

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

PRINTED: 05/25/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/11/2023
NAME OF PROVIDER OR SUPPLIER WAVERLY REHABILITATION AND HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 456 E MAIN ST WAVERLY, VA 23890		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments	E 000			
F 000	An unannounced Emergency Preparedness survey was conducted 05/09/2023 through 05/11/2023. The facility was in substantial compliance with 42 CFR Part 483.73, Requirement for Long-Term Care Facilities. No emergency preparedness complaints were investigated during the survey.	F 000			
F 727 SS=E	<p>An unannounced Medicare/Medicaid standard survey was conducted 5/09/2023 - 5/11/2023. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. The Life Safety Code survey/report will follow.</p> <p>Three complaints were investigated during the survey. VA00057048 - Unsubstantiated. VA00055679 - Unsubstantiated. VA0055995 - Unsubstantiated.</p> <p>The census in this 120 certified bed facility was 109 at the time of the survey. The survey sample consisted of 42 resident reviews.</p> <p>RN 8 Hrs/7 days/Wk, Full Time DON CFR(s): 483.35(b)(1)-(3)</p> <p>§483.35(b) Registered nurse §483.35(b)(1) Except when waived under paragraph (e) or (f) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</p> <p>§483.35(b)(2) Except when waived under paragraph (e) or (f) of this section, the facility must designate a registered nurse to serve as the</p>	F 727		6/12/23	

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

TITLE

(X6) DATE

Electronically Signed

05/24/2023

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 727	<p>Continued From page 1</p> <p>director of nursing on a full time basis.</p> <p>§483.35(b)(3) The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents. This REQUIREMENT is not met as evidenced by:</p> <p>Based on document review and interview, the facility failed to ensure there was a Registered Nurse (RN) on duty for eight continuous hours per day. This failure had the potential to affect residents who needed the skills of an RN on those days.</p> <p>Findings include:</p> <p>Review of the facility provided "Daily Staffing" sheets for the weekends in the "Centers for Medicare and Medicaid (CMS)," quarter one (Q1) (October, November, and December 2022), triggered on the "Payroll Based Journal [PBJ]" facility reporting for no RN coverage for eight continuous hours on weekends in Q1 showed the following dates without RN coverage:</p> <p>10/08/22 Saturday -- no RN coverage. 10/15/22 Saturday -- no RN coverage. 10/22/22 Saturday -- no RN coverage. 10/23/22 Sunday -- no RN coverage.</p> <p>During an interview on 05/10/23 at 9:45 AM the Administrator confirmed there were no RN's working on the listed dates.</p> <p>At end of day debriefing on 05/11/23, the Administrator and Director of Nursing were made aware of deficient practice and stated there was no further information to provide.</p>	F 727	<ol style="list-style-type: none"> 1. The facility is unable to retroactively correct the previous staffing of the facility. 2. Facility schedules since May 12, 2023 are reviewed for 8 RN hours pre day, by the staffing scheduler. 3. The Administrator educated the staffing scheduler on May 19,2023, regarding the requirement for an RN to be staffed at least 8 hours/7 days a week. 4. The Administrator or Director of Nursing will review the nursing schedules weekly x 4 weeks, then monthly x 1 for 8 hours of RN coverage per day/7 days a week 5. The audits of schedules will be reviewed by QAPI committee monthly for 4 months. 		