

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0094	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/28/2023
NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENT		STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847		
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F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 07/25/2023 through 07/28/2023. The facility was not in compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. No licensure complaints were investigated during the survey. The census in this 65 licensed bed facility was 63 at the time of the survey. The survey sample consisted of 44 resident reviews and 25 employee record reviews.	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-300 (B). Please cross reference to F554. 12VAC5-371-140 (A) related to (F)(4) & (6). Please cross reference to F571. 12VAC5-371-250 (A)(5). Please cross reference to F657. 12VAC5-371-200 (B)(1)(ii) & 12VAC5-371-220 (A). Please cross reference to F658. 12VAC5-371-220 (A). Please cross reference to F684. 12VAC5-371-220 (A). Please cross reference to F685. 12VAC5-371-220 (C)(1). Please cross reference to F686.	F 001	F 554 Resident #23 was assessed by nurse on 8/14/23 for ability to self-administer medications. Physician order was obtained for self-administration of medication on 8/14/23. Care plan was updated to reflect this change 8/14/23. All residents have the potential to be affected by this practice. A sweep of resident rooms was conducted on 07/28/23 to ensure there were no additional medications at bedside not properly managed per the self-administer medication policy /procedure. No other residents were identified as being negatively impacted. All Licensed Nursing Staff were educated by the Clinical Services Director on the requirements of F554 and the Medication Self Administration policy and the	9/11/23

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

Electronically Signed

TITLE

(X6) DATE

08/18/23

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F 001	Continued From page 1 12 VAC5-371-300 (A). Please cross reference to F755. 12VAC5-371-320 (A). Please cross reference to F791. 12VAC5-371-180 (A). Please cross reference to F880.	F 001	importance of completing the self-administration assessment if applicable. This includes leaving medications at bedside for residents to administer at a later time. Education completed by 09/01/23. All staff were provided education regarding the on-going monitoring of items in resident rooms to make sure no medication is stored in the rooms, and if discovered it is returned to the nurse immediately for proper storage. Education completed by 09/01/23. The Director of Nurses/Clinical Services Director will monitor all new admissions for self-administration assessment completion if appropriate. Angel rounds now includes checking the resident's rooms for any medications that should be secured. Director of Nursing or Clinical Services Director will conduct random environmental rounding weekly x 4 and then monthly x 2. The results of these audits will be reviewed in Quality Assurance Meeting monthly x3 consecutive months. The QA Committee will identify any trends or patterns and make recommendations to revise the plan of correction as indicated. Self-Administration of Medication Policy added to the Nursing new employee orientation packet. F571 Residents #17, #37 and #23 are having the correct patient liability amount per the Virginia Medicaid Web portal withdrawn monthly from their resident trust account to cover care cost. Residents in the facility covered under Virginia Medicaid and a resident trust	

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F 001	Continued From page 2	F 001	<p>account have the potential to be affected by this alleged deficient practice. The Administrator has reviewed other facility residents with Virginia Medicaid and a resident trust account to validate withdrawn amounts of the past 3 months are accurate. No other concerns were identified.</p> <p>The Administrator has educated the Business Office Manager on confirming accurate amounts per the Virginia Medicaid Web portal are withdrawn from resident trust accounts monthly to cover care cost and immediately refunding residents should an over payment occur. This education was completed 08/21/23. The Administrator or Designee will monitor Medicaid recipient resident trust account deductions for accuracy monthly for 3 months. Results of monitoring will be presented to the Quality Assurance and Performance Improvement Committee by the Clinical Service Director for a period of 3 months. Any concerns identified will be addressed at time of discovery.</p> <p>F657 Resident #4's care plan was updated on 8/14/23 to reflect interventions in place to prevent further weight loss.</p> <p>All Residents have the potential to be affected by this alleged deficient practice. A 100% audit of all care plans have been done and revealed no issues.</p> <p>The Clinical Consultant educated the Director of Nursing, Clinical Service Director and Certified Dietary Manager on Care plans, Comprehensive Person-Centered Policy and Care Planning</p>	

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F 001	Continued From page 3	F 001	<p>Interdisciplinary Team Policy. This education was completed 08/30/23.</p> <p>Care plans will be reviewed weekly in accordance with the care plan review scheduled by the MDS Coordinator and IDT members. All care plans will be updated as indicated. The DON or designee, will complete reviews weekly x4 then monthly for 2 months. Results of monitoring will be presented to the Quality Assurance and Performance Improvement Committee by the Clinical Service Director for a period of 3 months. Any concerns identified will be addressed at time of discovery.</p> <p>F658 Resident #55's order for Diprolene cream was discontinued on 8/13/23, all other medications are being administered per the physician's order. Resident #52 s order for zinc paste was discontinued on 8/14/23, all other medications are being administered per the physician s order. Resident #34 is receiving medications as ordered by the physician with corresponding, accurate documentation to reflect administration.</p> <p>All current residents have had a medication audit completed to ensure accurate medication administration per physician orders.</p> <p>Residents in the facility have the potential to be affected by this alleged deficient practice. The Clinical Service Director has educated the Licensed Nurses on Documentation of Medication Administration and following</p>	

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F 001	Continued From page 4	F 001	<p>MD orders. Education completed by 09/01/23. Any Licensed Nurse not receiving this education by this date will receive prior to next scheduled shift. This information will be presented in Licensed Nurse new hire orientation.</p> <p>The Clinical Service Director/Director of Nursing will randomly observe resident medication administration to validate ordered medications are administered then accurately documented 2 times per week for 4 weeks then weekly for 2 months. Results of monitoring will be presented to the Quality Assurance and Performance Improvement Committee by the Clinical Service Director for a period of 3 months. Any concerns identified will be addressed at time of discovery.</p> <p>F684 Resident #38 is being seated in a wheelchair with a single pressure reducing cushion, elevating leg rests and 1/2 lap tray.</p> <p>Residents utilizing wheelchairs have the potential to be affected by this alleged deficient practice. The Rehab Director/designee has observed other residents utilizing wheelchairs to validate a single cushion and other recommended attachments is present. No other concerns were identified.</p> <p>The Clinical Service Director has educated all Certified Nursing Assistants on applying only a single cushion, foot pedals, leg rests and any other specified attachment to resident wheelchairs when in use.</p>	

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F 001	Continued From page 5	F 001	<p>Education was completed by 09/01/23. Any Certified Nursing Assistant not receiving this education by this date will receive prior to next scheduled shift. This information will be presented in Certified Nursing Assistant orientation.</p> <p>The Director of Nursing/designee will monitor residents utilizing wheelchairs to validate single cushions and all other recommended attachments are in use weekly for 4 weeks then monthly for 2 months. Results of monitoring will be presented to the Quality Assurance and Performance Improvement Committee by the Director of Nursing for a period of 3 months. Any concerns identified will be addressed at time of discovery.</p> <p>F685 Based on Social Services Director interview on 07/27/23 Resident #13 nor her responsible party desire an eye appointment, and resident does not wish to be fitted for glasses. Residents with prescriptions for new glasses have the potential to be affected by this alleged deficient practice. No other residents identified.</p> <p>The Administrator has educated the Social Service Director on assisting residents with prescriptions for glasses to obtain said glasses, including services that assist with cost or offer reduced cost glasses. This education was completed by 08/31/23.</p> <p>The Administrator or Designee will monitor residents receiving prescriptions for glasses to validate every effort is made to obtain glasses monthly for 3 months. Results of monitoring will be presented to</p>	

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F 001	Continued From page 6	F 001	<p>the Quality Assurance and Performance Improvement Committee by the Administrator for a period of 3 months. Any concerns identified will be promptly addressed.</p> <p>F686 Resident #35 has protective boots to heels when in bed for pressure ulcer prevention. All residents at risk for developing pressure ulcers have the potential to be affected by this alleged deficient practice. The Resident Assessment Coordinator has reviewed all residents at risk for developing pressure ulcers and appropriate offloading or pressure-redistribution devices are implemented as ordered. No other concerns were identified. The Clinical Service Director has educated the Licensed Nurses on Prevention of pressure injuries policy and pressure ulcer prevention protocol. Education completed by 09/01/23. Any Licensed Nurse not receiving this education by this date will receive prior to next scheduled shift. This information will be presented in Licensed Nurse new hire orientation. The Clinical Service Director/Director of Nursing will monitor residents with orders for protective heel boots to validate they are in place 2 times per week for 4 weeks then monthly for 2 months. Results of monitoring will be presented to the Quality Assurance and Performance Improvement Committee by the Clinical Service Director for a period of 3 months. Any concerns identified will be promptly addressed.</p> <p>F755 Residents #15 and #14 s controlled substances are signed out and deducted</p>	

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F 001	Continued From page 7	F 001	<p>from the corresponding narcotic declining count sheet immediately following administration. Resident #164_ no longer resides in the facility. Resident #55's order for Diprolene cream was discontinued on 8/13/23 and Resident #55 is her own responsible party.</p> <p>All current residents have had a medication audit completed to ensure accurate medication administration per physician orders.</p> <p>All Residents in the facility have the potential be affected by this alleged deficient practice. The Clinical Services Director has educated the Licensed Nurses on Medication Administration Documentation, Controlled Substances Policy and Protocol What to do if medications cannot be found or are not available? Education completed by 09/ 01/23. Any Licensed Nurse not receiving this education by this date will receive prior to next scheduled shift. This information will be presented in Licensed Nurse new hire orientation.</p> <p>The Clinical Service Director/Director of Nursing will randomly observe resident medication administration and review the narcotic declining count sheets to validate ordered medications are administered then accurately and immediately documented if given 2 times per week for 4 weeks then weekly for 2 months. Results of monitoring will be presented to the Quality Assurance and Performance Improvement Committee by the Clinical Service Director for a period of 3 months.</p>	

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F 001	Continued From page 8	F 001	<p>Any concerns identified will be addressed at time of discovery.</p> <p>F791</p> <p>Resident #13 has again declined to pursue dental services when offered on 07/27/23.</p> <p>Residents with dental concerns have the potential to be affected by this alleged deficient practice. The Resident Assessment Coordinator has reviewed current residents to identify those with dental concerns in need of dental services. No other concerns were identified.</p> <p>The Administrator has educated the Social Service Director on arranging services for residents with dental concerns and re-addressing residents with dental concerns at every quarterly care conference should they initially decline services. Education was completed by 09/01/23.</p> <p>The Administrator/designee will monitor residents with dental concerns to validate receipt of services for 3 months. Results of monitoring will be presented to the Quality Assurance and Performance Improvement Committee by the Administrator for a period of 3 months.</p> <p>Any concerns identified will be addressed at time of discovery.</p> <p>F880</p> <p>Resident #33, #40, and #52 are receiving medications in accordance with proper infection control practices that include hand hygiene. Resident #52 is receiving blood glucose checks with a blood glucose machine appropriately sanitized and air dried on a barrier protected surface, and is receiving insulin injections after having</p>	

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F 001	Continued From page 9	F 001	<p>injection site cleansed with a single use alcohol wipe. Resident #35 is receiving peri care then soiled brief is being bagged in room to transport from room to soiled trash bin. Resident #7 is receiving eye drops according to protocol.</p> <p>All Residents in the facility have the potential to be affected by this alleged deficient practice.</p> <p>The Clinical Services Director has educated Licensed Nurses on proper hand hygiene during medication administration, including donning of gloves, administering eye drops, and single use alcohol wipes and process for blood glucose machines. The Clinical Services Director has educated the CNAs on appropriately bagging soiled brief in room to transport to soiled receptacle, Education completed by 09/01/23, and this education will be presented in the nurse/cna new hire orientation.</p> <p>The Clinical Services Director/Director of Nursing will randomly observe Licensed Nurse medication administration to validate proper infection control practices, and CNAs on the completion of peri care to validate bagging soiled briefs in room for transport to soiled receptacle 2 times per week for 4 weeks then weekly for 2 months. Results of the monitoring will be presented to the Quality Assurance and Performance Improvement Committee by the Clinical Services Director for a period of 3 months. Any concerns identified will be addressed at time of discovery.</p>	