

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/23/2023
NAME OF PROVIDER OR SUPPLIER FRIENDSHIP HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 327 HERSHBERGER RD NW ROANOKE, VA 24012		
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F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted on 03/23/23. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. One complaint was investigated during the survey: VA00058268-unsubstantiated.	F 000			
F 658 SS=D	The census in this 253 certified bed facility was 229 at the time of the survey. The survey sample consisted of 3 resident reviews. Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on staff interview and facility document review, it was determined the facility staff failed to meet professional standards of nursing for one of three residents in the survey sample, Resident #1. The findings include: The facility staff failed to assess and monitor a change in Resident #1's blood pressure (BP). Resident #1 was admitted to the facility on 2/10/23 with diagnoses that included but were not limited to: NSTEMI (non-ST segment elevated myocardial infarction), TORSADES, coronary artery disease (CAD), and hypertension (HTN),	F 658	F658 Corrective Action(s): Resident #1 was discharged to home on 2/28/23. Resident #1's MD was notified that the facility failed to appropriately perform a follow-up nursing assessment or intervention for a blood pressure of 95/48. Identification of Deficient Practices & Corrective Action(s): All residents may have potentially been affected. A review of residents' vital signs over the last 30 days has been conducted to identify residents who experienced hypotension per Lippincott's parameters. Residents identified have had their blood	5/4/23	

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

TITLE

(X6) DATE

Electronically Signed

04/07/2023

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

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F 658	<p>Continued From page 1</p> <p>The most recent MDS (minimum data set) assessment, a five-day Medicare assessment, with an ARD (assessment reference date) of 2/16/23, coded the resident as scoring a 08 out of 15 on the BIMS (brief interview for mental status) score, indicating the resident was moderately cognitively impaired.</p> <p>A review of the comprehensive care plan dated 2/23/23, which revealed, "FOCUS:...who is here for skilled care following hospital stay for treatment of COVID/NSTEMI. Resident has altered respiratory status related to recent COVID pneumonia, NSTEMI and OSA (obstructive sleep apnea). INTERVENTIONS: Provide medications/treatments as ordered...Provide oxygen as ordered. Obtain vitals as per protocol."</p> <p>A review of the physician orders dated 2/10/23 revealed, "Vital signs on admission Q (every) shift every shift."</p> <p>A review of Resident #1's documented blood pressure readings, evidenced a BP of 95/48 on 2/28/23 at 8:37 AM, and 94/52 on 2/22/23 at 10:13 AM. Resident #1's average systolic (1) BP from 2/10/23 at 1:56 PM to 2/28/23 at 8:37 AM was 130.</p> <p>There was no documentation of the staff rechecking Resident #1's blood pressure, of physician notification, or additional interventions or monitoring for signs or symptoms of hypotension (low blood pressure).</p> <p>An interview was conducted on 3/23/23 at 12:50 PM CNA (certified nursing assistant) #1. When asked the process for obtaining vital signs, CNA #1 stated they take the vital signs and then give</p>	F 658	<p>pressure history reviewed by their respective physician to establish a baseline whereby the physician would recommend intervention and/or notification to treat the hypotension.</p> <p>Systemic Changes: The facility has developed a new Nursing Policy and Procedure for the assessment and appropriate follow-up of hypotension below the physician established baseline. This includes a manual blood pressure check, nursing intervention, and notification to the resident's MD if indicated per the baseline. The Director of Nursing has in-serviced the nursing department on the new Policy & Procedure.</p> <p>Monitoring: The Director of Nursing and/or designee is responsible for compliance. A weekly review of resident blood pressures will be conducted over the next 60 days to identify residents whom have experienced hypotension below the physician established baseline and to ensure that appropriate nursing intervention and/or MD notification for such occurrences was initiated. Any/all negative findings will be reported for immediate correction. Findings of the interdisciplinary team's audit will be reported to the Quality Assurance Committee for review, analysis, and recommendations for change in facility policy, procedure, and/or practice.</p>		

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F 658	<p>Continued From page 2</p> <p>them to the nurse to enter. When asked if the blood pressure were 95/48, what actions, if any, would be taken, CNA #1 stated, "First, I would recheck the blood pressure and check it in a different arm. If it was still that BP reading, I would let the nurse know immediately."</p> <p>An interview was conducted on 3/23/23 at 1:15 PM with LPN (licensed practical nurse) #1. When asked if a resident's blood pressure was 95/48, what actions, if any, would be taken, LPN #1 stated, "The resident's feet would be raised, I would recheck the BP and further assess for dizziness. Offer fluid and call the physician." When asked if she would administer an anti-hypertensive medication, LPN #1 stated, not before I notified the doctor. When asked if this would be documented, LPN #1 stated, yes, it would be documented in the progress notes. When asked why she would call the physician, LPN #1 stated, because we would need to know if we needed to hold the medicine or do anything else.</p> <p>An interview was conducted on 3/23/23 at 1:30 PM with LPN #4. When asked if the blood pressure were 95/48, what actions if any would be taken, LPN #4 stated, the BP would be retaken. I would offer the resident hydration and then call the doctor if the BP was still low.</p> <p>An interview was conducted on 3/23/23 at 3:21 PM with RN (registered nurse) #1 who was the nurse that administered Resident #1's medications on 2/28/23 at 8:48 AM. When asked if she had been aware of Resident #1's BP of 95/48 on 2/28/23 at 8:37 AM, RN #1 stated, "No, if I would have known that BP, I would not have given that medication. I would have called the</p>	F 658			

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F 658	<p>Continued From page 3</p> <p>physician." When asked if one nurse enters the BP into the medical record while another nurse is administering medications, how BP information is communicated, RN #1 stated, "The nurse documents the vital signs on the TAR (treatment administration record) and I am working in the MAR (medication administration record). I could have already given the medicine if the other nurse did not tell me." When asked why she would call the physician, RN #1 stated, because it was a low BP.</p> <p>On 3/23/23 at approximately 4:00 PM, ASM (administrative staff member) #1, the vice president of operations and ASM #2, the director of nursing, was made aware of the findings.</p> <p>A review of Lippincott's "Essential Assessment Components" revealed, "Hypotension is blood pressure below 100/60 mm (millimeters) of Hg (mercury). Documenting vital signs: Nurses are responsible for ensuring accurate assessment and documentation of vital signs. It is essential to provide health care team members with clear guidelines so that abnormal readings can be reporting promptly. After assessing trends, report abnormal findings to the physician."</p> <p>No further information was provided prior to exit.</p> <p>(1) Blood pressure is measured using two numbers: The first number [top number], called systolic blood pressure, measures the pressure in your arteries when your heart beats. The second number [bottom number], called diastolic blood pressure, measures the pressure in your arteries when your heart rests between beats.</p> <p>https://www.cdc.gov/bloodpressure/about.htm#:~:</p>	F 658			

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

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F 658	Continued From page 4 text=Blood%20pressure%20is%20measured%20using,your%20heart%20rests%20between%20beats.	F 658			