PRINTED: 01/04/2023 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495093	B. WING _			C 1 4/2022
	PROVIDER OR SUPPLIER DNBURG HLTH & REI	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801	,	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	ΓS	F 00	00		
	survey was conduc	Medicare/Medicaid abbreviated ted 11/9/2022 through mplaints were investigated				
	Complaint VA00056 deficient practice. Complaint VA00056 deficient practice. Complaint VA00056 deficient practice. Complaint VA00056 deficient practice.	5387 was unsubstantiated. 5079 was substantiated with 5397 was substantiated with 5686 was substantiated with 5732 was substantiated with 5747 was substantiated with				
F 600 SS=G	Term Care required The census in this 168 at the time of the consisted of thirteet three closed record Free from Abuse ar CFR(s): 483.12(a)(CFR Part 483 Federal Long nents. 180 certified bed facility was ne survey. The survey sample n current resident reviews and I reviews. nd Neglect 1)	F 60	00		12/22/22
I ABORATORY	Exploitation The resident has th neglect, misapprop and exploitation as includes but is not I corporal punishmer any physical or che treat the resident's	rom Abuse, Neglect, and the right to be free from abuse, riation of resident property, defined in this subpart. This imited to freedom from the involuntary seclusion and mical restraint not required to medical symptoms. DER/SUPPLIER REPRESENTATIVE'S SIGN	NATI IRF	TITLE		(X6) DATE

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

Electronically Signed

12/07/2022

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 OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495093	B. WING		11/1	; 4/2022
NAME OF F	PROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE		7/2022
				1225 RESERVOIR STREET		
HARRIS	ONBURG HLTH & RE	HAB CNIR		HARRISONBURG, VA 22801		
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F 600	Continued From pa	age 1	F 600			
	§483.12(a) The fac	cility must-				
	physical abuse, co involuntary seclusion. This REQUIREME by: Based on resident facility document reand complaint investo protect the residuent sexual and/or men (identified by the facility sixteen residents (#15) in the survey Resident #8 sustain	NT is not met as evidenced interview, staff interview, eview, clinical record review stigation, the facility staff failed ents' right to be free from tal abuse by a staff member acility as CNA #4) for four of Residents #2, #8, #13, and sample, which resulted in		The facility sets forth the following procurection to remain in compliance of federal and state regulations. The final has taken or will take the actions see in the plan of correction. The follow plan of correction constitutes the facility allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.	with all facility at forth ring cility s	
	touching/penetration by a staff member and was found sub-	tained unwanted sexual on to her perineal/vaginal area the facility identified as CNA #4 sequently to have vaginal ding upon assessment.		1. Resident #2 and 15 continue to r in the facility and social services and psych providers will follow-up with residents for any psychosocial need needed. Resident #8 and #13 is no longer a resident at the facility. 2. Current residents have the potent be affected.	d Is as	
	forwarded to the st Resident #8 had re therapist (OT) that nights ago by a she identified by the fact documented that F CNA had put his fir when changing her According to the 1° assessed with find	reported incident, that was ate agency, documented that eported to the occupational she had been raped a few ort African-American CNA, cility as CNA #4. The report desident #8 reported that the negers in Resident #8's vaginar brief and then left the room. I/1/22 FRI, the resident was ings that included blood in her bia/vaginal area and was sent		 The Administrator/Designee will educate facility staff on the Abuse/Neglect/Misappropriation/Cri Policy and appropriate reporting proto include immediate notification of questionable incidents that occur in facility to the Administrator and with emphasis that all employees are mandated reporters. The Administrator/Designee will perform weekly random interviews weekly random interviews were sidents concerning abuse and car 	the an	

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		495093	B. WING				C 14/2022	
NAME OF	PROVIDER OR SUPPLIE	 R	1	STF	REET ADDRESS, CITY, STATE, ZIP CODE		14/2022	
				122	25 RESERVOIR STREET			
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F 600	The facility's inversion the occupation stating during a three Resident #8 states that works here ranged when questioned the night before I man who works how was changing my included the 11/1/2 administrator and the Resident #8 ruthat the CNA put interview docume incident the next of the resident #8 on M Tuesday morning six o'clockI was bath and dressed therapyWhen I smelled bad otherwas thinking that but unfortunately wipes to wipe her the wipes were many part of her body I were really black be sure that not o cleaned her very groperlySaying true, because all her very good with violence. And during the statement of the cleaned her very good with violence. And during the statement of the cleaned her very good with violence. And during the statement of the cleaned her very good with violence. And during the control of the cont	stigation included a statement onal therapist (other staff #1) nerapy session on 11/1/22, d, "I think that foreign man aped me. I'm traumatized." Ipatient stated event occurred, ast' and it was the 'short African ere' and it occurred, 'while he brief.'" The investigation also '22 resident interview by the DON, which documented that eported she was "raped", and his fingers in her vagina. The inted the resident reported the	F6	500	the facility to ensure the abuse followed and any allegations repaired timely. During monthly resident meetings resident rights will be with emphasis on abuse and the residents to inform staff if they funcomfortable during any situal happening. 5. Results of the monitoring will presented to the QAPI committer review and recommendations. QAPI determines the problem rexists, the monitoring will be coon a random basis. 6. Date of Compliance 12/22/22	ported council discussed e need for feel tion upon I be ee for Once the no longer enducted		

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		495093	B. WING		11	C / 14/2022	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP OF 1225 RESERVOIR STREET HARRISONBURG, VA 22801		71-112022	
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F 600	(Sic) A review of the clir skin assessment, assistant director of after the reported adocumented, "Bl brief and on her ge clitoris, bleeding dibruising or swelling buttocks, or genital under her fingernal Resident #8 was edepartment on 11/allegations. The edated 11/1/22 doctalleged sexual assistates that the malin her vagina. Pat There was no interpenetration" The examination documbleeding. Negative frequency, hematubruise/bleed easily resident "appeared A family nurse praassessed Resident documented, "To visualized and undaily" According to the conurse practioner (or contraction of the conurse practioner (or contraction)	viical record included an 11/1/22 which was performed by the of nursing (RN #2) and RN #3, allegation. This assessment ood was noted in resident's enitalia, bleeding was near her d not appear to be vaginal. No g was noted to breasts, thighs, lia. There was no blood noted ils" valuated at the emergency 1/22 in response to the rape mergency department report umented, "presents with ault. On 10/30/2022 a bing to change her briefsShe e staff member put his fingers ient did not consent to this. The recourse. No rectal a physician assistant's mented, "Positive for vaginal are for dysuria, urgency, uria and flank paindoes not 1" The report listed the status as "alert" and that the	F 60				

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		495093	B. WING				C / 14/2022
	PROVIDER OR SUPPLIE			1225 R	T ADDRESS, CITY, STATE, ZIP CODE ESERVOIR STREET ISONBURG, VA 22801		1-1/2-02-2
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F 600	documented that along with the sta #8 replied "I wa entry also documents assessed the resion emotional." The 11/8/22 facilities to the state is the facility was unwasted by policy and the facility was unwasted by policy and the facility was no longer. On 11/9/22 at 2:4 interviewed about 11/1/22. Resident dark complexion fingers in her vag not know the staff seen him before is stated this staff potten hight shift and Resident #8 state person put his finewas changing her told him to stop at on her and left the she reported the interapist. Resident #8 state vaginal bleeding a sore. Resident #8 talked with a foreit comments to her routinely required changes. On 11/9/22 at 3:1	when asked if she was getting ff and other residents, resident is raped by a foreigner" This ented that the psychiatric NP dent as "not overly agitated by investigation report that was survey agency documented that able to substantiate Resident ecause the rape evaluation be was pending and that CNA employed with the facility. 3 p.m., Resident #8 was her allegations made on the #8 stated the short man with and foreign accent stuck his ina. Resident #8 stated she did in member's name but she had in the hallway. Resident #8 erson came in her room during a lasked if she needed changing. If that she said yes and the staff gers into her vagina while here. Resident #8 stated that she had he did then put a clean brief er room. Resident #8 stated that notident the next morning to a not #8 stated that the staff person gen accent but made no sexual Resident #8 stated that she help from staff for brief	F6	00			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
		495093	B. WING		_	C 1/14/2022	
	PROVIDER OR SUPPLIER	HAB CNTR		STREET ADDRESS, CITY, STA 1225 RESERVOIR STREET HARRISONBURG, VA 22	TE, ZIP CODE	1714/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION EACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 600	about Resident #8. morning of 11/1/22 foreign man had ra during a brief changimmediately reporte the administrator. On 11/10/22 at 7:30 interviewed about the Resident #8. RN #Resident #8 from the after the resident reperformed a head-flucture was bloom the resident's labial fingernails were cleeflucture was identified as Chaide with a foreign that worked nights. Resident #8's alleg residents were interviews, Resident #8's alleg residents were interviews, Resident with CNA #4. RN # interviews, Resident male a during a brief change. On 11/10/22 at 10:30 DON and ADON (Resident #8's alleg residents were interviews, Resident male a during a brief change.)	The OT stated on the that Resident #8 told him a ped her "night before last" ge. The OT stated he ed it to his supervisor and then a a.m., the ADON (RN #2) was he allegations made by 2 stated she and RN #3 got he therapy room on 11/1/22 eported the incident and to-toe skin assessment. RN sident #8's brief was pulled od noted on the brief and on RN #2 stated the resident's ean and the brief was dry. RN nothing and found no other bleeding and the resident had jurious behaviors. RN #2 son Resident #8 described NA #4 as he was the only male accent and dark complexion RN #2 stated in response to ations, all cognitively intact rviewed about any concerns #2 stated during these at #13 stated a short, dark ide had been rough with her	F 6	00			

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F 600	The administrator simale CNA with a for questioned, the adrother explanation for trauma. The DON other staff member revealed no previous resident's brief or proposed for administrator stated multiple residents, as similar concerns at reported from other administrator stated contacted about the was no longer allow. A review of the complete of the complete of the facility ider. A review of the complete of the facility ider. During the complete of the facility reported inci. 10/24/22 revealed to the facility staff the (CNA #4) had wiped length of time in he uncomfortable. The incident documente #2 by the director of 10/24/22. This interesident #2] told in short, black CNA as	reign accent. When ministrator and DON had no or the resident #8's genital stated interviews done with s caring for Resident #8 as reports of blood in the erineal area. The d based on allegations from as APS made him aware that bout CNA #4 had been facilities in the area, the d CNA #4's agency was a allegations and that CNA #4 wed to work in the facility. In prehensive care plan (dated and that Resident #8 had r/bowel incontinence and trance for toileting and hygiene. Subjected to unwanted ineal/vaginal area and all remarks by certified nurses'	F6				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
		495093	B. WING		14	C I /14/2022		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 1225 RESERVOIR STREET HARRISONBURG, VA 22801	ZIP CODE			
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F 600	minutes and she of himcontinued to isolated for Covid said he was performance asked him to stop don't know why you girlfriend does'" also included an irreduced 10/24/22, which will be a stated CNA #4 time, approximate concerned about hinterview documents are of the date the while she was isoled A review of the fact a written statemer CNA (#3) dated 10 night/Thursday madide [CNA #4] wip saying 'that's how it to the nurse on a statement. [Residere are reported this incidere reported reported this incidere reported this incidere reported this incidere reported this incidere reported reported this incidere reported this incidere reported	got a bad vibe from say that when she wasbeing he was her aide again. She ming incontinent care and she. She said he replied with, 'I wu don't like this because my (Sic) The facility's investigation interview by the administrator, hich documented that Resident wiped her for a "very long ly 10 minutes" and that she was now rough she was wiped. This inted that the resident was not its occurrence but that it was ated on the COVID unit. Sility's investigation documented at from Resident #2's routine 0/24/22 stating, "On Wednesday bring [10/19/22 - 10/20/22] de a complaint to me about an ing her inappropriately and my girlfriend likes it'. I reported duty and gave her my lent #2] also stated that she had ent to the APS [adult protective at had been in to see her during my nurse [licensed practical	F6	500				

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		CONSTRUCTION	(X3) DATE SURVE COMPLETED		
		495093	B. WING				C 1 4/2022	
	PROVIDER OR SUPPLIER	HAB CNTR		122	REET ADDRESS, CITY, STATE, ZIP CODE 5 RESERVOIR STREET RRISONBURG, VA 22801	<u>,, </u>	14/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE	
F 600	the DON with regist documented, " [R told her months ag [CNA #4] wiped her that he used too mage [Resident #2] did not big deal at the time reason to believe it the way he did ADL. The facility investig written statement be allegations and star [Resident #2's] roo On 11/9/22 at 11:30 interviewed about her allegations regarding stated that approximated the wanted to check wet. Resident #2 stated minutes "using cleastated she watched for 10 minutes contained and the stated that approximated she watched for 10 minutes contained and the stated that approximated the stated for 10 minutes contained and the stated she watched for 10 minutes contained and the stated and registered nurse #4 uncomfortable with Resident #2 stated (registered nurse #4 registered nurse #4 registered nurse #4 registered nurse (RCNA #4 to her and until she was move	tered nurse (RN) #1, which the tend nurse (RN) #1, which the tend not like the way of during incontinent care and any wipes. [RN #1] stated that tot act like the incident was a and did not give her any was anything but her not liking care." ation included the undated y CNA #4 denying the ting he had never worked in m. a. a.m., Resident #2 was her care in the facility and the ng CNA #4. Resident #2 mately 3 to 4 months ago, CNA m around 2:00 a.m. and said ther brief to see if she was tated she told CNA #4 that she #4 then stated he needed to because that was his job. CNA #4 "wiped me for 10 ansing wipes. Resident #2 It the clock and he cleaned her tinually wiping her perineal stated CNA #4 "was down	F 6	00				

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		495093	B. WING			11/	14/2022
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F 600	had been moved to (2022) for isolation came in her room a check/change her she told CNA #4 th in her room or to pi #2 stated that CNA her and began wipi #2 stated she told enough wiping, but vaginal area. Resi to "stop" and that's did not understand his girlfriend liked it scared of him." Rehad come into her CNA #4 was not sufor her and that he Resident #2 stated she had reported the Resident #2 stated she had reported the Resident #2 stated him he'd done enoughen questioned, #4 had not provide encountered him of questioned further, was upset about the it happened again [CNA #4] to [redact months ago and the care of." When questioned further, was upset about the incident to anyothat when she return after COVID, she to asked what specific	recall the exact date but she of the COVID unit in September and while on that unit, CNA #4 and stated he wanted to brief. Resident #2 stated that at he was not supposed to be rovide care for her. Resident #4 said he needed to check ing her buttock area. Resident CNA #4 that he had done the then started wiping her dent #2 stated she told CNA #4 when CNA #4 told her that he why she did not like it because to the Resident #2 stated, "I was esident #2 stated that CNA #1 room and she told her that upposed to be providing care kept wiping her "pretty hard." I that CNA #1 later said that the incident to the nurse, but not aware of the nurse's name. I, "I was fighting him off. Told ugh wiping I was only wet." Resident #2 stated that CNA do her routine care and she only in those two occasions. When a Resident #2 stated that she he incident. "I was shocked that because I had reported him ted name - RN #1] several ought the issue was taken estioned if she had reported one else, Resident #2 stated room old her regular CNA (CNA #3) on the COVID unit. When cally she had reported, do that she had reported, do that she had reported that	F	600			

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		495093	B. WING				C 14/2022	
	PROVIDER OR SUPPLIER	HAB CNTR		1225	EET ADDRESS, CITY, STATE, ZIP CODE RESERVOIR STREET RRISONBURG, VA 22801		14/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 600	CNA #4 had touched made her uncomformonths ago, which and then about the which she had report when questioned in had trouble sleepin incident was tear police but I feel to longer works here.' On 11/9/22 at 4:10 about the allegation Stating that she did of the incident, CN/CNA #4 worked on stated that shortly ap.m., Resident #2's stated that when shentered the room, and pulling the curt #1 stated Resident not supposed to be CNA #1 stated she nurse working the twant CNA #4 caring he nurse she reporemployee and she added that CNA #4 after her report. On 11/10/22 at 6:00 about Resident #2. cared for Resident p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the supposed to the p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the supposed to the p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the supposed to the p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the supposed to the p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the p.m. until 7:00 a.m. told her "several like the way CNA #incontinence care at the p.m. at the p.	and her inappropriately and rable twice, once several she had reported to RN #1, incident on the COVID unit, orted to CNA #1 and CNA #3. The properties of the covidence of the	F6	00				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SUI COMPLET	
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F 600	that report she had for Resident #2. Whe Resident #2 to elab care by CNA #4, RI asked if she had restated that she inte "mechanics" and his supervision or admonth on 11/10/22 at 6:15 cared for Resident stated during the nitron on 10/19/22 until 7: #2 had reported to her perineal area for the COVID unit. Chad told her that she cause CNA #4 kafter she told him to the comment to her that his girlfriend liked if the comments has stated that she immistation and reported licensed practical in that she also wrote resident said and grated that when she saturday (10/22/22 unit. CNA #3 state nurse working that him (CNA #4) on the reported an issue wheek that regarded CNA #4 worked on but was not assigns stated the next shift.	not assigned CNA #4 to care then asked if she had asked forate on why she did not want N #1 stated, "No." When ported the concern, RN #1 rpreted the issue to be about ad not reported the issue to	F6	600			

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		495093	B. WING				C 14/2022
	PROVIDER OR SUPPLIER	HAB CNTR		122	EET ADDRESS, CITY, STATE, ZIP CODE 5 RESERVOIR STREET RRISONBURG, VA 22801	1 11/	14/2022
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F 600	work. CNA #3 state why he had not bee reported what Resi questioned further, cared for Resident years and that the any concerns with with ADL care until On 11/10/22 at 8:50 interviewed by tele of Resident #2's all was not made awa inappropriate care. "over-talking" by Cl mentioning CNA #4 what the discussion that CNA #3 told he allegations of inappshe never received #3 about the incide aware of the allega about them on 10/2 that CNA #2 "did no Resident #2's alleg On 11/10/22 at 9:00 interviewed again a allegations regardin #3 stated, "I was st when I told her." Ostatement on her or CNA #3 stated that original statement wagain. A review of the clin resident #2 was more appointment was more considered to the clin resident #2 was more careful was more considered to the clin resident #2 was more careful was more considered to the clin resident #2 was more careful	ed that she did not understand en suspended, when she had dent #2 had said. When CNA #3 stated that she had #2 routinely for almost two resident had never reported staff members or problems the issue with CNA #4. D a.m., LPN #2 was phone about CNA #3's report egations. LPN #2 stated she	F6	600			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495093	B. WING _		11	C / 14/2022	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1225 RESERVOIR STREET HARRISONBURG, VA 22801			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 600	to her previous roof #2's clinical record assessment on 10 noted. Nursing not 11/8/22 made no rallegations or any comprehensive cardocumented that rolled incontinent required assistant incontinence. On 11/10/22 at 10 DON, and assistant were interviewed as of inappropriate to reporting of the reabout CNA #4 by The administrator of the allegations to (APS) on 10/24/22 Resident #2 about administrator state reported any alleg #2 regarding CNA she interviewed Reinappropriate wipin resident reported and CNA #3 about the COVID unit. To talked with CNA #3 allegations to LPN CNA #3 did not reported her care of assigning CNA #4 resident #2 had reprovide her care of assigning CNA #4	age 13 cm/unit on 10/2/22. Resident documented a skin 0/24/22 with no impairments oftes from 9/21/22 through mention of the resident #2's changes in condition. The are plan, revised on 10/31/22, resident #2 had frequent ace due to diuretics and reform staff for hygiene after about Resident #2's allegations uching, along with staff and sident's complaints/concerns RN #1, CNA #1 and CNA #3. stated that he was first advised by adult protective services and reform staff members had ations or concerns of Resident #4. The DON responded that resident #2, who had reported a man the resident #2, who had reported and in her peri-area and that the resident #2, who had reported and in her peri-area and that the resident #2, who had reported the resident #2, but that LPN #2 stated port the allegations directly to red she was not aware that requested not to have CNA #4 rethat RN #1 was routinely not to Resident #2. The DON do not been made aware of the	F 60				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING	, ,	ATE SURVEY DMPLETED
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	PROVIDER OR SUPPLIER	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIP COI 1225 RESERVOIR STREET HARRISONBURG, VA 22801	•	1/14/2022
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F 600	which should have administrator. The RN #1 should have about the resident During this intervie stated that his staff that were assigned concerns following administrator state conclude" that the administrator state with CNA #4 and h work on 10/26/22.	about CNA #4 made to RN#1, been reported to her or the administrator repeated that reported to her supervisor not wanting care by CNA #4. w, the administrator also interviewed other residents to CNA #4 and found no other	F 6	500		
	touching of the per member, that the famember, that the famember, that the famember, that the famember, that the state agency do reported to the ADO "fingered" by a "da she had not reported happened, but prolidentified the employed A review of Reside included a note wri 11/3/22 documenting the is comfortable membersresident problem with one restated, 'I don't know skin, is short, and it days.' This nurse a	ineal/vaginal area by a staff acility identified as CNA #4. reported incident form sent to ocumented that Resident #13 ON that she had been rk skinned, short man" and that ed the incident when it bably should have. The facility byee involved as CNA #4. Int #13's clinical record tten by the ADON dateding, " this nurse spoke with care needs, resident states				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION	CON	E SURVEY MPLETED
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	PROVIDER OR SUPPLIER	HAB CNTR	STREET ADDRESS, CITY, STATE, ZIP COI 1225 RESERVOIR STREET HARRISONBURG, VA 22801				
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 600	member assisting I [resident] stated, 'y On 11/9/22 at 2:20 interviewed about I stated a dark-skinr came into her room when changing her vaginal area. Resi his fingers in her vastop. Resident #13 put her brief back i Resident #13 state incident to anyone she was " scared Resident #13 state had provided her a "It bothered me. I someone else." Rereported the incide interviewed her about Resident #13 state exact date but that before [CNA #4] was On 11/10/22 at 10:: DON and ADON (Fithe allegation made stated Resident #1 social worker that a with her during a bit inappropriate touch she went back and described a short, the stuck his fingers	p.m., Resident #13 was ner allegations. Resident #13 led man with a foreign accent in "just that one night" and brief started "fondling" in her dent #13 stated the man put agina and she asked him to its stated he then stopped and in place and left the room. It happened because it to talk about private stuff." It dithat was the only time he my care. Resident #13 stated, didn't want him to do it to esident #13 stated she into the ADON when she but any concerns with staff. It dishe did not remember the it had occurred " shortly as fired." 35 a.m., the administrator, RN #2 were interviewed about the by Resident #13. RN #2 is had initially reported to the amale CNA had been "rough" rief change but did not mention talked with the resident, she dark complexion man and said in her during a brief change.		600			
		d unwanted touching to her varted efforts by a staff					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER ONBURG HLTH & RE		STREET ADDRESS, CITY, STATE, ZIP 1225 RESERVOIR STREET HARRISONBURG, VA 22801				
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F 600		age 16 rther access to her perineal dentified the staff member as	F 6	00			
	#8's allegations of touching, the staff cognitively intact redocumented an int 11/1/22, which staff any staff member linappropriately. [Ram afraid of that m [Resident #15] staff he is short, dark coworked last night' came into my roon change me, I told he would not listen sure I was clean, I not wear a briefh said oh, I need to deft me alone" (If this time was Residuel to the component of the clim social worker (SW documenting that mocumented that Reperpetrator was cufacility and that she psychiatric nurse processes and staff in the staff perpetrator was cufacility and that she psychiatric nurse processes are staff in the staff perpetrator was cufacility and that she psychiatric nurse processes are staff in the staff perpetrator was cufacility and that she psychiatric nurse processes are staff in the staff perpetrator was cufacility and that she psychiatric nurse processes are staff in the staff perpetrator was cufacility and that she psychiatric nurse processes are staff in the staff perpetrator was cufacility and that she psychiatric nurse processes are staff in the staff perpetrator was cufacility and that she psychiatric nurse processes are staff perpetrator was cufacility and that she psychiatric nurse processes are staff perpetrator was cufacility and the staff perpetrator	desident #15] stated, 'No but I han who works at night' ded, 'I don't know his name, but omplexion, with an accent, he[Resident #15] stated, 'He had and said he needed to him I did not wear a brief, but he said he needed to make again told him "No, that I did he then checked his paper and check your roommate, and he resident #15's roommate at dent #8). dical record documented a honte dated 11/2/22 resident #15 stated she was suched and 'made to feel very the social worker note resident #15 was told that the arrently suspended from the redecined services by the oractitioner about the incident.					
	to the state survey #15's comments/a	ity reported incident form sent agency regarding Resident llegations regarding the by a staff member identified					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER ONBURG HLTH & RE			STREET ADDRESS, CITY, STATE, ZIP OF 1225 RESERVOIR STREET HARRISONBURG, VA 22801			
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F 600	On 11/14/22 at 11: interviewed about #4. Resident #15 dark with a foreign CNA. Resident #1 remember the exa one morning and heside my bed and me." Resident #15 diaper or pull-up, be insisted stating, "L stated that he ther thigh and said agas he was wet. Reshim again that she but the staff members at the stated, "Let me se went to the roommer closet. Resident #15 stated that she told him she we #15 stated that she times and each tin call light and said #15 stated that she and to get out of her roommate, but the not see him again. Resident #15 stated that she way. Resident #15 stated his hand under he away. Resident #1 not touch her groir under her leg agai stated that she way s	_	F 60				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		495093	B. WING _		11	/14/2022	
	PROVIDER OR SUPPLIEF			STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801	•		
(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 CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 600	wondered if he wobuilding." Resider realizes why he washe to take care of wonder what he manyone about the that she had told a described as "blor not know her name Resident #15's co 9/26/22) document transfer to the toile person and includ provide an unobst. The minimum data tool) dated 10/14/2 cognitively intact, abowel/bladder elimited assistance. On 11/14/22 at 12 DON were intervied allegation. The actinitiate a facility reinvestigation about because the resid physically touched had reported to he about CNA #4 and night shift nurse were sident. A review of facility was originally suspreturned to work of the suppression of the s	buld be able to return to the nt #15 stated, "I'm sure he as let go. He's scary. I was of myself, but it makes you hay have done to other questioned if she had told incident, Resident #15 stated a night nurse, who she nde with an accent", but she did	F 60				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	COV	E SURVEY MPLETED
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	PROVIDER OR SUPPLIER ONBURG HLTH & REI	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801		
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F 600	resided on the sam allegations. A review documented that C residents' unit durin 7:00 a.m.) on 10/26. The facility's policy Abuse/Neglect/Miss documented, "Ther mistreatment, abus property, or any crin of the Center have verbal, sexual, mer corporal punishmer employee and/or cowho willfully abuses subjected to correct documented that se harassment, inapprocoercion, sexual as actions. This policy psychological/emotinclude humiliation, teasing and threats. These findings wer administrator, DON services on 11/10/2 11/14/22 at 1:10 p.r provided prior to the	e unit around the time of the w of the work schedules NA #4 worked on these in the night shift (11:00 p.m. to 5/22, 10/27/22 and 10/31/22. Ititled appropriation/Crime (1/23/20) is is zero tolerance for ite, neglect, misappropriation of me against a patientPatients the legal right to be free from intal and physical abuse, int, involuntary seclusionAny overed agent of the Center, iswill be immediately tive action" This policy exual abuse included sexual repriate touching, sexual issault or inciting any of these described ional (mental) abuse to harassment, malicious of punishment or deprivation. Ite reviewed with the large included in the large included in the large in the la	F 60			
F 607 SS=E	CFR(s): 483.12(b)(§483.12(b) The fac	t Abuse/Neglect Policies	F 60	07		12/22/22

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	· ´COM	E SURVEY PLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1225 RESERVOIR STREET HARRISONBURG, VA 22801		
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F 607	§483.12(b)(1) Prol neglect, and explo misappropriation of §483.12(b)(2) Estato investigate any §483.12(b)(3) Incluparagraph §483.9§ §483.12(b)(4) Esta QAPI program req §483.12(b)(5) Ensoccurring in federa facilities in accorda Act. The policies abut are not limited §483.12(b)(5)(ii) Femployee rights, a (3) of the Act. §483.12(b)(5)(iii) I retaliation, as defin (2) of the Act. This REQUIREME by: Based on residen facility document rand complaint inveto follow their abus reporting allegation abuse for three of sample (Residents The findings included)	nibit and prevent abuse, itation of residents and of resident property, ablish policies and procedures such allegations, and ude training as required at 5, ablish coordination with the uired under §483.75. The procedures are and procedures ally-funded long-term care ance with section 1150B of the and procedures must include to the following elements. Posting a conspicuous notice of s defined at section 1150B(d) Prohibiting and preventing and preventing and at section 1150B(d)(1) and at section 1150B(d)(1) and at section 1150B(d)(1) and at section, the facility staff failed are prevention policies for an of sexual and/or mental sixteen residents in the survey at #2, #13 and #15).	F6	F607 1) CNA #1 & #2, LPN #1 & # were educated on the Abuse/Neglect/Misappropria policy on and timely reporting allegations on 11/1/22. 2) Current facility residents h potential to be affected. 3) The Administrator/Design educate facility staff on the Abuse/Neglect/Misappropria	ntion/Crime g of any nave the ee will	

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HARRIS	ONBURG HLTH & R	EHAB CNTR		1225 RESERVOIR STREET HARRISONBURG, VA 22801			
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F 607	touching to the permember, along will were not immedia administrator as reprevention policie report Resident # nurses' aide (CNA the department of in the facility abused A review of the factor dated 10/24/#2 reported to the nurses' aide (identified had wiped her for in her perineal are This FRI also door reported CNA #4 her that he did not like it because "the This report documented and the professions regared to the profe	erineal/vaginal area by a staff ith unwelcomed sexual remarks, ately reported to the equired by the facility's abuse so the administrator failed to 2's allegations against certified A) #4 of unwanted touching to be health professions as required the prevention policy. Collity reported incident (FRI) (22 documented that Resident a facility staff that a certified tified by the facility as CNA #4) an inappropriate length of time that and made her uncomfortable, and made the comment while wiping the understand why she did not at's how his girlfriend likes it."	F	Policy and appropriate reporwith an emphasis on sexual 4) The Administrator/Designor perform weekly random interresidents concerning abuse the facility to ensure the abust followed and any allegations timely. 5) Results of the audit will be the QAPI committee for revirecommendations. Once the determines the problem no leaudits will be conducted on a basis 6) Date of Compliance: 12/2:	abuse. ee will rviews with 10 and care in se policy is reported e presented to iew and e QAPI onger exists, a random		

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		495093	B. WING_			C / 14/2022
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP OF 1225 RESERVOIR STREET HARRISONBURG, VA 22801		14/2022
(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 CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 607	minutes" and that rough she was wip interview stated the dates this occurred was isolated on the The facility's investatement from Redated 10/24/22 stanight/Thursday me 10/20/22]Reside about an aide [CN and saying 'that's reported it to the nestatement. [Reside reported this incide service] person that the dayinformed nurse #2] Agency. The facility's investinterview by the Deformation of the time of the	ery long time, approximately 10 she was concerned about how bed. This documented e resident was not sure of the d but that it happened while she e COVID unit. tigation documented a written esident #2's routine CNA (#3) ating, "On Wednesday bring [10/19/22 - nt #2 made a complaint to me A #4] wiping her inappropriately how my girlfriend likes it' I urse on duty and gave her my ent #2] also stated that she had ent to the APS [adult protective at had been in to see her during my nurse [licensed practical	F 60	07		

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	ROVIDER OR SUPPLIER	HAB CNTR		STREET ADDRESS, CITY, STATE, 1225 RESERVOIR STREET HARRISONBURG, VA 2280	ZIP CODE	114/2022
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	act like the incident did not give her any anything but her no care." On 11/9/22 at 11:30 interviewed about hallegations regardir Resident #2 stated months ago, CNA #2:00 a.m. and said to see if she was w told CNA #4 that sh stated he needed to that was his job. R "wiped me for 10 m Resident #2 stated cleaned her for 10 perineal area. Resident #2 stated cleaned her for 10 perineal area. Resident #2 stated (registered nurse # next worked and reprovide care for her provide care for her provide care for her registered nurse (R CNA #4 to her and until she was move COVID-19. Reside to the COVID unit in isolation and while her room and again check/change her be told CNA #4 that her room or provide stated CNA #4 stated	ge 23 ted that [Resident #2] did not was a big deal at the time and reason to believe it was t liking the way he did ADL a.m., Resident #2 was per care in the facility and the regunwanted touching. That approximately 3 to 4 decame in her room around he wanted to check her brief et. Resident #2 stated she re was "ok" and CNA #4 then on check her anyway because resident #2 stated CNA #4 inutes" using cleansing wipes. She watched the clock and he minutes continually wiping her ident #2 stated CNA #4 "was ime" and she was very the continued wiping. She told her usual nurse 1) about the incident when she quested that CNA #4 not reanymore. Resident #2 stated N) #1 agreed to not assign she did not see CNA #4 again do another unit after getting and the september (2022) for on that unit, CNA #4 came in a stated he wanted to brief. Resident #2 stated she was not supposed to be in the care for her. Resident #2 and he reded to check her there buttock area. Resident #2 are buttock area. Resident #2	F 6	607		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495093	B. WING _		11	C / 14/2022
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F 607	wiping and then he area. Resident #2 "stop" and that's wunderstand why sigirlfriend liked it. Is scared of him." Rin the room and sl was not supposed and that he kept will Resident #2 stated incident to the nurnurse's name. Rereturned to her preshe told her regula on the COVID unit reported that CNA inappropriately an twice, once severathen to CNA #1 ar while on the COVID unit reported that the covidence on the covidence of the incident, CN and CNA #4 works stated that shortly p.m., Resident #2 stated that when sentered the room, and pulling the cur #1 stated Residen not supposed to be CNA #1 stated shourse working the want CNA #4 carin he nurse she reported the room is supposed to be covered to the covidence of the current want CNA #4 carin he nurse she reported the room is supposed to be covered to the covidence of the current want covered the room, and pulling the current want CNA #4 carin he nurse she reported the covered the covered the room, and pulling the current want CNA #4 carin he nurse she reported the covered the current want covered the current wan	e went to wiping her vaginal e stated she told CNA #4 to when CNA #4 told her he did not he did not like it because his Resident #2 stated, "I was esident #2 stated CNA #1 came he reported to her that CNA #4 to be providing care for her wiping her "pretty hard." If CNA #1 said she reported the se but she was not aware of the esident #2 stated that when she evious unit/room after COVID, ar CNA (#3) about the incident are CNA (#3) about the incident when the made her uncomfortable all months ago to RN #1 and and CNA #3 about the incident	F 60	07		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495093	B. WING				C 14/2022
	PROVIDER OR SUPPLIER	HAB CNTR		1225 RE	ADDRESS, CITY, STATE, ZIP CODE ESERVOIR STREET SONBURG, VA 22801		1-7/2-02-2
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 607	after her report. On 11/10/22 at 6:00 about Resident #2. cared for Resident p.m. until 7:00 a.m. told her "several methe way CNA #4 wi care and that she rher anymore. RN # had not assigned CRN #1 stated it was "common knowled Resident #2. RN # assign him [CNA # asked if she asked why she did not was stated, "No." RN # Resident #2 not was complaint. RN #1 was more about the and not about touch did not elaborate or #1 stated she interp "mechanics" and si supervision or admiresident had been if #4 had done she with concern to her superineal area for a COVID unit. Resident she was scared for Service of the she was scared for Service of the stated during the nite of the stated during the nit	a.m., RN #1 was interviewed RN #1 stated she routinely #2 on the night shift (11:00). RN #1 stated Resident #2 onths ago" the she did not like ped her during incontinence equested that he not care for #1 stated since that report she ENA #4 to care for Resident #2. Is "generally known" and ge" to not assign CNA #4 to 1 stated, "We knew not to 4] to [Resident #2]." When Resident #2 to elaborate on nt care by CNA #4, RN #1 1 stated she did not view unting CNA #4's care as a stated the resident's complaint to length of time he cleaned her hing her and that the resident no what CNA #4 had done. RN preted the issue to be about the did not report the issue to inistration. RN #1 stated if the more specific about what CNA ould have reported the ervisor or administration. 5 a.m. CNA #3 that routinely #2 was interviewed. CNA #3 ght shift starting at 11:00 p.m. 00 a.m. on 10/20/22, Resident that CNA #4 had cleaned her long time while she was on the ent #2 stated the resident told of CNA #4. CNA #3 stated and that CNA #4 kept wiping her	F6	07			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED		
		495093	B. WING _		11	C / 14/2022
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1225 RESERVOIR STREET HARRISONBURG, VA 22801		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 607	peri-area even after made a comment because his girlfrie resident "acted a listated she immedistation and reportelicensed practical she wrote a staten said and gave it to she came back to working on the uniagency nurse work uncomfortable with had reported an isthe week. CNA #3 Resident #2's unit to Resident #2's unit to Resident #2. Cowork next on Mone still scheduled to wunderstand why he regarding the allegate she reported on 10 On 11/10/22 at 8:5 interviewed by teleof Resident #2's alwas not made awainappropriate care "over-talking" by Comentioning CNA # what the talking was CNA #3 told her alof inappropriate to received a written the incident. LPN the allegations untithem on 10/24/22.	to her that she should like it to her that she should like it tend liked it. CNA #3 stated the little scared of him." CNA #3 stately went to the nursing and Resident #2's concern to hurse (LPN) #2. CNA #3 stated ment about what the resident LPN #2. CNA #3 stated when work on 10/22/22, CNA #4 was t. CNA #3 stated she told the king that she was in him on the unit because she sue with Resident #2 earlier in a stated CNA #4 worked on that shift but was not assigned NA #3 stated she returned to day 10/24/22 and CNA #4 was work and she did not in had not been suspended pations with Resident #2 that 10/20/22 to LPN #2. 10 a.m., LPN #2 was suphone about CNA #3's report legations. LPN #2 stated she heard in had not know as about. LPN #2 denied that bout Resident #2's allegations uching and stated she never statement from CNA #3 about #2 stated she was not aware of it the DON asked her about LPN #2 stated again that CNA is report" to her Resident #2's	F 60			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		495093	B. WING				C 1 4/2022
	PROVIDER OR SUPPLIER			12	REET ADDRESS, CITY, STATE, ZIP CODE 25 RESERVOIR STREET ARRISONBURG, VA 22801	1 117	14/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 607	interviewed again a allegations regardin #3 stated, I was stawhen I told her." C statement on her or CNA #3 she was lawas lost and she was lost and lost a	D a.m., CNA #3 was about reporting Resident #2's ag CNA #4 on 10/20/22. CNA anding in front of her [LPN #2] NA #3 stated she wrote a wn and gave it to LPN #2. ter told her original statement	F6	607			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		495093	B. WING				C 14/2022
	PROVIDER OR SUPPLIER ONBURG HLTH & RE	HAB CNTR		12	REET ADDRESS, CITY, STATE, ZIP CODE 25 RESERVOIR STREET ARRISONBURG, VA 22801	1	1-1/2-2-2
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 607	allegations directly was not aware that not to have CNA #4 #1 was not routinel Resident #2. The I concern about CNA have been reported The DON stated shexpressed concern months ago. The ashould have reported resident not wantin stated it sounded li worked out a plan I communicated. The LPN #2 should have about the incident of	Resident #2 had requested provide her care or that RN y assigning CNA #4 to DON stated the reports of A #4 made to RN#1 should to her or the administrator. He was not aware Resident #2 administrator stated RN #1 and to her supervisor about the g care by CNA #4. The DON ke RN #1 and Resident #2 but the plan was not he DON stated CNA #3 and he reported the allegations on the COVID unit immediately A #4 would have been	F6	007			
	perineal/vaginal are against certified nu reported to the stat professions as requirevention policy. Resident #13 was a diagnoses that includes the stat includes the state of the state o	wanted touching to the ea made by Residents #13 rses' aide (CNA) #4 were not e's department of health uired in the facility's abuse admitted to the facility with uded anemia, liver cirrhosis, morrhage, depression, gastritis malnutrition. The minimum ed 9/14/22 assessed Resident ntact, frequently incontinent of uiring extensive assistance of eting.					
		ncident form to the state 22 documented Resident #13					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION IG		(X3) DATE SURVEY COMPLETED	
		495093	B. WING _		11	C / 14/2022
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1225 RESERVOIR STREET HARRISONBURG, VA 22801		11-11-20-22
(X4) ID PREFIX TAG	(EACH DEFICIEN	FATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 607	reported to the AE "fingered" by a "da had not reported to but probably shout the employee invo documented no ne health professions On 11/14/22 at 12 interviewed about CNA #4 involving The administrator against CNA #4 w department of hea he found nothing Resident #2 for ca had reported alleg Resident #8 and v called him he wou other allegations i #15. The administrator	DON that she had been ark skinned, short man" and she he incident when it happened ld have. The facility identified blved as CNA #4. This form otification to the department of	F 60)7		
	upper thigh, but the staff member to get perineal area. The member as CNA reported to the state services, or the decrease was diagnoses that included the diabetes, anemia minimum data set assessed Resider	ad unwanted touching of the awarted repeated attempts by a ain further access to her e facility identified the staff #4. These allegations were not ate agency, adult protective epartment of health professions. admitted to the facility with clude end stage renal disease, and hypothyroidism. The (MDS) dated 10/14/22 of #15 as cognitively intact, of bowel/bladder and as				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		495093	B. WING				C 14/2022
	PROVIDER OR SUPPLIER			12	REET ADDRESS, CITY, STATE, ZIP CODE 25 RESERVOIR STREET ARRISONBURG, VA 22801	1 11/	14/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 607	requiring limited as toileting. The assistant direct nurse #2) documer #15 dated 11/1/22 #15] if any staff me inappropriately. [R am afraid of that m [Resident #15] stathe is short, dark coworked last night' came into my room change me, I told he would not listen sure I was clean, I wear a briefhe thoh, I need to check me alone" Resident #15's clin social worker (SW) documenting the re "inappropriately tou uncomfortable" documented he ex	tor of nursing (registered need an interview with Resident stating, "I asked [Resident mber had touched her esident #15] stated, 'No but I an who works at night' ed, 'I don't know his name, but implexion, with an accent, he [Resident #15] stated, 'He in and said he needed to him I did not wear a brief, but in he said he needed to make again told him no that I did not en checked his paper and said a your roommate, and he left ical record documented a note dated 11/2/22 esident stated she was inched and 'made to feel very The social worker note plained that the perpetrator	F6	607			
	There was no facili to the state survey protective services professions regard comments/allegatic brief change and ir member identified On 11/14/22 at 12: interviewed about I	ons regarding the attempted happropriate touching by a staff by the facility as CNA #4.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495093	B. WING				C 14/2022
	PROVIDER OR SUPPLIER	HAB CNTR		1	TREET ADDRESS, CITY, STATE, ZIP CODE 225 RESERVOIR STREET IARRISONBURG, VA 22801	1 11/	14/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)) BE	(X5) COMPLETION DATE
F 607	reported incident for protective agencies	nge 31 orm and make notification to about Resident #15 because and that she was not physically	F 6	607			
	documented, "A lice respond to all alleg suspicions of staff and/or visitor to pat mistreatmentAll a abuse, neglectare but (a) no later than made if the event the involves abuseAr suspecting abuse, remove the patient report to their immediate all all all all all all all all all al	appropriation/Crime (10/24/22) ensed nurse will immediately ations and/or reasonable to patient, patient to patient, cient, abuse, neglect, alleged violations involving to be reported immediately a 2 hours after the allegation is nat cause the allegation by staff observing or neglect or mistreatment will from danger immediately and ediate supervisorA licensed Administrator and/or Director					
	documented, "The timely reporting, invreporting of incident abuse, neglect, mis crime against a pat any other appropriations the Departme (DHP) for incidence	titled Reporting stigations (1/23/20) Administrator will ensure the vestigation, and follow up ts of alleged/suspected patient streatment, exploitation, or ient to the State Agency and ate authoritiesNotify within 24 ent of Health Professions es involving nurse aides, RNs, or other licensed or certified by					
	administrator, direc	e reviewed with the stor of nursing and regional ervices during a meeting on					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495093	B. WING		C 11/14/2022
	PROVIDER OR SUPPLIER ONBURG HLTH & RE	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801	
(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 APPROVIDENCY)	D BE COMPLETION
F 607	Continued From pa	· •	F 607	7	
F 609 SS=D	11/14/22 at 1:10 p.i Reporting of Allege CFR(s): 483.12(b)(d Violations	F 609		12/22/22
		onse to allegations of abuse, n, or mistreatment, the facility			
	involving abuse, ne mistreatment, inclu source and misapp are reported immed hours after the alleg that cause the alleg serious bodily injury the events that cause and do not rethe administrator of officials (including the adult protective serior jurisdiction in lost	are that all alleged violations eglect, exploitation or ding injuries of unknown propriation of resident property, diately, but not later than 2 gation is made, if the events gation involve abuse or result in y, or not later than 24 hours if use the allegation do not involve esult in serious bodily injury, to f the facility and to other to the State Survey Agency and evices where state law provides ing-term care facilities) in tate law through established			
	designated represe accordance with St Survey Agency, wit incident, and if the appropriate correct This REQUIREMED by: Based on resident facility document re and complaint inve	ort the results of all e administrator or his or her entative and to other officials in tate law, including to the State hin 5 working days of the alleged violation is verified live action must be taken. NT is not met as evidenced interview, staff interview, eview, clinical record review stigation, the facility staff failed ort allegations of abuse to the		F609 1) CNA #1 & #3, LPN #1 & #2, and were educated on the Abuse/Neglect/Misappropriation/C	

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495093	B. WING			11/1	C 1 4/2022
NAME OF F	PROVIDER OR SUPPLIER		1	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				1	225 RESERVOIR STREET		
HARRIS	ONBURG HLTH & RE	HAB CNTR		Н	IARRISONBURG, VA 22801		
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE	(X5) COMPLETION DATE
TAG	REGULATORT ORT	LOC IDENTIF TING INFONMENTION)	TAG		DEFICIENCY)	MAIL	
F 609	Continued From page	age 33	F 6	609			
		or the state survey agency for			policy on and timely reporting of any	v	
		dents in the survey sample.			allegations on 11/1/22.	,	
		to immediately report to the			3		
		ations by Resident #2 of			Regional Director of Clinical Service	es	
	inappropriate toucl	hing by a certified nurses' aide.			educated facility Administrator and		
		empts to stop a CNA from			Director of Nursing on facility incide		
		neal area were not reported to			that need to be reported to the state	9	
		gency or adult protective			survey agencies and APS and the	4.4/00	
	services.				timeframe in which to do so on 11/		
	The findings includ	lo:			2) Current facility residents have the	3	
	The findings include	ie.			potential to be affected. 3) The Administrator/Designee will		
	1 Resident #2's al	legations/concerns involving			educate facility staff on the		
		g of the perineal/vaginal area by			Abuse/Neglect/Misappropriation/Cri	ime	
		ong with unwelcomed sexual			Policy and appropriate reporting pro		
		immediately reported to the			to include immediate notification of		
	administrator.	, ,			questionable incidents that occur in facility to the Administrator.	the	
	Resident #2 was a	dmitted to the facility with			4) The Administrator/Designee will		
		luded anxiety, sleep apnea,			perform weekly random interviews	with 10	
		disorder, heart failure, restless			residents concerning abuse and ca		
		ractive bladder, chronic			the facility to ensure the abuse police		
	respiratory failure,	insomnia, hypertension and			followed and any allegations reporte	ed	
		se. The minimum data set			timely.		
		22 assessed Resident #2 as			5) Results of the audit will be prese		
		as always incontinent of bladder			the QAPI committee for review and		
		e extensive assistance of one			recommendations. Once the QAPI		
	person for toileting				committee determines the problem		
	A facility reported i	ncident form dated 10/24/22			longer exists, audits will be conduct 6) Date of Compliance: 12/22/22	.eu	
		dent #2 reported to the facility			o) Date of Compliance. 12/22/22		
		d nurses' aide (CNA #4) had					
		appropriate length of time in					
		and made her uncomfortable.					
		ted CNA #4 made the					
		oing her that he did not					
		ne did not like it because "that's					
		kes it." This report					
		port of the allegations to the					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495093	B. WING				C 14/2022
	PROVIDER OR SUPPLIER ONBURG HLTH & REI	HAB CNTR		12	TREET ADDRESS, CITY, STATE, ZIP CODE 225 RESERVOIR STREET ARRISONBURG, VA 22801	1 17	14/LULL
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION REFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		BE	(X5) COMPLETION DATE
F 609	interview with Resident interview in the resident interview in the resident interview in the resident interview intervie	gation documented an dent #2 by the director of ed 10/24/22. This interview esident #2] told me that the black CNA asked to check night shift. She said he wiped and she got a bad vibe from say that when she wasbeing e was her aide again. She ming incontinent care and she she said he replied with, 'I adon't like this because my Sic) The administrator erview with Resident #2 dated eresident stated CNA #4 by long time, approximately 10 he was concerned about how ed. This interview stated the are of the dates this occurred downlie she was isolated on the displaying [10/19/22, at #2 made a complaint to me as a co	F	609			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED C	
		495093	B. WING		1 11	/14/2022
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 1225 RESERVOIR STREET HARRISONBURG, VA 22801	•	71-7/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE
F 609	interview by the DO 10/26/22. This interview has a superior of the incontinent care. [#2] did not act like the time or did not was anything but he ADL [activities of doing to the incontinent care are interview by the DO #1. This interview that [Resident #2] did not like the way incontinent care are wipes. [RN #1] state act like the incident did not give her and the continent care are did not give her and the contin	DN with CNA #1 dated erview documented, "[CNA en [Resident #2] was isolating her that she did not like [CNA way he wiped her during CNA #1] stated that [Resident the incident was a big deal at give any reason to believe it er not liking the way he did	F6	09		
	interviewed about allegations regardi stated approximate came in her room awanted to check he Resident #2 stated "ok" and CNA #4 ther anyway becaus #2 stated CNA #4 using cleansing wi watched the clock minutes continually Resident #2 stated long time" and she	D a.m., Resident #2 was her care in the facility and the hig CNA #4. Resident #2 ely 3 to 4 months ago, CNA #4 around 2:00 a.m. and said her brief to see if she was wet. she told CNA #4 that she was hen stated he needed to check see that was his job. Resident 'wiped me for 10 minutes' bes. Resident #2 stated she and he cleaned her for 10 wiping her perineal area. CNA #4 "was down there a was very uncomfortable withing. Resident #2 stated she told				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		E SURVEY PLETED
						(С
		495093	B. WING	<u>'—</u>		11/1	14/2022
	PROVIDER OR SUPPLIER ONBURG HLTH & REF	HAB CNTR		1	STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 609	incident when she re that CNA #4 not properly resident #2 stated agreed to not assign not see CNA #4 aga another unit after gestated she was moved september (2022) funit, CNA #4 came he wanted to check #2 stated she told Coupposed to be in her. Resident #2 stated to check he buttock area. Resident #2 stated she told CNA CNA #4 told her he did not like it becaus Resident #2 stated, Resident #2 stated, Resident #2 stated she reported to her supposed to be properly wiping her "precond to her supposed to be properly wiping her "precond #1 said she renurse but she was renurse but she	gistered nurse #1) about the next worked and requested ovide care for her anymore. registered nurse (RN) #1 yn CNA #4 to her and she did ain until she was moved to etting COVID-19. Resident #2 ved to the COVID unit in for isolation and while on that in her room and again stated c/change her brief. Resident CNA #4 that he was not her room or provide care for tated CNA #4 stated he er and began wiping her dent #2 stated she told CNA e enough wiping and then he vaginal area. Resident #2 A #4 to "stop" and that's when exide did not understand why she are his girlfriend liked it. I was scared of him." CNA #1 came in the room and that CNA #4 was not oviding care for her and that he etty hard." Resident #2 stated exported the incident to the not aware of the nurse's 2 stated when she returned to from after COVID, she told her bout the incident on the lent #2 stated she reported that each her inappropriately and rtable twice, once several #1 and then to CNA #1 and ncident while on the COVID p.m., CNA #1 was interviewed	F	609			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
		495093	B. WING				C 14/2022
	PROVIDER OR SUPPLIER ONBURG HLTH & REI	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIF 1225 RESERVOIR STREET HARRISONBURG, VA 22801	² CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD HE APPROPF	BE	(X5) COMPLETION DATE
F 609	Stating that she did of the incident, CNA CNA #4 worked on stated that shortly a p.m., Resident #2's stated that when she entered the room, and pulling the curt #1 stated Resident not supposed to be CNA #1 stated she nurse working the curt want CNA #4 caring he nurse she report employee and she added that CNA #4 after her report. On 11/10/22 at 6:00 about Resident #2. cared for Resident #2. cared for Resident p.m. until 7:00 a.m. told her "several more the way CNA #4 will care and that she resident #2. RN #4 had not assigned CRN #1 stated it was "common knowledg Resident #2. RN #4 assign him [CNA #4 asked if she asked why she did not wa stated, "No." RN #7 Resident #2 not wa complaint. RN #1 swas more about the	ge 37 Is made by Resident #2. Inot remember the exact date A #1 stated, "that day, me and the COVID unit." CNA #1 Ifter shift change at 11:00	F 6	09			

l' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495093	B. WING				C 14/2022	
	PROVIDER OR SUPPLIER	HAB CNTR		1225	EET ADDRESS, CITY, STATE, ZIP CODE 5 RESERVOIR STREET RRISONBURG, VA 22801	1 11/	1-112-022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE	
F 609	did not elaborate o #1 stated she inter "mechanics" and s supervision or adm resident had been #4 had done she w concern to her sup On 11/10/22 at 6:19 cared for Resident stated during the n on 10/19/22 until 7 #2 reported to her perineal area for a COVID unit. Resid her she was scared the resident reporte peri-area even afte made a comment t because his girlfrie resident "acted a lif stated she immedia station and reporte licensed practical r she wrote a statem said and gave it to she came back to working on the unit agency nurse work uncomfortable with had reported an iss the week. CNA #3 Resident #2's unit to Resident #2's unit to Resident #2's unit to scheduled to w understand why he	n what CNA #4 had done. RN preted the issue to be about he did not report the issue to inistration. RN #1 stated if the more specific about what CNA rould have reported the ervisor or administration. 5 a.m., CNA #3 that routinely #2 was interviewed. CNA #3 ight shift starting at 11:00 p.m. 100 a.m. on 10/20/22, Resident that CNA #4 had cleaned her long time while she was on the lent #2 stated the resident told dof CNA #4. CNA #3 stated ed that CNA #4 kept wiping her r she told him to stop and to her that she should like it and liked it. CNA #3 stated the title scared of him." CNA #3 ately went to the nursing down Resident #2's concern to hurse (LPN) #2. CNA #3 stated when work on 10/22/22, CNA #4 was ately went to the concern to hurse (LPN) #3 stated when work on 10/22/22, CNA #4 was ately went to the concern to hurse (LPN) #3 stated when work on 10/22/22, CNA #4 was ately work was stated she told the ing that she was him on the unit because she sue with Resident #2 earlier in stated CNA #4 worked on that shift but was not assigned NA #3 stated she returned to lay 10/24/22 and CNA #4 was ork and she did not had not been suspended ations with Resident #2 that	F6	09				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495093	B. WING			C / 14/2022	
	PROVIDER OR SUPPLIER ONBURG HLTH & RI			STREET ADDRESS, CITY, STATE, Z 1225 RESERVOIR STREET HARRISONBURG, VA 22801	IP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 609	interviewed by tele of Resident #2's a was not made awa inappropriate care "over-talking" by C mentioning CNA # what the talking w CNA #3 told her a of inappropriate to received a written the incident. LPN the allegations und them on 10/24/22. #2 "did not directly allegation regardir On 11/10/22 at 8:' nurse unit manage about Resident #2 #4. LPN #1 state #4 was not assign expressed concer stated none of Re regarding CNA #4 comments were re members. LPN # of the allegations of On 11/10/22 at 9:0 interviewed again allegations regard #3 stated, I was si when I told her." statement on her of CNA #3 stated sho	sphone about CNA #3's report llegations. LPN #2 stated she are of Resident #2's LPN #2 stated she heard CNA #3 and some other CNAs are about. LPN #2 denied that bout Resident #2's allegations suching and stated she never statement from CNA #3 about #2 stated she was not aware of till the DON asked her about LPN #2 stated again that CNA or report" to her Resident #2's	Fe	509			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRU			(X3) DATE SURVEY COMPLETED			
		495093	B. WING				C 14/2022
	PROVIDER OR SUPPLIER ONBURG HLTH & RE			STREET ADDRESS, CITY, STATE, ZIP 1 1225 RESERVOIR STREET HARRISONBURG, VA 22801	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD E APPROPF	BE	(X5) COMPLETION DATE
F 609	DON and ADON (Resident #2's alleg resident's complain RN #1, CNA #1 are stated APS advised 10/24/22 after and #2 about another in staff members concerns about Row The DON stated in the resident report peri-area and that previously told CN incident that occur DON stated when stated she reported LPN #2 stated CN allegations directly was not aware that not to have CNA #1 was not routined Resident #2. The concern about CN have been reported The DON stated in the concern about CN have been reported that about the incident worked out a plan communicated. The LPN #2 should have reported the concern about CN about the incident to her and that CN suspended earlier incident incident to her and that CN suspended earlier incident incident to her and that CN suspended earlier incident incident to her and that CN suspended earlier incident incident to her and that CN suspended earlier incident incident incident to her and that CN suspended earlier incident incid	235 a.m., the administrator, RN #2) were interviewed about gations and reporting of the nts/concerns about CNA #4 by nd CNA #3. The administrator and him of the allegations on APS worker met with Resident assue. The administrator stated reported any allegations or esident #2 regarding CNA #4. The interviewed Resident #2 and the inappropriate wiping in her the resident reported she had A #1 and CNA #3 about the red on the COVID unit. The she talked with CNA #3 she and the allegations to LPN #2 and A #3 did not report the at the resident #2 had requested the provide her care or that RN ely assigning CNA #4 to DON stated the reports of A #4 made to RN#1 should and to her or the administrator. The was not aware Resident #2 had requested to her or the administrator. The was not aware Resident #2 had to her or the administrator. The book about the ng care by CNA #4. The DON like RN #1 and Resident #2 but the plan was not he DON stated CNA #3 and we reported the allegations on the COVID unit immediately IA #4 would have been	F6	609			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X'		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495093	B. WING				C 1 4/2022	
	PROVIDER OR SUPPLIER DNBURG HLTH & REI	HAB CNTR		1:	TREET ADDRESS, CITY, STATE, ZIP CODE 225 RESERVOIR STREET IARRISONBURG, VA 22801	1 11/	772022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)) BE	(X5) COMPLETION DATE	
F 609	administrator, DON	, regional director of clinical 2 at 10:35 a.m. and on	F 6	609				
	thigh, but thwarted member to physica The facility identifie nurses' aide (CNA)	d unwanting touching to upper repeated attempts by a staff lly contact her perineal area. d the staff member as certified #4. These allegations were state agency or adult						
	diagnoses that includiabetes, anemia a minimum data set (assessed Resident always continent of	admitted to the facility with ude end stage renal disease, and hypothyroidism. The MDS) dated 10/14/22 #15 as cognitively intact, bowel/bladder and as sistance of one person for						
	nurse #2) documen #15 dated 11/1/22 s #15] if any staff me inappropriately. [Re am afraid of that ma [Resident #15] state he is short, dark co worked last night' came into my room change me, I told h he would not listen, sure I was clean, I a wear a briefhe the	tor of nursing (registered an interview with Resident stating, "I asked [Resident mber had touched her esident #15] stated, 'No but I an who works at night' ed, 'I don't know his name, but mplexion, with an accent, he [Resident #15] stated, 'He and said he needed to im I did not wear a brief, but he said he needed to make again told him no that I did not en checked his paper and said your roommate, and he left						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG	COM	E SURVEY MPLETED
		495093	B. WING _			C 14/2022
	PROVIDER OR SUPPLIER DNBURG HLTH & REI	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801		14/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 609	Resident #15's clini social worker (SW) documenting the re "inappropriately tou uncomfortable'" documented he exp was currently suspective ser comments/allegation brief change and in member identified by the state survey adult protective ser comments/allegation brief change and in member identified by the state survey adult protective ser comments/allegation brief change and in member identified by the state of the	cal record documented a note dated 11/2/22 sident stated she was ched and 'made to feel very The social worker note blained that the "perpetrator" ended from the facility. Ey reported incident form sent agency and no notification to vices regarding Resident #15's appropriate touching by a staff by the facility as CNA #4. By p.m., the administrator was Resident #15. The did not initiate a facility rm and make notification to about Resident #15 because that she was not physically viewed with the administrator, ctor of clinical services on .m. and on 11/14/22 at 1:10 ormation was provided prior to	F 60	09		
F 644 SS=E	CFR(s): 483.20(e)(§483.20(e) Coordin A facility must coord pre-admission scre (PASARR) program of this part to the m		F 64	14		12/22/22

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION			E SURVEY PLETED
		495093	B. WING				C 1 4/2022
	PROVIDER OR SUPPLIER	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD HE APPROPF	BE	(X5) COMPLETION DATE
F 644	§483.20(e)(1)Incorporation the PASARR PASARR evaluation assessment, care particular care. §483.20(e)(2) Refer all residents with near serious mental discrelated condition for a significant change. This REQUIREMED by: Based on observative record review, the fincorporate and following recommendations of the recommendati	porating the recommendations evel II determination and the n report into a resident's planning, and transitions of tring all level II residents and ewly evident or possible porder, intellectual disability, or a revel II resident review upon experience in status assessment. The interview, and clinical facility staff failed to low Level II PASARR for one of 16 residents, and adult objects of Scholastic Skills disability, genetic related by (ID), hypertension, and adult inimum data set) with an ARD ence date) of 09/27/2022 and as severely impaired with ry score of "01".	F 6	F644 PASARR 1. Resident number 3 PA to ASCEND for review du for review and the CSB b contacted regarding targe management and psych contacted for implantation care plan. during the surv 2. Current residents with the potential to be affecte current residents with a le conducted for following the recommendations, any fin reported to the administra 3. The Regional Director Services or designee with Social Services departme implementation of items i Level II by the ASCEND of	SARR was uring the su poard was eted case practitione n of a behavey. a Level III ed. An aud evel 2 will be evel 2 will be ending will be ator. of Clinical h educate ent on identified in	er was avior have dit of be be the n the to	
	11:30 a.m. on 11/09 were observed. The the second dated 0	was reviewed at approximately 0/2022. Two Level II PASARRs are first dated 02/01/2022, and 05/26/2022. The second Level ed the following: "This is his		notify the administrator if resources are needed to identified items. 4. The Administrator or deperform a weekly audit of	implemen esignee w	t ill	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	СОМ	(X3) DATE SURVEY COMPLETED	
		495093	B. WING _			C 1 4/2022	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP			
				1225 RESERVOIR STREET			
HARRIS	ONBURG HLTH & RE	HAB CNIR		HARRISONBURG, VA 22801			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 644	second completed meet PASRR criter Disability, Moderation 18 which led to the limitations. IQ testing 05/26/2022(Namadministered the STest-Revised who of <40 placing him intellectual disability self-care, self-directon communication, for social/leisure skills workPer minimur #3) requires limited dressing, personal transfers, and loco extensive assistant wheelchair for mode hitting himself and documentationdoc (serious mental illing DETERMINATION Yes Rehabilitative intensity): YesRE (SERVICES OF LE RECOMMENDATION medical equipment Behavior Managem ManagementDET Currently a nursing (Name of Resident support including Amedication administ specialized services self-help/personal	PASRR(Name) appears to ria due to an Intellectual et hat emerged before the age three or more lifelonging was conducted on e of Resident #3) was losson Intelligence ere he received the FSIQ score in the moderate range of ylimitations include ction, independent living, inctional academics, health and safety, and madata set(Name of Resident diassistance with bed mobility, hygiene, supervision with motion on the unit, and ce with toiletingutilizes a collityis at increased risk of othersPer previous es not meet criteria for SMI ess) populationSERVICE Intense Specialized Services: Services: (services of lesser EHABILITATIVE SERVICES ESSER INTENSITY) ON: Non-customized durable to the control of the services	F 64	with a Level II to ensure the recommendations are imperfollowed. 5) Results of the audit will the QAPI committee for recommendations. Once the committee determines the longer exists, audits will be 6) Date of Compliance 12/	lemented and be presented to view and he QAPI problem no e conducted		
	ManagementDE- Currently a nursing (Name of Resident support including A medication adminis specialized service self-help/personal Self-help/personal appearance and cl	TERMINATION SUMMARY I facility appears to provide I #10) with medical and nursing INDL care and supervision, and Instration. Per this PASSR, Is that are recommended are					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495093	B. WING				C 14/2022
	PROVIDER OR SUPPLIER ONBURG HLTH & REI			S ⁻	TREET ADDRESS, CITY, STATE, ZIP CODE 225 RESERVOIR STREET ARRISONBURG, VA 22801	1117	14/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 644	designed to increas capability to walk or environment. Rehaintensity are recomgrooming, non-cust equipment, restoral management, and managementBeh lesser intensity appin an attempt to system management is recomposed to be meenvironment if desistensity apportive services his needs to be meenvironment if desistensity apported in a lower Collaboration with the (CSB) is encourage allow a transition to plan has been projest supportive housing health care, adaptive environmental mode outpatient psychiatry home health service A Targeted Resider 180 days, if still adrithat time, to assess additional supports. On 11/09/2022 at a representatives from protective services with the survey tear was at one time list responsible party was held regarding.	see, maintain, or improve one's a maneuver in one's abilitative services of lesser mended to include basic comized durable medical tive nursing, behavioral targeted case avioral Management is a lication of behavior techniques at the second of the second	F	544			

PASARR. OS #9 stated, "He is really just not

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		СОМ	(X3) DATE SURVEY COMPLETED C				
		495093	B. WING				14/2022	
	PROVIDER OR SUPPLIER	HAB CNTR	STREET ADDRESS, CITY, STATE, ZIP CO 1225 RESERVOIR STREET HARRISONBURG, VA 22801					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE	
F 644	appropriate for place somewhere else	age 46 cement here. He needs to be His level two PASARR should om the CSB. He also needs a	F 6	44				
	(OS #3) was intervia.m. Resident #3's from the most recediscussed. She state other social worker the piecesHe is a (PASARR) eval to be days. We have conwith (Name of OS #ID (intellectual disawhat we needHe services until we go evaluationthat's be for the paperwork for give to themin the come in here and of	assistant/discharge planner lewed on 11/10/2022 at 8:10 PASARR recommendations nt PASARR (05/26/2022) were ted. "I took this over when the left, I've been trying to pick up actually due for the next be doneit's been about 180 stacted the CSB and I spoke \$46\$), he is the supervisor over bility) services and told him told me they couldn't provide of a psychological been done and we're waiting rom (Name of University) to be meantime he said they can't do case management because billing since he's in a nursing						
	on 11/10/2022. He involvement with R have contacted me slotI explained wl we can get him on about Targeted Casbehavior managem provide Targeted C (Name) services be behavioral consultathat's part of a wait management, but 0	ed at approximately 9:10 a.m. was asked about the CSB esident #3. He stated, "They about getting him a waiver nat that would involve before the waiting list." He was asked se Management services and nent. He stated, "We could ase Management through at that does not cover a ant or behavior management, ver slotHe could get case COVID really eliminated a lot of tionsI was never told they						

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		495093	B. WING				C 14/2022
	PROVIDER OR SUPPLIER ONBURG HLTH & RE	HAB CNTR		12	REET ADDRESS, CITY, STATE, ZIP CODE 125 RESERVOIR STREET ARRISONBURG, VA 22801	1	1472022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 644	wanted targeted catalked about a waiv spoke with (Name then that he may be management throus aid she would let it haven't heard anyth. At 11:20 a.m. on 11 completing PASAR quality control coor was asked what the case management actually entailed. Hoomes from the local management is a paddresses the residinterventions for spokenage the behavior followed." The followed. The followed personal service Board or the Rehabilitative Service Board or the Rehabilitative Services" He was actually meant and contacted the local ascertain needed see what was being Resident #3's care contained the follow "The resident exhibits symptoms (inconsorted).	ise management, we just verin my notes I have that I of OS #3) in May and I told her e eligible for case gh (name of program) and she me knowthat's all I have, I ning else." 1/10/2022, the company Rs was contacted. OS #7, the dinator was interviewed. He e recommendations "targeted, and behavior management" e stated, "Case management al CSB. Behavior obysician involved plan that dent's needs and specific recific behaviors in order to orit should be consistently wing statement which was on discussed: "The Virginia avioral Health and vices makes referrals for a Services to the Community in the Department for Aging and ides. The nursing facility into the provide Rehabilitative is asked what that statement if the department had community services board to ervices. He stated he would go done. plan was reviewed and wing regarding behaviors: bits adverse behavioral olable crying, grabbing, hitting, imself, slams bedroom door,	F6	544			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		495093	B. WING _		11	C / 14/2022	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (1225 RESERVOIR STREET HARRISONBURG, VA 22801			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE			
F 644	safetyAdminister to provide opporturate staff on 1:20 p.m. The about the resident of the day (director of nursing corporate staff on 1:20 p.m. The about They were asked in had been developed administrator staff provides to provide the staff on 1:20 p.m. The about They were asked in had been developed administrator staff plan." Concerns were asked in the provide the staff on 1:20 p.m. The about They were asked in had been developed administrator staff plan." Concerns were asked in the provide the provided that the prov	r meds as ordered; Caregiver nity for positive interactions, d talk with him as passing by; If is resident's behavior. Why behavior is inappropriate ble; praise indication of the is/improvement in behavior; bisodes of increased send to ER for psych evaluative further intervention."	F 64	4			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X'		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		495093	B. WING				C 14/2022	
	PROVIDER OR SUPPLIER ONBURG HLTH & RE	HAB CNTR		1:	TREET ADDRESS, CITY, STATE, ZIP CODE 225 RESERVOIR STREET IARRISONBURG, VA 22801	1		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)) BE	(X5) COMPLETION DATE		
F 644	management, on the implemented. No significant was interviewed and evaluate him a case management listI don't know with the Docorporate staff on 11:10 p.m.	pecific interventions regarding reghitting other residents and bruises had been and bruises had been approximately 10:55 a.m., the rectitioner (OS #5) for the wed. PASARR regarding a behavior was discussed. He was asked the him to help with such a plantone here had discussed that, the local can be a contacted by someone from the stated at the local can be a contacted by someone from the seal when I get it, but they itthey are going to come in and see if he can get targeted and get him on the waiver no you called, but thank you." Ition was discussed during a contacted prior to the administrator, and 1/14/2022 at approximately approximately it in was obtained prior to the 11/14/2022.	F6	644				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED		
		495093	B. WING _		11/14/2	2022
	PROVIDER OR SUPPLIER ONBURG HLTH & RE	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801	1111-412	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE CC	(X5) DMPLETION DATE
F 656 F 656 SS=D	Develop/Implemen CFR(s): 483.21(b) (S483.21(b) (1) The implement a compressed plan for each resident rights set of \$483.10(c)(3), that objectives and time medical, nursing, a needs that are ider assessment. The of describe the follow (i) The services that or maintain the resphysical, mental, a required under \$480 (ii) Any services that under \$483.24, \$480 provided due to the under \$483.10, incontreatment under \$480 (iii) Any specialized rehabilitative services provide as a result recommendations. findings of the PAS rationale in the resident's represent (A) The resident's gesired outcomes.	t Comprehensive Care Plan 1)(3) whensive Care Plans facility must develop and rehensive person-centered resident, consistent with the forth at §483.10(c)(2) and includes measurable eframes to meet a resident's and mental and psychosocial ntified in the comprehensive comprehensive care plan must ing - at are to be furnished to attain ident's highest practicable and psychosocial well-being as 63.24, §483.25 or §483.40; and at would otherwise be required 63.25 or §483.40 but are not be resident's exercise of rights aluding the right to refuse 683.10(c)(6). If services or specialized the set he nursing facility will of PASARR If a facility disagrees with the 6ARR, it must indicate its ident's medical record. With the resident and the	F 65		12	/22/22
	whether the resider	acilities must document nt's desire to return to the sessed and any referrals to cies and/or other appropriate				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		495093	B. WING _			14/2022
	PROVIDER OR SUPPLIER ONBURG HLTH & RE			STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 656	plan, as appropriate requirements set from section. §483.21(b)(3) The by the facility, as one care plan, mustifii) Be culturally-control of the cult	rpose. Its in the comprehensive care te, in accordance with the orth in paragraph (c) of this services provided or arranged utlined by the comprehensive ompetent and trauma-informed. INT is not met as evidenced to interview, staff interview, eview, clinical record review estigation, the facility staff failed rehensive care plan for two of in the survey sample. #8 had no plan of care develop of inappropriate touching by a december of inappropriate touching by december of inappropriate	F 65	F656 1. Resident # 2 s care plan was during survey on 11/14/22. Resident on longer a resident at the facility 2. Current residents have the pobe affected. 3. The DON/Designee will educatour current nursing management and MDS department on timeliness of updating a care plan to reflect exchanges in the resident shealth psychosocial well-being. 4. The DON/Designee will audit weekly to ensure changes to the health status or psychosocial state updated timely in the resident splan. 5) Results of the audit will be president shealth committee for review a recommendations. Once the QA committee determines the probles longer exists, audits will be cond 6) Date of Compliance 12/22/22	dent # 8 is y. tential to te the d the of vents/ n status or five times resident tus are care esented to ind PI em no	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495093	B. WING				C 14/2022	
	PROVIDER OR SUPPLIER	HAB CNTR		122	EET ADDRESS, CITY, STATE, ZIP CODE 5 RESERVOIR STREET RRISONBURG, VA 22801	1	1472022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETION DATE	
F 656	staff that a certified wiped her for an ina her perineal area at The resident report comment while wip understand why sh how his girlfriend lill. On 11/9/22 at 11:30 interviewed about hallegations regarding stated approximate came in her room a wanted to check her Resident #2 stated "ok" and CNA #4 ther anyway becaus #2 stated CNA #4 using cleansing wip watched the clock aminutes continually Resident #2 stated long time" and she the continued wipin her usual nurse (reincident when she that CNA #4 not prore resident #2 stated agreed to not assignot see CNA #4 aganother unit after gestated she was mo September (2022) unit, CNA #4 came he wanted to check #2 stated she told of supposed to be in her. Resident #2 stated #2 stated she told of supposed to be in her. Resident #2 stated #2 stated she told of supposed to be in the Resident #2 stated #2 stated she told of supposed to the supp	nurses' aide (CNA #4) had appropriate length of time in nd made her uncomfortable. Led CNA #4 made the ling her that he did not e did not like it because "that's	F6	56				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
			71. BOILD			(c	
		495093	B. WING			11/	14/2022	
	PROVIDER OR SUPPLIER ONBURG HLTH & RE	HAB CNTR		1	TREET ADDRESS, CITY, STATE, ZIP CODE 225 RESERVOIR STREET IARRISONBURG, VA 22801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 656	buttock area. Resine #4 that he had done went to wiping here stated she told CN/CNA #4 told here hed did not like it because Resident #2 stated. Resident #2 stated she reported to here supposed to be prokept wiping her "proceed to here supposed to be prokept wiping her "proceded to here supposed to be prokept wiping her "proceded to here supposed to here and the stated she did not report the incident but it wisolation for COVID upset about the inchappened because RN #1 several more was taken care of returned to her proceded to her regular on the COVID unit. It tearful when talking incident and still has charges. Resident sleeping for a few of felt better now that facility. Resident #2's care documented no proceded to her regard and coping followin #4.	dent #2 stated she told CNA e enough wiping and then he vaginal area. Resident #2 A #4 to "stop" and that's when did not understand why she se his girlfriend liked it. "I was scared of him." CNA #1 came in the room and that CNA #4 was not viding care for her and that he etty hard." Resident #2 stated eported the incident to the not aware of the nurse's estated, "I was fighting him off. enough wiping." Resident #2 emember the exact date of as during the time she was on . Resident #2 stated she was ident and was "shocked" that it she had reported CNA #4 to ths ago and thought the issue Resident #2 stated when she vious unit/room after COVID, CNA (#3) about the incident Resident #2 stated she was with the police about the d questions about pressing #2 stated she had trouble lays after the last incident but he no longer worked in the plan (revised 10/31/22) belems, goals and/or ding the resident's concerns g the incidents involving CNA T a.m., the licensed practical	Fé	656				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495093	B. WING				C 1 4/2022
	PROVIDER OR SUPPLIER	HAB CNTR		12	TREET ADDRESS, CITY, STATE, ZIP CODE 225 RESERVOIR STREET ARRISONBURG, VA 22801	1 11/	14/2022
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 656	nurse unit manager about Resident #2. made aware of the until 10/24/22 and sthe resident's plan owith CNA #4. LPN team was responsit updating care plans. 2. Resident #8 had following a vaginal afrom inappropriate smember. Resident #8 was addiagnoses that includementia with behadisorder, schizoaffe hypertension, mood minimum data set (assessed Resident cognitive skills, free and as requiring experson for toileting. A facility reported in dated 11/1/22 docuto the occupational been raped a few notes of the CNA put his fing when changing her The resident was a and on her labia/variance.	LPN #1) was interviewed LPN #1 stated she was not incident on the COVID unit she had not added anything to of care regarding the incident #1 stated the interdisciplinary ple for developing and s. a no care plan developed abrasion/bleeding resulting sexual contact by a staff dmitted to the facility with uded diabetes, anxiety, exitive disorder, insomnia, and disorder and dysphagia. The MDS) dated 10/16/22 #8 with moderately impaired quently incontinent of bladder tensive assistance of one acident to the state agency mented Resident #8 reported therapist (OT) that she had	F6	356			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED C		
		495093	B. WING _		11	/14/2022		
	PROVIDER OR SUPPLIEF			STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801				
(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 CORRECTIVE ACTION SHOUTH	DULD BE	(X5) COMPLETION DATE		
F 656	Resident #8 was edepartment on 11/allegations. The edated 11/1/22 doc alleged sexual ass caregiver was help states that the main her vagina. Pat There was no interpenetration" The examination docubleeding. Negative frequency, hemative bruise/bleed easily resident "appeared diagnosed with "mursing facility on A family nurse praassessed Resider documented, " To visualized and uncompared the resident #8 on 11 documented the residents, " I was psychiatric NP assagitated or emotion that had initiated procumented no printerventions regarding and the second procumented of the procumented of th	evaluated at the emergency 1/22 in response to the rape emergency department report umented, "presents with sault. On 10/30/2022 a bing to change her briefsShe le staff member put his fingers ient did not consent to this. recourse. No rectal e physician assistant's mented, "Positive for vaginal e for dysuria, urgency, uria and flank paindoes not y" The report listed the status as "alert" and that the d anxious." The resident was aild pyuria" and returned to the 11/1/22. ctitioner (other staff #10) at #8 on 11/2/22 and boday, vaginal abrasion changedcontinue to monitor of (other staff #5) assessed /3/22. The psychiatric NP esident stated when asked if ong with the staff and other araped by foreigner" The sess the resident as "not overly" nal and with sleep problems prior to the reported incident. In of care (revised 11/7/22) coblems, goals and/or reding the vaginal abrasion, the incident of inappropriate	F 65	6				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		495093	B. WING				C 14/2022	
	PROVIDER OR SUPPLIER DNBURG HLTH & REI	HAB CNTR		STREET ADDRESS, CITY, 1225 RESERVOIR STRE HARRISONBURG, VA	EET		1472022	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD ICED TO THE APPROPR EFICIENCY)	BE	(X5) COMPLETION DATE	
F 656	On 11/10/22 at 10:3 (DON) was intervie Resident #8. The I interdisciplinary teaplan development. yet been added to I about the vaginal troof nursing (register about a plan of care nurse (RN) #2 state unit manager on Reabuse allegations withere was nothing of vaginal trauma incicondition were discrete team during morning she did not know we care about the inciconditions were sindings were sin	as a.m., the director of nursing wed about a plan of care for DON stated the m was responsible for care. The DON stated nothing had Resident #8's plan of care auma and abuse incident. Of a.m. the assistant director and nurse #2) was interviewed at for Resident #8. Registered and she had been filling-in as a sident #8's unit when the avere made. RN #2 stated on the care plan about the dent and that changes in ussed with the interdisciplinary and meetings. RN #2 stated by Resident #8 had no plan of dent. The reviewed with the regional director of clinical	F 6	56				
	applies to all treatm facility residents. Be assessment of a re that residents recei accordance with propractice, the composite of the composi	fundamental principle that nent and care provided to ased on the comprehensive sident, the facility must ensure we treatment and care in ofessional standards of ehensive person-centered	F 6	84			12/22/22	

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 I	PROVIDER OR SUPPLIER		1		REET ADDRESS, CITY, STATE, ZIP CODE	11/1	14/2022
TW WILL OF T	NOVIDER OR GOLF EIER				25 RESERVOIR STREET		
HARRIS	ONBURG HLTH & RE	HAB CNTR			ARRISONBURG, VA 22801		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETION DATE
F 684	interview during a facility staff failed to one of 15 residents facility staff failed to surgical staples timphysician's orders. The findings include Resident #1 was a diagnoses that include hyperlipidemia, ost hypertensive heart 2 diabetes, muscle behavioral disturbation with a score of 2 or On 11/09/2022 dur was observed laying interview the resident only spoke Resident #1's clinical 11/09/2022. Obsereport for the perioder were the following "L (left) hip: dry dresing every day 07/08/2022. Start 107/20/2022."	record review and staff complaint investigation, the ofollow physician orders for in the survey sample. The oremove Resident #1's nely as instructed by the dee: dmitted to the facility with duded aftercare for hip fracture, teoporosis, depression, anxiety, congestive heart failure, type weakness, and dementia with ance. The most recent (MDS) dated 10/05/2022 was a ent and assessed Resident #1 ed for daily decision making ut of 15. Ting the initial tour, Resident #1 ng in her bed. An attempt to ent was unsuccessful as the enon-sequential comments. Cal record was reviewed on rved on the order summary of of 07/01/2022 - 07/31/2022 orders: essing q day every day shift.	F 6	684	F 684 1. Residents #1□s staples were re at her surgeon□s office on 8/2/22. 2. Current residents have the poten be affected. 3. The DON or designee will educa current licensed nursing staff on fol physician orders to include removin staples and correctly documenting medical record. 4. The DON/designee will audit phy orders to ensure they are correctly followed as stated on the TAR 5 tim week. 5) Results of the audit will be prese the QAPI committee for review and recommendations. Once the QAPI committee determines the problem longer exists, audits will be conduct 6) Date of Compliance 12/22/22	te the lowing of in the resician nes per nted to	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED		
		495093	B. WING_		11	C / 14/2022		
	PROVIDER OR SUPPLIER ONBURG HLTH & RE			STREET ADDRESS, CITY, STATE, ZIP OF 1225 RESERVOIR STREET HARRISONBURG, VA 22801				
(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	(X5) COMPLETION DATE		
F 684	(TAR) for the period was reviewed and received the daily ordered. Continued documented on 07 to remove the stap completed by a lic (LPN #3). Observed in the miclinical record was summary dated 07 signed by the facili summary included "REMOVE post-op follow-up with the 8/2/2022 at 11:30 included a copy of progress note date documented "state XR (x-ray) shows of the stap stated she did not off. LPN #3 stated wrong order. LPN worded very similar signing off on the telephone the surgical hip worders mixed up a Resident #1's clini staff continued to pas ordered and did the surgical hip worders mixed up worders mixed up wordered and did the surgical hip wordered.	do of 07/01/2022 - 07/31/2022 documented the resident dry dressing changes as ed review of the TAR 7/19/2022 the treatment order oles was signed off as ensed practical nurse identified discellaneous section of the other hospital discharge (DC) 7/08/22. The DC summary was ity's nurse practitioner. The DC additional instructions to other staples 7/19/2022" and to orthopedic specialist on a.m. The clinical record also the orthopedic physician's ed 8/2/22. The note aples removed in office today. It is good early healing" 3:30 p.m., LPN #3 who was good early healing" 3:30 p.m., LPN #3 who was good early healing" 3:30 p.m., LPN #3 who was good early healing" 3:30 p.m., LPN #3 who was good early healing" 3:30 p.m., LPN #3 who was good early healing" 3:30 p.m., LPN #3 who was good early healing"	F 68	34				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY PLETED
		495093	B. WING _		11/1	4/2022
	PROVIDER OR SUPPLIER DNBURG HLTH & REI	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
	administrator, DON consultant. The face could remove the stated, "Yes." The that signed TAR ord DON stated if the T signed/completed to the orders were condocumented or if the No other information team prior to exit on the tree of Accident Hamiltonian consultations.	Ing a meeting with the large and a meeting with the large and corporate ility's DON was asked if a LPN taples as ordered. The DON DON was asked who verified ders were completed. The PAR documented the order as then the staff would presume impleted unless otherwise here were other concerns. In was received by the survey in 11/14/2022. In deficiency. In azards/Supervision/Devices	F 68			12/22/22
SS=E	as free of accident §483.25(d)(2)Each supervision and as accidents. This REQUIREMED by: Based on observatinterview, and clinic staff failed to imple adequate supervision resident altercation residents, Resident Findings were:	resident environment remains hazards as is possible; and resident receives adequate sistance devices to prevent NT is not met as evidenced tion, staff interview, resident cal record review, the facility ment interventions and on to prevent resident to s instigated by one of 16		F689 1. Resident number 3 was placed during the survey on 11/11/22. 2. Current residents have the poter be affected. 3. The DON/designee will educate facility staff on dealing with difficult behaviors and how to assist in deescalating a resident □s behavior prevent resident to resident altercare	ntial to	

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C 11/14/2022	
		495093	B. WING			
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	•	
HARRIS	ONBURG HLTH & RE	EHAB CNTR		1225 RESERVOIR STREET HARRISONBURG, VA 22801		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT 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 A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 689	Continued From p	age 60	F 68	9		
	following diagnose Developmental Dis Unspecified, Morb intellectual disabilifailure to thrive. An annual MDS (n (assessment refer assessed Residen a cognitive summa The clinical record 11:30 a.m. on 11/0 were observed. The second dated II PASARR contain second completed meet PASRR crite Disability, Moderat of 18 which led to limitations. IQ testi 05/26/2022 (Namadministered the STest-Revisedwhof <40 placing him intellectual disability, self-direction, indecommunication, fusocial/leisure skills workPer minimu #3) requires limited dressing, personal transfers, and loccextensive assistan wheelchair for mol hitting himself and documentationde	es including but not limited to: sorder of Scholastic Skills id obesity, genetic related ty (ID), hypertension, and adult minimum data set) with an ARD ence date) of 09/27/2022 tf #3 as severely impaired with ary score of "01". was reviewed at approximately 19/2022. Two Level II PASARRs the first dated 02/01/2022, and 105/26/2022. The second Level the following: "This is his PASRR(Name) appears to ria due to an Intellectual the that emerged before the age three or more lifelong the of Resident #3) was slosson Intelligence there he received the FSIQ score in the moderate range of tylimitations include self-care		4. The DON/designee will pe weekly on those residents wi to ensure intervention implen being followed and are effect the behavior from escalation. 5) Results of the audit will be the QAPI committee for revier recommendations. Once the committee determines the pr longer exists, audits will be compliance 12/22	th behaviors nented are ive to keep presented to w and QAPI oblem no onducted	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		495093	B. WING	<u></u>	11	/14/2022	
	PROVIDER OR SUPPLIER ONBURG HLTH & RE	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CO 1225 RESERVOIR STREET HARRISONBURG, VA 22801	DE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		SHOULD BE	(X5) COMPLETION DATE	
F 689	intensity): YesRE (SERVICES OF LE RECOMMENDATION medical equipment Behavior Managem ManagementDET Currently a nursing (Name of Resident support including A medication administ specialized service self-help/personal appearance and clean dental care. Medigned to increas capability to walk of environment. Rehaintensity are recomforming, non-cust equipment, restoral managementBehallesser intensity apping an attempt to system and appearance in the sity apping an attempt to system and appearance in the services his needs to be medicated in a lower Collaboration with the CCSB) is encouraged allow a transition to plan has been projest supportive housing health care, adapting the services and the care, adapting the services and the care, adapting the services and the services a	Services: (services of lesser EHABILITATIVE SERVICES ESSER INTENSITY) ON: Non-customized durable, Restorative Nursing, nent, and Targeted Case TERMINATION SUMMARY facility appears to provide #10) with medical and nursing DL care and supervision, and stration. Per this PASSR, as that are recommended are care and mobility aids. Care is training in personal eanliness, use of medication, lobility aid is equipment se, maintain, or improve one's remaneuver in one's abilitative services of lesser mended to include basic tomized durable medical tive nursing, behavioral	F	689			

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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	PROVIDER OR SUPPLIER ONBURG HLTH & RE	HAB CNTR		122	EET ADDRESS, CITY, STATE, ZIP CODE 5 RESERVOIR STREET RRISONBURG, VA 22801	1 11/	1-1/2022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 689	outpatient psychiate home health service A Targeted Resider 180 days, if still addithat time, to assess additional supports. Progress notes from were reviewed in the documented through slamming and kick items into the hallwaggression towards another resident regrabbing his wheeled Resident #3 was recocasions, taken to activity, given a snate progress notes behavior. Five facility reported altercations involving 08/01/2022 through They were: 08/01/2022 Grab and struck him reported altercations involving 08/09/2022 Grab arm causing a sking 08/16/2022 Grab arm, bruising noted 09/14/2022 Grab 09/23/2022 Smate Clinical records for reviewed. Resident #7 was as a service of the service of th	ric care, daily aid services, and es to monitor medical needs. It Review is recommended for mitted to a nursing facility at a progress and identify as needed." In 07/01/2022 to 11/09/2022 to clinical record. Behaviors shout the time period included, ing doors, throwing clothing ray, loud crying, physical so other residents, striking peatedly on the arm and chair, and beating on walls. Edirected by staff on these of his room for a nap, given an ack, or medicated. A total of documented these types of the dresident #3 from 109/23/2022 were reviewed. The desident #6's wheelchair eatedly on the arm bed Resident #5 by his right tear bed Resident #7 by the left	F 6	889			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495093	B. WING			C 11/14/2022	
	PROVIDER OR SUPPLIER	HAB CNTR		122	EET ADDRESS, CITY, STATE, ZIP CODE 5 RESERVOIR STREET RRISONBURG, VA 22801	1 11/	1-112-022
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 689	dementia, atrial fib, anxiety. An annual 09/07/2022 assess with both long and severely impaired viskills. The clinical riskills. The clinical riskills altercation with Resident #3) grab aggressively. Residents separated resident #5 was an following diagnoses. The company of the company of the clinical riskills. The clinical riskills are riskills. The clinical riskills are riskills and riskills are riskills. The clinical riskills are riskills and riskills are riskills. The clinical riskills are riskills and riskills are riskills. The clinical riskills are riskills are riskills and riskills are riskills. The clinical riskills are riskills are riskills are riskills are riskills. The clinical riskills are riskills are riskills are riskills are riskills. The clinical riskills are riski	MDS with an ARD of ed Resident #7 as impaired short term memory and with daily decision making ecord was reviewed on eximately 11:55 a.m. The rding the resident to resident sident #3 contained the 022 14:21 (2:21 p.m.) red to nurse another resident bed resident left arm dent has discolored area to LT (Resident #3) grabbed her. red by staff." On 11/09/2022 at 10 p.m., Resident # 7 was om sitting in a chair. Her ensical, she was not rding the incident.	F6	89			

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			122	EET ADDRESS, CITY, STATE, ZIP CODE 5 RESERVOIR STREET RRISONBURG, VA 22801	1 11/	1-1/2-02-2
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
F 689	#5 was nonverbal communicate. He and if he rememb 08/01/2022. Residurote, "He grabs it throws things, slaigive him candy to needs more sugal fearful of Residen head "Yes." and we me to stay in my resident #4 was a diagnosis of schiz mellitus, bipolar dintellectual disabil ARD of 10/07/202 moderately impair score of "09". A not the following regal altercation with Re (a.m.) Patient was aggression receiv room number) who patient was sitting awaiting shower a room number) was noted upon assession receiv room number) was noted upon assession receiv room number) was noted upon assession receiv room number) was his room" Resident was sitting awaiting shower a room number) was noted upon assession receiv room number) was noted upon assession resident. She state Resident #3), I reput they made him go outhe throws his memy sister known is the state of	and used a dry erase board to was asked about Resident #3 ered the incident on lent #5 nodded his head and me when he gets a chance. He ms doors, yellscriesthey calm him down, just what he r." He was asked if he was t #3's behaviors, He nodded his rote, "It has been suggested to oom when he is in the hallway." admitted to the facility with the oaffective disorder, diabetes isorder, and unspecified lities. A quarterly MDS with an 2, assessed Resident #4 as red with a cognitive summary one dated 09/23/2022 included reding the resident to resident esident #3. "09/23/2022 included reding the recipient of physical red. Patient from (Resident #3's recling down short hall this outside of shower room and patient from (Resident #3's acked her right hand. No injury smentPt from (Resident #3's acked her right hand. No injury smentPt from (Resident #3's acked her hand by another red, "You mean (Name of member. He was mad because to his roomhe can't come is hat downhe didn't hurt	F6	689			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION G	, ,	TE SURVEY MPLETED
		495093	B. WING _		C 11/14/2022	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 1225 RESERVOIR STREET HARRISONBURG, VA 22801		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 689	following diagnose Heart failure, hype depressive disorded MDS with an ARD Resident #6 as more cognitive status. Resident #6 as more cognitive status. Reviewed on 11/09, p.m. The following of the resident to receive the resident #3. "08/04 Housekeeper stated dining room entrant #3) grabbed reside began hitting. No a separated and return was interviewed at was asked if he resident #11 was admitted to the facility reported the lobby and was Resident #3. Resident #3. Resident #3. Resident #3. Resident #3 care contained the following throws hat, biting he closet doors remove safetyAdministe to provide opportunattention. Stop and reasonable discussion.	is including but not limited to: retension, dementia, major er, and epilepsy. A quarterly of 08/29/2022 assessed oderately impaired in his esident #6's clinical record was /2022 at approximately 2:50 note was observed on the date esident altercation with 01/2022 15:57 (3:57 p.m.) es she was in the hall near the face. She witnessed (Resident ent RT (right) forearm and advance notice. Residents ent RT (right) forearm and ent was in the hall near the face. She witnessed (Resident ent RT (right) forearm and ent was in the hall near the face. She witnessed (Resident ent RT (right) forearm and ent and wance notice. Residents ent RT (right) forearm and ent was reviewed to the arm to their units" Resident #6 approximately 3:00 p.m. He emembered being hit on the arm to the stated, "No, I don't g about anybody hitting me." a closed record. He was ellity with the following b, chronic kidney disease. Per d incident, Resident #11 was in grabbed on his arm by dent #11 was not available for plan was reviewed and wing regarding behaviors: bits adverse behavioral colable crying, grabbing, hitting, himself, slams bedroom door,	F 68	9		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495093	B. WING			1	C / 14/2022	
	PROVIDER OR SUPPLIE			1225 RE	ADDRESS, CITY, STATE, ZIP CODE ESERVOIR STREET ISONBURG, VA 22801		1-11-11-11	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 689	and/or unaccepta resident's progres redirectduring e agitation/anxiety; ifbehaviors need Also: "Resident has implimpaired thought developmentally cordered; Ask yest determine needs; resident/family/cacapabilities and number the resident preference yourselfface the make eye contact understands consistences. Provide cues-stop and retand supervise as thought, idea, que Use task segmentsduring experience.	ble; praise indication of the ss/improvement in behavior; pisodes of increased send to ER for psych eval d further intervention."	F6	89				
	held with the DON administrator, and information was obehavior manage for Resident #3. I what's in the care that the recomme management, on implemented. No Resident #3 grabl creating skin team developed. Conce	n end of the day meeting was I (director of nursing), the I corporate staff. The above iscussed. They were asked if a ment plan had been developed the administrator stated, "Just plan." Concerns were voiced indations, specifically behavior the PASARR had not been specific interventions regarding bing/hitting other residents and bruises had been the sidents due to Resident #3's						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG	_ (X	(X3) DATE SURVEY COMPLETED	
		495093	B. WING			C 11/14/2022
	PROVIDER OR SUPPLIER	HAB CNTR		STREET ADDRESS, CITY, ST 1225 RESERVOIR STREE HARRISONBURG, VA	т	111111222
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)	
F 689	behaviors. On 11/14/2022 at a Resident #3 was obstaff member was sinterviewed and asl Resident #3. She shappened, it's my uphysical with anothweekendI don't know told to sit with him." On 11/14/2022 at a psychiatric nurse prescribed in the can get what he consistency, seeingless stimulationhe grabbed or hit other been seriously hurt there." The PASAF a behavior manage was asked if anyon such a plan. He stadiscussed that, but that." At approximately 11 interviewed. He was occurred over the was resident #3. He now wrote, "He grabbed times now that he hanything with him He was asked if he	pproximately 10:30 a.m., oserved lying on his bed. A sitting in his room. CNA #5 was ked why she was sitting with tated, "I'm not sure what inderstanding that he got er resident over the now the situation, I was just approximately 10:55 a.m., the factitioner (OS #5) for the wed. He stated, "I believe you Name of Resident #3) whenHe really needs to be in a nee other smaller setting where	F6	89		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495093	B. WING				C 14/2022
	PROVIDER OR SUPPLIER ONBURG HLTH & REI	HAB CNTR		STREET ADDRESS, CITY, STATE, 1225 RESERVOIR STREET HARRISONBURG, VA 2280		11/	14/2022
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		CTION SHOULD O THE APPROPE	BE	(X5) COMPLETION DATE
F 689	nodded his head "Y that he is going to o me and I will instinct himI can't yell for would make him fer of here." OS #3 was interviet the third PASARR for completed on Fridatif she was aware of Resident #3 and two weekend and if so them. She stated, "about that." At approximately 17 presented the facility occurred on 11/11/2 Resident #16, and Resident #3 being The FRI contained 11/11/2022 (Nam lobby and during the upset and began to receptionist went to and grabbed (Resident #3) grable immediately let go a room. Residents as noted(Resident # administrator was a would be on 1:1. He Resident #16 was a second in the seco	Yes" and wrote, "I am afraid come up from behind and grab ctively turn around and punch help." He was asked what el safe. He wrote, "Get him out wed at 12:15 p.m. She stated for Resident #3 had been by 11/11/2022. She was asked the incident between to other residents over the had she spoken with any of No, I didn't know anything 1:30 a.m., the administrator by reported incident that 2022 between Resident #3, Resident #5 that resulted in placed on 1:1 supervision.	F 6	i89			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING		(X3) DATE SURVEY COMPLETED	
		495093	B. WING		C 11/14/2022	
	PROVIDER OR SUPPLIER DNBURG HLTH & RE	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
F 689	disease. His most in review with an ARE was assessed as a cognitive summary was not in his room attempted at appropriate above informate meeting with the Discorporate staff on 11:10 p.m. Concern #3's behaviors were managed and other or subject to injury administrator states what we can to get when I got here, we he has a right to be	gnoses included Alzheimer's recent MDS was a quarterly of 10/26/2022. Resident #16 everely impaired with a score of "03". Resident #16 and when an interview was ximately 11:45 a.m. Ition was discussed during a ON, the administrator, and 11/14/2022 at approximately is were voiced that Resident e not being effectively residents were fearful of him due to those behaviors. The d, "He's on 1:1, we are doing him out of herehe was here e can't dump him on the street, is herewe're doing all we can."	F 689			
	with professional staccordance with processional staccordance with procession of the resident's goals. This REQUIREMED by: Based on staff integrand in the course of	eral Fluids. ust be administered consistent randards of practice and in anysician orders, the reson-centered care plan, and	F 694	F694 1. Resident # 10 is no longer a resident this facility.	12/22/22 ent at	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	` '	SURVEY PLETED
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		495093	B. WING			11/1	4/2022
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
HARRIS	ONBURG HLTH & RE	HAB CNTR			225 RESERVOIR STREET		
				Н	ARRISONBURG, VA 22801		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 694	Continued From pa	age 70	F 6	94			
		ed central catheter) line per or one of 16 residents, Resident			2. Current residents with PICC lines the potential to be affected. An aud current residents with PICC lines w performed to ensure dressing is cher MD order. Results will be	it of ill be	
	Findings were: Resident #10 was admitted to the facility with the following diagnoses including but not limited to: Incomplete paraplegia, hypertension, pressure ulcers, urinary tract infection (ESBL-extended spectrum beta-lactamase), and acute kidney failure. An admission MDS (minimum data set) with an ARD (assessment reference date) of 07/31/2022, assessed Resident #10 as cognitively intact with a summary score of "15". The clinical record was reviewed on 11/09/2022 at approximately 12:00 p.m. Observed in the physician orders were the following: "PICC line-Measure external portion of PICC line catheter weekly with dressing changesevery Mon (Monday) PICC line dressing change on admission, then Q (every) week and PRN (as needed)every Mon"				communicated with the DON and Administrator. 3. The DON/Designee will educate the current licensed nursing staff on the policy and procedure for PICC line dressing changes to include documentation of completion on the TAR. 4. DON/Designee will audit 3 times weekly to ensure PICC line dressing are being changed per MD orders. 5) Results of the audit will be presented to the QAPI committee for review and recommendations. Once the QAPI committee determines the problem no longer exists, audits will be conducted 6) Date of Compliance 12/22/22		
	for July, August, ar reviewed. The PIC documented as cha except for Monday medications and tro	ation administration records) and September 2022 were then C line dressing was anged per order every week , August 29, 2022. Other eatments for that day had been bleted by LPN (licensed					
	representatives fro protective services with the survey tea	approximately 1:30 p.m., m the local APS (adult) came to the facility to speak m. OS (Other staff) #8 who e state agency that PICC line					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION	CON	TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER DNBURG HLTH & RE	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CO 1225 RESERVOIR STREET HARRISONBURG, VA 22801		
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL PROPERTY OF THE PROVIDER OF	SHOULD BE	(X5) COMPLETION DATE
F 694	Resident #10 due to and interviewed. SI Resident #10 had redressing changes it stated that she had nursing) why they have been told there were complete the dress. At approximately 3 interviewed regardistated that there were there had not been she knew why the done as ordered or didn't know what have sinterviewed. Well as her progress stated, "It doesn't let I would have signer asked if supplies whine dressing changes suppliesI must have to it, it's my fault." The above information and the admit day meeting on 11/10/20 and the admit day meeting on 11/10/2	had not been done for to lack of supplies was present the stated that a friend of reported to her that the had not been completed. She disaked the DON (director of had not been done and had re no supplies in the facility to sing changes. 145 p.m., the DON was ing supplies in the facility. She had a shortage. She was asked if dressing change had not been in 08/29/2022. She stated she had happened. 145 p.m. the DON was ing supplies in the facility and in a shortage. She was asked if dressing change had not been in 08/29/2022. She stated she had happened. 156 proximately 7:15 a.m., LPN # 157 She reviewed the MARs as it is notes from 08/29/2022. She book like I did itif I had done it it did it off on the MAR." She was were available to do the PICC ges. She stated, "Yes, we have have gotten busy and not gotten in the was discussed with the nistrator during an end of the 1/10/2022.	F 69			
F 740 SS=E	This is a COMPLA Behavioral Health S CFR(s): 483.40		F 74	40		12/22/22

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		495093	B. WING		_ 11	C / 14/2022	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST. 1225 RESERVOIR STREET HARRISONBURG, VA 2	ATE, ZIP CODE	11-112-02-2	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
F 740	§483.40 Behavioral Each resident must provide the necess services to attain or practicable physical well-being, in accolor assessment and prencompasses a remental well-being, limited to, the prevant substance used This REQUIREME by: Based on observating interview, and clinicated to ensure were provided to on his highest practical Resident #3. Findings were: Resident #3 was a following diagnose Developmental Disterview, and clinical resident was a following diagnose Developmental Disterview, and clinical resident #3. Findings were: Resident #3 was a following diagnose Developmental Disterview, and clinical resident was a following diagnose Developmental Disterview, and clinical resident was a following diagnose Developmental Disterview, and clinical resident was a following diagnose Developmental Disterview, and clinical resident was a following diagnose Developmental Disterview, and clinical resident was a following diagnose Developmental Disterview, and clinical resident was a following diagnose. The clinical record 11:30 a.m. on 11/0 were observed. The clinical record 11:30 a.m. on 11/0 were observed.	all health services. It receive and the facility must sary behavioral health care and or maintain the highest al, mental, and psychosocial rdance with the comprehensive lan of care. Behavioral health sident's whole emotional and which includes, but is not ention and treatment of mental e disorders. NT is not met as evidenced attion, staff interview, resident cal record review, the facility re behavioral health services and of 16 residents to maintain able level of well-being, dmitted to the facility with the sincluding but not limited to: sorder of Scholastic Skills did obesity, genetic related by (ID), hypertension, and adult aninimum data set) with an ARD ence date) of 09/27/2022 tit 3 as severely impaired with	F 7	F740 1. For resident # 3 to contacted regarding management and post contacted for impler behavior care pland Social Services contesults of outstanding 2. Current residents needs have the pote 3. The Administrato educate the Social Son implementation of the Level II by the Anotify the administrate resources are need identified items. The designee will educate management on impursing services and residents current I	targeted case sych practitioner was mentation of a during the survey. tinues to get the ag IQ test. with behavioral health ential to be affected. To resignee with Services department of items identified in SCEND group and to ator if additional ed to implement e Administrator or te Nursing plementation of d support to maintain evel of function and behavior care plan. To resignee will its intervention	1	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		LE CONSTRUCTION		SURVEY PLETED
		495093	B. WING			11/1	C 1 4/2022
NAME OF I	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	11/1	14/2022
NAME OF I	-KOVIDER OR SUPPLIER						
HARRIS	ONBURG HLTH & RE	HAB CNTR			1225 RESERVOIR STREET		
				Н	HARRISONBURG, VA 22801		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 740	Continued From particles of 18 which led to the limitations. IQ testino 05/26/2022(Namadministered the STest-Revisedwhof <40 placing him intellectual disability, self-direction, indecommunication, fursocial/leisure skills workPer minimur #3) requires limited dressing, personal transfers, and loco extensive assistant wheelchair for mobhitting himself and documentationdo (serious mental illin DETERMINATION Yes Rehabilitative intensity): YesRE (SERVICES OF LE	age 73 ned the following: " "This is his PASRR(Name) appears to ria due to an Intellectual e that emerged before the age three or more lifelong ng was conducted on the of Resident #3) was consolved the FSIQ score in the moderate range of the tylimitations include self-care	F 7		DEFICIENCY)	ented to	DATE
		t, Restorative Nursing, nent, and Targeted Case					
		TERMINATION SUMMARY					
		g facility appears to provide					
		t #10) with medical and nursing					
		ADL care and supervision, and					
		stration. Per this PASSR,					
	specialized service	es that are recommended are					
		care and mobility aids.					
		care is training in personal					
		eanliness, use of medication,					

_ ` ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495093	B. WING			1	C 14/2022	
	PROVIDER OR SUPPLIE			122	EET ADDRESS, CITY, STATE, ZIP CODE 5 RESERVOIR STREET RRISONBURG, VA 22801			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULI	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 740	and dental care. designed to increacapability to walk environment. Rel intensity are record grooming, non-cut equipment, restord management, and managementBet lesser intensity ap in an attempt to somaladaptive patter management is resupportive service his needs to be menvironment if de supported in a lov Collaboration with (CSB) is encourage allow a transition plan has been prosupportive housin health care, adap environmental modutpatient psychia home health serv A Targeted Reside 180 days, if still act that time, to asses additional support Progress notes frowere reviewed in documented throus lamming and kice items into the hall aggression toward another resident resident resident resident resident.	Mobility aid is equipment ase, maintain, or improve one's or maneuver in one's nabilitative services of lesser mended to include basic stomized durable medical ative nursing, behavioral distargeted case chavioral Management is a oplication of behavior techniques systematically change are of behavior. Targeted Case ecommended to connect with as and assess the potential for a less restrictive sired and medically able to be over-level care setting. In the Community Services Board aged to identify supports that may not to the community if discharge opected. Supports may include a that specializes in mental tive medical equipment, addifications, case management, atric care, daily aid services, and identify supports to a nursing facility at as progress and identify	F7	740				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C		
		495093	B. WING _		11	/14/2022	
	PROVIDER OR SUPPLIER ONBURG HLTH & RE			STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801			
(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 APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 740	Resident #3 was recasions, taken to activity, medicated placed on 1:1 supernotes documented. Five facility report altercations involvious/01/2022 through They were: 08/01/2022 Gratand struck him repos/08/09/2022 Gratarm causing a skir 08/16/2022 Gratarm, bruising note 09/14/2022 Gratarm, bruising note 09/14/2022 Gratarm, bruising note 09/14/2022 Smark Resident #5, whose was assessed as a (ARD 09/28/2022) at approximately 1 nonverbal and use communicate. He and if he remember on 08/01/2022. Rewrote, "He grabs rethrows things, slar give him candy to needs more sugar fearful of Resident head "Yes." and we me to stay in my reconstruction.	edirected by staff on these o his room for a nap, given an I, and after one incident was ervision. A total of 16 progress I these types of behavior. ed resident to resident ing Resident #3 from h 09/23/2022 were reviewed. bebed Resident #5's wheelchair beatedly on the arm. bebed Resident #5 by his right in tear. bebed Resident #7 by the left	F 74				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495093	B. WING				C 1 4/2022
	PROVIDER OR SUPPLIER	HAB CNTR		12	TREET ADDRESS, CITY, STATE, ZIP CODE 225 RESERVOIR STREET ARRISONBURG, VA 22801	1 117	1-1/LULL
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 740	discuss. She stated other social worker the piecesHe is a (PASARR) eval to be days. We have conwith (Name of OS ID (intellectual disawhat we needHe services until we go evaluationthat's be for the paperwork figive to themin the come in here and dit would be doubled home" Resident #3's care contained the follow "The resident exhibits symptoms (inconsorthrows hat, biting his closet doors remove safetyAdminister to provide opportunattention. Stop and reasonable discuss Explain/reinforce wand/or unacceptable resident's progress redirectduring epiagitation/anxiety; sifbehaviors need Also: "Resident has impaired thought prodevelopmentally deordered; Ask yes/redetermine needs; of the pieces"	d. "I took this over when the left, I've been trying to pick up ctually due for the next be doneit's been about 180 stacted the CSB and I spoke \$6), he is the supervisor over bility) services and told him told me they couldn't provide of a psychological been done and we're waiting from (Name of University) to be meantime he said they can't lo case management because billing since he's in a nursing plan was reviewed and wing regarding behaviors: bits adverse behavioral blable crying, grabbing, hitting, simself, slams bedroom door, and for resident and with him as passing by; If the resident's behavior. They behavior is inappropriate the e; praise indication of the lower provides of increased then to ER for psych evaluation or sired cognitive function or	F 7	40			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	COMI	E SURVEY PLETED
		495093	B. WING				C 1 4/2022
	PROVIDER OR SUPPLIER	HAB CNTR		1225	EET ADDRESS, CITY, STATE, ZIP CODE 5 RESERVOIR STREET RRISONBURG, VA 22801		14,2022
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 740	capabilities and ne the resident prefer yourselfface the make eye contact, understands consistences. Provide cues-stop and returned and supervise as in thought, idea, quest Use task segments memory deficits. Butime." On 11/10/2022 at a Resident #3 was of the fire doors between was closed. Resident was closed. Resident was closed door. He who the door making graying louder. He the door making graying louder. He the side of the door Multiple staff memory him through the opassist him. He confup and propel forwer closed door with him approximately 1:05 through the open of staff member that resident returned to stopped and spoke the closed fire door back up the hallway handle of the closed it up and down. The	eds; COMMUNICATION: Use	F 7	740			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED C		
		495093	B. WING_		11	/14/2022		
	PROVIDER OR SUPPLIER ONBURG HLTH & RE			STREET ADDRESS, CITY, STATE, ZIP COD 1225 RESERVOIR STREET HARRISONBURG, VA 22801	•			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
F 740	became upset, bechead, yelling out, a himself to the lobb. An end of the day (director of nursing corporate staff on 1:20 p.m. The about the develope administrator state plan." Concerns we recommendations, management, on the implemented. No see Resident #3 grabb creating skin tears developed. On 11/14/2022 at a Resident #3 was o staff member was	gan smacking himself in the and crying, as he propelled by. meeting was held with the DON (1), the administrator, and (11/10/2022 at approximately we information was discussed. If a behavior management planed for Resident #3. The (1), "Just what's in the care were voiced that the specifically behavior he PASARR had not been specific interventions regarding ing/hitting other residents and bruises had been approximately 10:30 a.m., bserved lying on his bed. A sitting in his room. CNA #5 was	F 74					
	Resident #3. She shappened, it's my physical with anoth weekendI don't k told to sit with him. On 11/14/2022 at a psychiatric nurse pfacility was intervie and I talked about you were here last group home or sor he can get what he consistency, seein less stimulationh	sked why she was sitting with stated, "I'm not sure what understanding that he got her resident over the anow the situation, I was just " approximately 10:55 a.m., the practitioner (OS #5) for the ewed. He stated, "I believe you (Name of Resident #3) whenHe really needs to be in a me other smaller setting where a needsHe needs g the same faces every day, e can't get that here." The endations regarding a behavior						

PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER HARRISONBURG HLTH & REHAB CNTR (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801 PROVIDER'S PLAN OF CORRECTION (X COMPLIANCE) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLIANCE) COMPLIANCE TAG CROSS-REFERENCED TO THE APPROPRIATE			495093	B. WING				
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED TO THE APPROPRIATE DATE OF THE AP					122	25 RESERVOIR STREET	1 117	14/2022
·	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFI		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETION DATE
F 740 Continued From page 79 management plan was discussed. He was asked if anyone had asked him to help with such a plan. He stated, "No, no one here has discussed that, but it is easy enough. I can do that." At approximately 11:00 a.m., Resident #5 was interviewed. He was asked if anything had occurred over the weekend between him and Resident #3. He nodded his head "Ves" and wrote, "He grabbed my armthat's at least 20 times now that he has grabbed methey can't do anything with himhe doesn't need to be here." He was asked if he felt safe at the facility. He shook his head "No". Asked if he was arriad. He nodded his head "Yes" and wrote, "I am afraid that he is going to come up from behind and grab me and I will instinctively turn around and punch himI can't yell for help." He was asked what would make him feel safe. He wrote, "Get him out of here." OS #3 was interviewed at 12:15 p.m. She stated the third PASARR for Resident #3 had been completed on Friday 11/11/2022. She was asked if she was aware of the incident between Resident #3 and two other residents over the weekend and if so had she spoken with any of them. She stated, "No, I didn't know anything about that." At approximately 11:30 a.m., the administrator presented the facility reported incident that occurred on 11/11/2022 between Resident #3, Resident #16, and Resident #5 being placed on 1:1 supervision. The FRI contained the following: 11/11/2022. Clame of Resident #16, entered the	F 740	management plan if anyone had asked He stated, "No, no but it is easy enough. At approximately 1 interviewed. He was occurred over the was esident #3. He nowrote, "He grabbed times now that he lanything with him He was asked if he shook his head "Not nodded	was discussed. He was asked and him to help with such a plan. one here has discussed that, gh. I can do that." 1:00 a.m., Resident #5 was as asked if anything had weekend between him and odded his head "Yes" and dimy armthat's at least 20 has grabbed methey can't do he doesn't need to be here." a felt safe at the facility. He of. Asked if he was afraid. He yes" and wrote, "I am afraid come up from behind and grab ctively turn around and punch help." He was asked what help safe. He wrote, "Get him out help." He was asked what help safe. He wrote, "Get him out help." He was asked what help safe. He wrote, "Get him out help." I have asked what help safe. He wrote, "Get him out help." I have asked what help safe. He wrote, "Get him out help." I have a saked for Resident #3 had been any 11/11/2022. She was asked if the incident between wo other residents over the had she spoken with any of "No, I didn't know anything" 1:30 a.m., the administrator ity reported incident that 2022 between Resident #3, Resident #5 that resulted in placed on 1:1 supervision. the following:		'40			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		495093	B. WING			C 14/2022
	PROVIDER OR SUPPLIER DNBURG HLTH & RE	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801		14/2022
(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 CORRECT (EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 740	and grabbed (Residereceptionist told (Reand he did. As (Resident his room, they pay (Resident #3) grable immediately let go a room. Residents as noted(Resident #administrator was a would be on 1:1. He above informat meeting with the Decorporate staff on 1:10 p.m. Concern #3 was not receiving behavioral health. Ton 1:1, we are doing of herehe was he dump him on the standard his room it upset isn't in the when the we didn't put that of	age 80 oconsole him he reached out dent #16) by the arm. The esident #3) to let go of his arm sident #3) was being escorted assed (Resident #5) and bed him by the arm. He and went to lay down in his assessed and no injuries asked how long Resident #3 e stated, "Indefinitely". Ition was discussed during a ON, the administrator, and 11/14/2022 at approximately as were voiced that Resident ag services to promote his The administrator stated, "He's g what we can to get him out the treet, he has a right to be that when housekeeping goes is him and we make sure he eay cleanit's my F*** up that in the care planI came in sat with him. We are doing all	F 7	40		
	exit conference on					
	CFR(s): 483.40(d)	ally Related Social Service	F 7	45		12/22/22
		ility must provide ocial services to attain or st practicable physical, mental				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IPLE CONSTRUCTION IG	, ,	E SURVEY IPLETED	
		495093	B. WING			C 14/2022
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI	•	14/2022
IVAIVIL OI I	NOVIDEN ON GOLT LIEN			1225 RESERVOIR STREET	<i>,</i> _	
HARRIS	ONBURG HLTH & RE	HAB CNTR		HARRISONBURG, VA 22801		
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 745	Continued From pa	age 81	F 74	15		
F 745	and psychosocial variations are quiring the person for toileting Resident #2 was part and as requiring the person for toileting Resident #2 was part and as	well-being of each resident. NT is not met as evidenced it interview, staff interview, eview, clinical record review estigation, the facility staff failed dy-related social services for dents in the survey sample. re not offered or provided to ing an incident of inappropriate member. de: dmitted to the facility with luded anxiety, sleep apnea, disorder, heart failure, restless ractive bladder, chronic insomnia, hypertension and ie. The minimum data set 22 assessed Resident #2 as as always incontinent of bladder ie extensive assistance of one	F 74	F 745 1. Resident #2 was seen by fa Discharge Planner/Social Ser 11/15/22. 2. Current residents have the be affected. An audit of curre incidents over the last 30 will conducted to ensure Social S followed up if deemed necess will be communicated to the A 3. The Administrator/designed educate the Social Services on situations that need follow and documentation concerning psychosocial well being follow 4. The Administrator/designed incidents 3 times per week to incidents and ensure Social Services of the audit will be the QAPI committee for revier recommendations. Once the committee determines the prolonger exists, audits will be confidence of Compliance 12/22/2015	vices on potential to ent facility be ervices eary. Results administrator. e will lepartment up visitation og resident ving events. e will audit review fervices had e their presented to w and QAPI oblem no onducted	
	wiped her for an in her perineal area a The resident repor comment while wip	appropriate length of time in and made her uncomfortable. ted CNA #4 made the bing her that he did not ne did not like it because "that's				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495093	B. WING				C 14/2022	
	PROVIDER OR SUPPLIER ONBURG HLTH & REI	HAB CNTR		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 745	On 11/9/22 at 11:30 interviewed about hallegations regardir stated approximate came in her room a wanted to check he Resident #2 stated "ok" and CNA #4 the her anyway becaus #2 stated CNA #4 "using cleansing wip watched the clock a minutes continually Resident #2 stated long time" and she the continued wipin her usual nurse (reincident when she in that CNA #4 not proceed to not assignot see CNA #4 aganother unit after grated she was more September (2022) unit, CNA #4 came he wanted to check #2 stated she told of supposed to be in her. Resident #2 sinceded to check he buttock area. Resident to wiping her in stated she told CNA #4 told her he did not like it because.	ge 82 a.m., Resident #2 was are care in the facility and the ag CNA #4. Resident #2 ly 3 to 4 months ago, CNA #4 around 2:00 a.m. and said he ar brief to see if she was wet. she told CNA #4 that she was en stated he needed to check e that was his job. Resident wiped me for 10 minutes" ares. Resident #2 stated she and he cleaned her for 10 wiping her perineal area. CNA #4 "was down there a was very uncomfortable with g. Resident #2 stated she told gistered nurse #1) about the next worked and requested ovide care for her anymore. registered nurse (RN) #1 n CNA #4 to her and she did ain until she was moved to etting COVID-19. Resident #2 wed to the COVID unit in for isolation and while on that in her room and again stated change her brief. Resident CNA #4 that he was not her room or provide care for tated CNA #4 stated he er and began wiping her dent #2 stated she told CNA e enough wiping and then he vaginal area. Resident #2 A #4 to "stop" and that's when did not understand why she se his girlfriend liked it. "I was scared of him."	F 7	45				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
			7t. BOILD			(c	
		495093	B. WING			11/	14/2022	
	PROVIDER OR SUPPLIER ONBURG HLTH & REI	HAB CNTR		1	TREET ADDRESS, CITY, STATE, ZIP CODE 225 RESERVOIR STREET IARRISONBURG, VA 22801			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPORTION OF T	BE	(X5) COMPLETION DATE	
F 745	Resident #2 stated she reported to her supposed to be prokept wiping her "pre CNA #1 said she renurse but she was name. Resident #2 Told him he'd done stated she did not rethe incident but it wisolation for COVID not think CNA #4 has topped him and st vaginal/perineal ble rubbing. Resident the incident and wabecause she had reseveral months ago taken care of. Reseveral months ago taken care of the covident but felt bet worked in the facilit tearful when talking incident and still hacharges. When as visited and/or talked offered any service incident, the reside stated she did not be Resident #2's clinic 9/22/22 through 11/ assessment or note the inappropriate to	CNA #1 came in the room and that CNA #4 was not viding care for her and that he etty hard." Resident #2 stated ported the incident to the not aware of the nurse's stated, "I was fighting him off. enough wiping." Resident #2 emember the exact date of as during the time she was on . Resident #2 stated she did armed her because she	F 7	745				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		495093	B. WING				0
NAME OF PROVIDER OR SUPPLIER HARRISONBURG HLTH & REHAB CNTR				STREET ADDRESS, CITY, STATE, ZIP CODE 1225 RESERVOIR STREET HARRISONBURG, VA 22801			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH COR	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 745			F 7	TAG CROSS-REFERENCED TO THE APPR		PRIATE SALE	