

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

PRINTED: 07/10/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495380	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/16/2023
NAME OF PROVIDER OR SUPPLIER CHASE CITY HEALTH AND REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5539 HIGHWAY FORTY SEVEN CHASE CITY, VA 23924		
(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 02/14/2023 through 02/16/2023. The facility was in substantial compliance with 42 CFR 483.73, Requirement for Long Term Care facilities.	F 000			
F 684 SS=E	INITIAL COMMENTS An unannounced Medicare/Medicaid standard survey was conducted 2/14/2023 through 2/16/2023. Corrections are required for compliance with 42 CFR Part 483, the Federal Long Term Care requirements. The Life Safety Code survey/report will follow. The census in this 120 certified bed facility was 113 at the time of the survey. The survey sample consisted of 22 current Resident reviews and two closed record reviews. Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on staff interview and clinical record review, the facility staff failed to follow physicians orders for one of 26 residents in the survey sample: Resident # 99.	F 684	The statements made in the following plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies nor the reported conversations and other information cited	3/7/23	

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

TITLE

(X6) DATE

Electronically Signed

02/24/2023

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 684	<p>Continued From page 1</p> <p>Findings include:</p> <p>Facility staff failed to follow physician's orders for fluid restriction for Resident # 99.</p> <p>Resident # 99 was admitted to the facility 11/3/22, with a readmission date of 12/6/22. Diagnoses for Resident # 99 included, but were not limited to, atrial fibrillation, COPD, heart failure, congestive heart failure, and GERD.</p> <p>The most recent MDS (minimum data set) was an admission assessment dated 12/11/22. Resident # 99 was assessed as having severe impairment in cognition in the area of daily decision making skills, with a total summary score of 07 out of 15.</p> <p>During review of the clinical record on 2/15/23, beginning at approximately 9:00 a.m., a physician order dated 12/6/22 and carried forward directed "1800 cc (cubic centimeters) fluid restriction as follows: 1440 cc provided on trays with meals by dietary. 360 cc provided by nursing as follows: 7-3 can give 150 cc, 3-11 can give 150 cc, 11-7 can give 60 cc every 8 hours for fluid volume maintenance. And encourage resident to comply with Physician prescribed order." Further review of the MAR (medication administration record) for December 2022, January 2023, and February 2023 revealed that staff documentation often exceeded or did not meet the prescribed amount of fluid per shift.</p> <p>On 2/15/23 at approximately 10:25 a.m., the dietary manager, identified as other staff (OS) # 2, was interviewed. When asked about the prescribed amount per dietary, OS #2 stated, "I give what the resident wants for fluids; like for</p>	F 684	<p>in support of the alleged deficiencies. The facility sets forth the following plan of correction to remain in compliance with all federal and state regulations. The facility has taken or will take the actions set forth in the plan of correction. The following plan of correction constitutes the facility's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <ol style="list-style-type: none"> 1. The facility staff failed to ensure physician ordered fluid restrictions were implemented for #99. The physician was notified that fluid restriction order was not followed. No untoward effects of residents. 2. Any resident who resides in the facility could be affected if physician ordered fluid restrictions were not followed. A review of all residents with fluid restrictions order will be completed to ensure physician order followed. Any variances will be reported to the physician. 3. The DON or Designee will educate licensed nurses, C.N.A's, therapy staff, and dietary department on fluid restriction policy and following physician ordered fluid restrictions. 4. The DON or designee will audit fluid restriction practices weekly x 12 weeks to ensure physician orders are followed. Findings will be reported to QAA committee. 5. Compliance date is 03/07/2023 		

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F 684	<p>Continued From page 2</p> <p>breakfast, coffee is 6 oz, etc, and nursing does the calculations. I usually get an order if a resident is on a fluid restriction....." OS # 2 presented an order dated 11/3/22 which only directed the amount of fluid restriction, but did not have the amounts separated out as reflected in the current order. When OS # 2 was shown current order for dietary to provide 1440 cc on meal trays, OS # 2 stated "No, I didn't get that order dated 12/6/22. That is specific for dietary; the way that's written I'd need to calculate each tray....."</p> <p>On 2/15/23 at approximately 10:55 a.m., the corporate nurse consultant, identified as registered nurse (RN) # 2 stated, "So, the resident has had multiple orders; the current order did not get shared with dietary. So currently the resident is getting 1530 cc of fluids on meal trays...We are going to audit all the fluid restrictions to make sure they are getting the correct orders..."</p> <p>On 2/15/23 at 3:45 p.m., during an end of day meeting with the administrator, DON (director of nursing), and RN # 2, the facility staff were informed of the above findings. RN # 2 stated, "What you are seeing documented by staff is correct; either too much or too little fluid per shift per the order. There was ambiguity over the order; dietary did not receive the order with the amount they were to provide on the meal trays. They had the order from 11/3/22 and the new order was not given."</p> <p>No further information was provided prior to the exit conference.</p>	F 684			