

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

PRINTED: 08/06/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/19/2025
NAME OF PROVIDER OR SUPPLIER BLUE RIDGE REHABILITATION AND NURSING			STREET ADDRESS, CITY, STATE, ZIP CODE 94 SOUTH AVENUE HARRISONBURG, VA 22801		
(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 standard survey was conducted 02/18/25 through 02/19/25. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Five complaints were investigated during the survey. VA00062581 - unsubstantiated. VA00062582 - unsubstantiated VA00062593 - unsubstantiated VA00062767 - substantiated with deficiency VA00062773 - substantiated without deficiency The census in this 117 certified bed facility was 105 at the time of the survey. The survey sample consisted of 11 resident reviews.	F 000			
F 580 SS=D	Notify of Changes (Injury/Denial/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the	F 580			3/17/25

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

TITLE

(X6) DATE

Electronically Signed

03/18/2025

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 580	<p>Continued From page 1</p> <p>resident from the facility as specified in §483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15) Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interviews, clinical record review, and facility documentation review the facility staff failed to provide notification to the family of a change in condition for one resident (Resident #2, R2) out of a survey sample of 11 residents.</p> <p>The findings included:</p>	F 580	<p>1. Resident#2 no longer resides within the facility. Education is provided to RN #2 to notify a family/responsible party when there is a change in resident conditions.</p> <p>2.All residents have the potential to be affected by this deficient practice.</p>		

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F 580	<p>Continued From page 2</p> <p>The facility staff failed to notify the family that R2 was sent to the emergency room.</p> <p>On 2/19/25 at 9:45 a.m. an interview was conducted with licensed practical nurse, LPN#5 (LPN5), unit manager on the A wing. LPN5 stated that it was only one appointment she was aware of that R2 had missed. LPN5 stated that when dialysis sent R2 to the emergency room (ER), they did not let the son know and when the transport company came back to the facility to pick up someone the transport driver let the facility know R2 was transported to the ER from dialysis. LPN5 said, "we didn't notify the son when we found out, no one notified the son she was at the emergency room. He found out when he came to take her to an appointment the next day." LPN5 stated that someone from the facility was supposed to notify the son when we found out R2 was at the emergency room.</p> <p>On 2/19/25 at 10:15 a.m. a clinical record review was conducted. A progress note was reviewed that was written on 10/15/25. The progress notes in R2's chart read, "[hospital name redacted] called for patient status. Notified that patient has been admitted."</p> <p>On 2/19/25 at 10:45 a.m. a review of the facility documentation was conducted. The facility document titled, "Notification of changes," read in part, "...The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notifies, consistent with his or her authority, resident's representative when there is a change requiring notification."</p> <p>On 2/19/25 at 11:45 a.m. an end of day meeting was conducted with the administrator and director</p>	F 580	<p>3. Staff development Coordinator (SDC)/ designee to educate Licensed Nurses (LN) to notify family/responsible for change in a resident's condition.</p> <p>4. Interdisciplinary Team (IDT) to review changes in residents' condition Monday-Friday during clinical morning meeting to ensure family/responsible party have been notified. Revisions will be made as needed. Trends related to notification of family/responsible party for changes in condition will be reported to the QAPI committee for 3 months for recommendations and revision.</p>		

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F 580	Continued From page 3 of nursing, and the above concerns were discussed. No further information was provided prior to the conclusion of the survey.	F 580			
F 695 SS=D	Respiratory/Tracheostomy Care and Suctioning CFR(s): 483.25(i) § 483.25(i) Respiratory care, including tracheostomy care and tracheal suctioning. The facility must ensure that a resident who needs respiratory care, including tracheostomy care and tracheal suctioning, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences, and 483.65 of this subpart. This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review, staff interview and facility documentation review the facility staff failed to administer oxygen according to physician orders for two residents (Resident#3, R3 and Resident #4, R4) out of a survey sample of 11 residents. The findings included: 1. The facility staff failed to have R3's oxygen concentrator providing the correct number of liters per minute according to the physician's order. On 2/18/25 at 2:50 pm an observation was conducted of R3's oxygen concentrator. The oxygen was set on three liters per minute. On 2/18/25 at 3:00 p.m. a clinical record review	F 695	1. Oxygen for R#3 was adjusted to the correct number of liters per minute according to the physician's order by RN #1. Oxygen for R# 4 was adjusted to the correct number of liters per minute according to the physician's order by RN #1 Education is provided to RN#1 to ensure oxygen is set for the correct number of liters per minute according to the physician's order. 2. Every resident receiving oxygen has the potential to be affected by the same deficient practice. An initial audit completed on March 3,2025, to ensure resident receiving oxygen has an order that is clear and	3/17/25	

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F 695	<p>Continued From page 4</p> <p>was conducted. The physician orders were reviewed. The oxygen order read, "Oxygen continuous 2LPM [liters per minute] via NC [nasal cannula]." The treatment administration record was signed off by the registered nurse, RN# 1 (RN1) on 2/18/25. RN1 signed that R3 was receiving oxygen at 2LPM.</p> <p>On 2/18/25 at 3:15 p.m. an interview was conducted with RN1. RN1 was in R3's room and was asked to look at the oxygen concentrator setting. R1 said, "It's on 3LPM and should be on 2LPM." R1 adjusted the oxygen concentrator setting to 2LPM.</p> <p>2. The facility staff failed to have R4's oxygen concentrator providing the correct number of liters per minute according to the physician's order.</p> <p>On 2/18/25 at 2:55 pm an observation was conducted of R4's oxygen concentrator. The oxygen was set on two and half liters per minute.</p> <p>On 2/18/25 at 3:00 p.m. a clinical record review was conducted. The physician orders were reviewed. The oxygen order read in part, "...supplemental O2 [oxygen] 2L, if < 92% on 2L may increase to 3L."</p> <p>On 2/18/25 at 3:15 p.m. an interview was conducted with RN1. RN1 was in R4's room and was asked to look at the oxygen concentrator setting. R1 said, "It's on 2.5LPM and should be on 2LPM and can have 3 liters if oxygen saturations are less than 92%." R1 adjusted the oxygen concentrator setting to 2LPM.</p> <p>On 2/19/25 at 11:15 a.m., a review of facility</p>	F 695	<p>complete, and oxygen is being delivered at the correct liters per minute based on the physician's order.</p> <p>3. SDC/designee will provide education to LNs to ensure there is clean and complete order for oxygen administration that is being delivered at the correct liters per minute according to the physician's orders.</p> <p>4. Unit Managers (UM)/designee will audit residents receiving oxygen weekly for 12 to ensure there is an order for the oxygen that is clean and complete, tubing is changed weekly as per physician's order, oxygen is being delivered at the correct liters per minutes according to the physician's order, oxygen in use sign is on the doors, oxygen administration is on the medication administration record (MAR), The oxygen administration is care planned. Trends related to oxygen administration according to physician's order will be reported to the QAPI committee for 3 months for recommendations and revision.</p>		

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F 695	Continued From page 5 documentation was completed. The facility document titled, "Oxygen Administration," read in part, "...oxygen is administered under orders of a physician." On 2/19/25 at 11:45 a.m., an end of day meeting was conducted with the administrator and director of nursing, and the above concerns were discussed. No further information was provided prior to the conclusion of the survey.	F 695			
F 806 SS=D	Resident Allergies, Preferences, Substitutes CFR(s): 483.60(d)(4)(5) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff interview, clinical record review and facility documentation review, the facility staff failed to honor resident's food preferences for two residents (Resident #5, R5 and Resident #6, R6) out of a survey sample of 11 residents. The findings included: 1. The facility staff served R5 foods that were listed on the meal ticket as food dislikes.	F 806	1. The facility failed to accommodate resident #5 with food preferences, by providing appealing options for them to choose similar nutritive food value to eat. 2. All residents are potentially at risk. The Food Service Director will complete a full audit on all residents to determine that each resident has current food preference completed and that food dislikes are carried to the meal tray ticket. New	3/17/25	

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F 806	<p>Continued From page 6</p> <p>On 12/18/25 at 12:15 p.m., an observation was conducted of the lunch meal. During the observation, the surveyor observed R5's meal ticket. R5 was served carrots, broccoli and cauliflower, and all three of these foods were listed under her food dislikes list on her meal ticket.</p> <p>On 12/18/25 at 12:30 p.m., an interview was conducted with R5. R5 said, "I get food I don't like often, and I just leave it on my plate."</p> <p>On 12/19/25 at 9:05 a.m., an interview was conducted with the dietary manager. The dietary manager stated the purpose for the food dislikes on the meal ticket was for dietary to know the resident's preferences and what the resident does not like to eat. The dietary manager said, "If food dislikes were carrots, broccoli and cauliflower, they should not have been served and should have been substituted with another vegetable. The servers should go by their meal tickets."</p> <p>2. The facility staff served R6 foods that was listed on the meal ticket as food dislikes.</p> <p>On 12/18/25 at 12:15 p.m. an observation was conducted of the lunch meal. During the observation, the surveyor observed R6's meal ticket. R6 was served carrots, and this food was listed on her food dislikes list on her meal ticket.</p> <p>On 12/18/25 at 12:35 p.m. an interview was conducted with R6. R6 said, "It doesn't matter, nothing will be done about this."</p> <p>On 12/19/25 at 9:05 a.m. an interview was</p>	F 806	<p>admission food preferences will be obtained within the first 7 days of admission.</p> <p>3. The Dietary Manager will educate the dietary team about reading tickets to determine dislikes and how alternate choices for food are communicated to residents. In addition, Certified Nursing Assistants and nurses were educated on reviewing meal ticket dislike with tray as a double-check that dislikes are not being offered to the resident on the tray.</p> <p>4. 10 Trays will be audited at alternating meals per week by nursing and dietary to ensure that dislikes are not offered coming out of the kitchen and once received on floor as double check. This audit will be completed X 12 weeks. Corrections will be made at the time of findings. Trends and findings will be reported to the QAPI committee monthly for 63 months for recommendations and revision.</p>		

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F 806	<p>Continued From page 7</p> <p>conducted with the dietary manager. The dietary manager stated the purpose for the food dislikes on the meal ticket was for dietary to know the resident's preferences and what the resident does not like to eat. The dietary manager said, "If food dislikes was carrots, they should not have been served the melody and should have been substituted with another vegetable. The servers should go by their meal tickets."</p> <p>On 2/19/25 at 11:00 a.m. a facility documentation review was conducted. The policy titled, "Food Preparation Guidelines," read in part, "honoring resident preferences, as possible, regarding food and drinks."</p> <p>On 2/19/25 at 11:45 a.m. an end of day meeting was conducted with the administrator and director of nursing. The administrator handed the surveyor an updated preference assessment completed today by the dietary manager for R5 and an education sign in sheet for the dietary department on food preferences completed today.</p> <p>No further information was provided prior to the conclusion of the survey.</p>	F 806			