DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495156	A. BUILDING _____ B. WING _____	C 02/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLD SOUTHWEST HEALTH AND REHABILITATION	324 KING GEORGE AVE SW ROANOKE, VA 24016

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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 02/21/2023 through 02/23/2023. Corrections were required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Four (4) complaints were investigated. 1. #VA00057828: Unsubstantiated. 2. #VA00057219: Substantiated without deficient practice. 3. #VA00056946: Substantiated with related deficient practice. 4. #VA00056825: Substantiated with related deficient practice. The census in this 110 certified bed facility was 66 at the time of the survey. The survey sample consisted of eight (8) current resident reviews and three (3) closed record reviews.	F 000		3/15/2023
F 567 SS=D	Protection/Management of Personal Funds CFR(s): 483.10(f)(10(i)(ii) §483.10(f)(10) The resident has a right to manage his or her financial affairs. This includes the right to know, in advance, what charges a facility may impose against a resident's personal funds. (i) The facility must not require residents to deposit their personal funds with the facility. If a resident chooses to deposit personal funds with the facility, upon written authorization of a resident, the facility must act as a fiduciary of the resident's funds and hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in this section. (ii) Deposit of Funds.	F 567	1. Resident #1 RFMS account was reviewed with no further discrepancies. Policy reviewed and reeducation implemented. New BOM in place. 2. RFMS accounts were reviewed for current residents, to ensure any requested funds were available to the residents within 3 business day. No discrepancies noted. 3. Resident education will be provided to those staff responsible for handling and managing the resident funds, as well as maintaining all receipts for purchases made for the resident requesting funds. 4. Administrator/designee will conduct 3 random quality monitoring audits of resident funds to ensure funds were made available within 3 business days of request and purchase receipts are available and accounted for 3 times a week x 2 weeks, 2 times a week for 2 weeks, then weekly x 1 week, then prn as required. 5. Allegation of compliance March 15, 2023.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Nathan Wade | Administrator | 3/14/23

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 567		F 567		
	Continued From page 1 (A) In general: Except as set out in paragraph (f)(10)(ii)(B) of this section, the facility must deposit any residents' personal funds in excess of $100 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain a resident's personal funds that do not exceed $100 in a non-interest bearing account, interest-bearing account, or petty cash fund. (B) Residents whose care is funded by Medicaid: The facility must deposit the residents' personal funds in excess of $50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.) The facility must maintain personal funds that do not exceed $50 in a noninterest bearing account, interest-bearing account, or petty cash fund. This REQUIREMENT is not met as evidenced by: Based on resident interview, staff interview, and facility document review, facility staff failed to ensure resident that funds were available within 3 business days as required by regulation for 1 of 11 residents in the survey sample (Resident #1). Resident #1 was admitted to the facility with diagnoses including type 2 diabetes mellitus with hyperglycemia, cataract, and diabetes mellitus dermatitis, muscle wasting and atrophy, hypertension, hemiplegia/hemiparesis, aphasia, major depression, and history of epilepsy. On the minimum data set assessment with assessment reference date 11/30/2022, the resident scored			

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	Continued From page 2 14/15 on the brief interview for mental status and was assessed as without signs of delirium, psychosis, or behaviors affecting care. The vision section indicated the resident had impaired vision when assessed without glasses. The surveyor interviewed Resident #1 on 2/23/2023. The resident reported getting a new chair before Christmas last year. It had taken some time for her to get the chair after she decided to buy one. On 2/22/2023, the surveyor discussed the allegation with the administrator and current Business Office Manager. They stated that the facility had been sold to a new company. All the resident accounts were closed and new accounts opened under the new company's management system. The surveyor requested the last year of resident funds records. The record for Resident #1 indicated a withdrawal from the resident fund account on 3/28/2022 of $3061.22 for personal needs items. Staff provided receipts dated 11/30/2022 for a chair and tablet totaling $2447.08. The surveyor interviewed the social worker who signed the receipts. The social worker stated the balance was spent on clothing, shoes, and underclothes and the receipts given to the Business Office Manager (former). When staff looked for those receipts, they were not able to find them. The surveyor discussed the concern with the administrator and director of nursing during a summary meeting on 2/23/2023. THIS IS A COMPLAINT DEFICIENCY.			

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	Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by: Based on interviews, facility document review, and during the course of a complaint investigation, the facility staff failed to ensure staff members correctly implement the facility's			

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	Continued From page 4 scheduled/controlled medication monitoring system to accurately account for the facility's scheduled/controlled medications for four (4) of four (4) medication carts. The findings include: The facility's "NARCOTIC RECONCILIATION RECORD" sheets for all four (4) of the facility's medication carts were noted to have incomplete information. (The "NARCOTIC RECONCILIATION RECORD" sheets are the forms where licensed nurses document the count of the facility's controlled medications at the time access to the controlled medications is being transferred from one licensed nurse to a different licensed nurse.) The "NARCOTIC RECONCILIATION RECORD" sheets included the following instruction: "Required to be filled out at the beginning and end of EVERY shift by BOTH nurses." On 2/23/23 at 10:20 a.m., the surveyor reviewed the facility's current "NARCOTIC RECONCILIATION RECORD" sheets with the facility's Assistant Director of Nursing (ADON). It was noted that some of the entries, on all four (4) of the current "NARCOTIC RECONCILIATION RECORD" sheets, only had one nurse signature instead of the signature of both nurses who performed the medication count. The following information was found in a facility document titled "Controlled Substances" (with a revised date of April 2019): "At the End of Each Shift: a. Controlled medications are counted at the end of each shift. The nurse coming on duty and the nurse going off duty determine the count together."			

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F 755	Continued From page 5 The following information was found in a facility document titled "Controlled Substance Administration & Accountability" (dated 12/01/2022): - "It is the policy of this facility to promote safe, high quality patient care, compliant with state and federal regulations regarding monitoring the use of controlled substances. The facility will have safeguards in place in order to prevent loss, diversion or accidental exposure." - "The charge nurse or other designee conducts a daily visual audit of the required documentation of controlled substances. Spot checks are performed to verify i. Controlled substances that are destroyed are appropriately documented; and ii. Medications removed from either the automated dispensing system or medication cart/cabinet have a documented physician order." Review of the facility's Medication Cart 1 "NARCOTIC RECONCILIATION RECORD" sheet revealed the following: - For the date of 2/18/23 only one (1) medication count entry was documented; this was for a "7 - 3" shift. - For 2/19/23, only one (1) medication count entry was documented; this entry did not document for which shift it had been completed. - For 2/20/23, the medication count documentation a "3 - 7" shift did not include the total number of medication sheets counted and/or the total number of medication cards counted. - The following medication count occurrences did not include signatures of two (2) licensed nurses (only one (1) licensed nurse had signed): (a) the 2/21/23 3pm-7pm count; (b) the 2/21/23 7pm-7am count; and (c) the 2/22/23 7pm-7am count.	F 755	1. Narcotic Reconciliation Records were reviewed on all 4 medication charts. A complete count of narcotic cards and sheets were verified on all 4 carts for accuracy and signatures of oncoming and off going nurses each shift. 2. The Director of Clinical Services/designee will complete quality monitor audits of narcotic reconciliation records on all 4 carts by March 14, 2023. 3. The Director of Clinical Services/designee will provide re-education to nursing staff on the process of narcotic reconciliation records. 4. The director of Clinical Services/designee to conduct 2 random quality monitoring audits of narcotic reconciliation records on all 4 carts 3 times a week x 2 weeks, 2 times a week x 2 weeks, then weekly x 1 week, and prn as indicated. Quality monitoring schedule to be modified based on findings. 5. Allegation of compliance March 15, 2023.

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Review of the facility's Medication Cart 2 "NARCOTIC RECONCILIATION RECORD" sheet revealed the following:
- For the date of 2/18/23 only one (1) medication count entry was documented; this was for the 7pm-7am shift.
- For 2/19/23, only one (1) medication count entry was documented; this entry did not document for which shift it had been completed. - For 2/22/23, the medication count documentation for 7pm-7am did not include the total number of medication sheets counted and/or the total number of medication cards counted. - The following medication count occurrences did not include signatures of two (2) licensed nurses (only one (1) licensed nurse had signed): (a) the 2/21/23 7am-7pm count; (b) the 2/22/23 7pm-7am count; and (c) the 2/23/23 7am-7pm count.

Review of the facility's Medication Cart 3 "NARCOTIC RECONCILIATION RECORD" sheet revealed the following:
- Medication counts were not documented for the following shifts: (a) 2/19/23 7pm-7am and (b) 2/20/22 7am-7pm.
- Medication counts for the following shifts did not include the total number of medication sheets counted and/or the total number of medication cards counted: (a) 2/19/23 7am-7pm; (b) 2/21/23 7pm-7am; and (c) 2/22/23 7am-7pm.
- The following medication count occurrences did not include signatures of two (2) licensed nurses (only one (1) licensed nurse had signed): (a) the 2/17/23 3pm-7pm count; (b) the 2/17/23 11pm-7am count; (c) the 2/19/23 7am-7pm count; (d) the 2/22/23 7am-7pm count; (e) the 2/22/23 7pm-7am count; and (f) the 2/23/23 7am-7pm

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F 755	Continued From page 7	F 755		

count.

Review of the facility's Medication Cart 4 "NARCOTIC RECONCILIATION RECORD" sheet revealed the following:

- For 2/18/23, the only medication count entry was documented for the 7am-7pm shift. - For 2/19/23, the only medication count entry was documented for the 7am-7pm shift.
- No medication count entries were documented for 2/20/23.
- The following medication count occurrences did not include signatures of two (2) licensed nurses (only one (1) licensed nurse had signed): (a) the 2/17/23 7pm-7am count; (b) the 2/18/23 7am-7pm count; (c) the 2/19/23 7am-7pm count; and (d) the 2/22/23 7am-7pm count.

On 2/23/23 at 10:45, the surveyor discussed the incomplete "NARCOTIC RECONCILIATION RECORD" sheets with the facility's Director of Nursing (DON). The DON confirmed some of the entries included only one (1) of the two (2) nurses who were required to complete the controlled medication counts. The DON confirmed some of the "NARCOTIC RECONCILIATION RECORD" sheets were missing controlled medication count entries.

On 2/23/23 at 12:15 p.m., the survey team met with the facility's Administrator and DON. The surveyor discussed the incomplete "NARCOTIC RECONCILIATION RECORD" sheets for the facility's medication carts.