

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

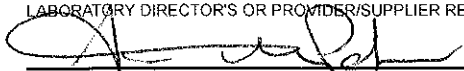
PRINTED: 10/20/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495250	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/06/2023
NAME OF PROVIDER OR SUPPLIER GALAX HEALTH AND REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 836 GLENDALE RD GALAX, VA 24333	
(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
F 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated survey was conducted 10/4/23 through 10/6/23. Three (3) complaints (VA00059806 - substantiated with no related deficiency; VA00058705 - substantiated with a related deficiency; VA00057887 - unsubstantiated with no related deficiency) were investigated during the survey. Corrections are required for compliance with the following 42 CFR Part 483 Federal Long Term Care requirements. The census in this 120 certified bed facility was 87 at the time of the survey. The survey sample consisted of seven (7) current resident reviews.	F 000	This plan of correction is submitted in compliance with specific regulatory requirements and preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth on the statement of deficiencies.	
F 677 SS=D	ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview, resident interview and during the course of a complaint investigation, the facility staff failed to provide Activities of Daily Living care to one of 7 residents. Resident # 7. The findings included: For Resident # 7, the facility staff failed to provide scheduled bathing assistance in March 2023. Resident # 7's demographic sheet listed diagnoses that included but were not limited to; Type 2 diabetes mellitus, hypertension, chronic	F 677	1. Resident #7 is receiving ADL care for bathing assistance. 2. Current residents have the potential to be affected. DON and/or designee will audit current residents ADL documentation to ensure scheduled showers or baths were offered and provided. 3. DON and/or designee will re-educate licensed nursing staff on ADL care to include offering and providing scheduled showers and baths along with as needed and document per policy. 4. DON and/or designee will complete a random audit of 10 residents weekly x 8 to ensure scheduled shower or bath was offered and provided. Results of the audit will be forwarded to QAPI committee. 5. Compliance Date: 11/3/23	

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

TITLE

(X6) DATE



RVPD

10/30/23

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 677	<p>Continued From page 1</p> <p>obstructive pulmonary disease, anxiety disorder, major depressive disorder, and unspecified mood disorder.</p> <p>The most recent Minimum Data Set (MDS) assessment with an assessment reference date of 7/12/23, assigned resident # 7 a brief interview for mental status score of 12 indicating moderate cognitive impairment.</p> <p>This surveyor interviewed resident #7 on 10/5/23 at 11:16 AM. When asked about the care provided by the facility staff, resident stated, "I get good care here." When asked if they are assisted with bathing and showering, they stated, "I only get two showers a week here, so I don't like to miss one. Sometimes I do though." They could not recall the last time they had missed a shower and stated, "They usually make sure I get them."</p> <p>The Documentation Survey Report in the clinical record was reviewed for March 2023. The only showers documented were on 3/1/23, 3/11/23, 3/25/23 and 3/31/23. It was also noted that for the month of March 2023, there were a total of 14 bed/towel baths given to resident # 7 leaving 13 days with no type of bath documented.</p> <p>On 10/6/23 at 11:24 AM this surveyor interviewed Licensed Practical Nurse (LPN) # 1. They stated that resident # 7 does not refuse and that the expectation at the facility is that each resident gets two showers per week.</p> <p>On 10/6/23 at 3:57 PM this surveyor interviewed Certified Nursing Assistant (C.N.A.) # 4 who stated that resident #7 does not refuse care and that the expectation is that each resident gets two showers per week. They stated, "We try and</p>	F 677		

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F 677	<p>Continued From page 2</p> <p>make sure they get their showers but if we don't have time, we might have to make it up another day."</p> <p>On 10/6/23 at 5:37 PM the Administrator, Director of Nursing (DON) and Regional Vice President of Operations were notified that resident #7 received only 4 showers in the month of March. They stated this could have been due to resident having COVID and asked for time to check the record to see if this was the case. The Regional Vice President returned and informed surveyor at 6:22 PM that resident #7 did not have COVID in March. This surveyor requested a copy of the policy for bathing/showering and was informed the facility follows the Lippincott nursing procedures for bathing.</p> <p>No further information regarding this concern was provided to the survey team prior to the exit conference.</p>	F 677			