy, "Padocumented in part," guidelines concerning management. Definitias an unpleasant sen experience. Procedu Assessments:b. A minclude intensity of palocation. Nonpharma their effectiveness madiscussed with the reassessment may include scription of the pain factors they report. d. numerical scale of 0-all and 10 being the wassessment prior to a and during reassessment morpharmacological for refused this should	ninister the as needed SM #2 stated, "No, they the doctor for another is above MARS for April May ne as needed Norco order SM #2. When asked if was assessed and if staff nacological interventions on sted above, ASM #2 stated, in nurse should complete a offer non-pharmacological giving a pain medication, ain Assessment" Purpose: Establish uniform in grain assessment and ition: Pain can be described asory or emotional re: 1. Pain coutine pain assessment will ain (level of pain) and acological measures and asy be assessed and isident. c. A pain under the resident's in and any contributing. The Faces Scale or a in 10, with 0 being no pain at worst pain experienced will unmented with the pain administering medications.	F7	757			
	ASM #1, the administ	rator, ASM #2, the director					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		
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F 757	Continued From page 50 of nursing, and ASM #3, the director of corporate compliance, were made aware of the above findings on 6/30/2021 at 12:56 p.m. No further information was provided prior to exit.		F 757			
F 812 SS=D	Non-Medical Reader, Chapman, page 511. (2) This information w following website: https://medlineplus.gc Food Procurement,Si CFR(s): 483.60(i)(1)(.) §483.60(i) Food safet	vas obtained from the bv/ency/article/002670.htm. tore/Prepare/Serve-Sanitary 2)	F 812		6/30/21	
	state or local authorit (i) This may include for from local producers, and local laws or regular (ii) This provision does facilities from using planders, subject to consafe growing and food (iii) This provision does from consuming food \$483.60(i)(2) - Store, serve food in accordant standards for food serves.	red satisfactory by federal, ies. red satisfactory by federal, ies. red ood items obtained directly subject to applicable State ulations. res not prohibit or prevent roduce grown in facility compliance with applicable d-handling practices. res not preclude residents is not procured by the facility. The prepare is tribute and ance with professional				
	by:	ns, staff interview, and		F812 Food and Nutrition Storage & 12	2	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED		
		495339	B. WING _			06	3/30/2021		
	ROVIDER OR SUPPLIER ANOR REHAB AND NUR	SING		STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE		
F 812	facility document revithe facility staff failed in accordance with produce food service. The fact the fryer in a sanitary previous evening and or opened food during observation on 6/28/2 The findings include: On 6/28/21 at 11:30 A conducted in the main was observed with foon the basket drain a boxes of cornstarch, observed on shelf near the cook. OSM #3 was a last used. OSM #3 sthere yesterday, but p fryer was noted to be lunch meal. When as used for breakfast, O use it for breakfast, O use it for breakfast." have used it for suppo OSM #3 stated, "Yes. French fries." When cleaned after use, OS be cleaned after each and clean it on Mondithe two cornstarch bothe shelf next to the should not be opened away right now."	ew, it was determined that to store, and prepare, food ofessional standards for illity staff failed to maintain manner after use the I failed to dispose of expired g the facility task- kitchen 21 at 11:30 AM. AM, an observation was a kitchen. The deep fryer od liked appearing particles rea and (two) 16-ounce both open to the air were	F8	312	VAC-371-340A 1. The fryer was cleaned the day of the surveyor tour, and the cornstarch was discarded the day of the tour kitchen #2. Kitchen #2 was not inspected by the survey team, therefore it was inspected the facility DM and regional manager of the same day and no additional finding were noted. 3. Dietary staff were in-serviced on the day of the findings and documentation was provided to the survey team prior their department. 4. Each quarter the kitchen will be inspected by the Regional Manager or designee for areas of noncompliance. concerns are identified, they will be immediately addressed by the auditor reported to the QA committee/complia for review and recommendations until 100% compliance is obtained. 5. Date: 6/30/21	1. ed by on gs tto			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER HOLLY MANOR REHAB AND NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 2003 COBB STREET FARMVILLE, VA 23901				
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F 812	documents in part, "A will be clean, sanitary order. All food contact and sanitized after even the facility's "Food S' Food" policy revised a "All goods will be projuith the FDA (food dr. Code." ASM (administrative stadministrator, ASM # ASM #3, the director aware of the above of PM.	all food service equipment, and in proper working the equipment will be cleaned very use." torage: Dry Goods and Cold 4/2018, documents in part, perly stored in accordance ug administration) Food	F8	12			