

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:  <b>495146</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/07/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>BLUE RIDGE REHABILITATION AND NURSING</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>94 SOUTH AVENUE HARRISONBURG, VA 22801</b>		
(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 5/6/25 through 5/7/25. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. Four complaints were investigated during the survey.  Complaint VA00063184 was unsubstantiated with a related deficiency cited. Complaint VA00063254 was substantiated with no deficiencies cited. Complaint VA00063809 was unsubstantiated. Complaint VA00063859 was substantiated with no deficiencies cited.  The census in this 117 certified bed facility was 102 at the time of the survey. The survey sample consisted of three current resident reviews and two closed record reviews.	F 000			
F 655 SS=D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3)  §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan must- (i) Be developed within 48 hours of a resident's admission. (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders.	F 655			6/17/25

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

TITLE

(X6) DATE

Electronically Signed

06/05/2025

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 655	<p>Continued From page 1</p> <p>(B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable.</p> <p>§483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan-</p> <p>(i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section).</p> <p>§483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to:</p> <p>(i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is not met as evidenced by: Based on staff interview, and clinical record review, the facility staff failed to develop and implement a baseline care plan for one Resident (Resident #4) in a survey sample of 5 residents.</p> <p>The findings included:</p> <p>According to the clinical record, diagnoses for Resident #4 (R4) included: Alzheimer's disease, HIV, anxiety disorder, dementia, and malnutrition</p>	F 655	<p>1. Resident #4 no longer resides in the facility.</p> <p>2. All residents have the potential to be affected by the same deficient practice. An audit of those residents admitted in the last 21 days will be completed to ensure that baseline care</p>		

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F 655	<p>Continued From page 2</p> <p>secondary to disease process. The most current MDS (minimum data set) was a a discharge assessment with an ARD (assessment reference date) of 5/8/24, which assessed R4 with short-term memory problems and severely cognitively impaired.</p> <p>On 5/6/25, a clinical record review was conducted for R4. R4 was admitted to the facility on 5/1/24. There was no evidence that an admission assessment had been completed. Review of the comprehensive care plan was noted to have missing interventions for ADL care including bed mobility, dressing, eating, and transfers.</p> <p>On 5/6/25 at 11:00 a.m. the MDS coordinator was interviewed (registered nurse, RN #1). RN #1 reviewed R4's clinical record and verbalized that the admission assessment was missing, explaining that when a new resident is admitted to the facility, the nurses should complete an admission assessment which incorporates the baseline care plan and should be completed within two days. RN #1 reviewed the care plan for R4 and agreed that the baseline care plan was not completed for ADL care.</p> <p>On 5/7/25 at 9:30 a.m., the above information was presented to the director of nursing and administrator.</p> <p>No further information was provided prior to exit conference on 5/7/25.</p>	F 655	<p>plan was initiated, signed and a summary was provided.</p> <p>3. Director of Nursing (DON) /designess to educate Interdisciplinary Team (IDT) regarding timely completion of Baseline Care Plans, reviewing Baseline Care Plans with resident/RP, obtaining signatures from resident/RP, and uploading the signature page of Baseline Care Plan to residents chart. Staff Development Coordinator (SDC)/designee to educate licensed nurses regarding timely completion of admission assessments.</p> <p>4. DON/designee to audit new admission records to ensure timely completion of Baseline Care Plan to include signature of resident/RP with the signature page uploaded to resident record weekly and the timely completion of nursing assessments to include Admission/Re-Admission Assessment, Gates Wandering Assessment, Braden, Morse Fall Scale, and the Admitting Daily</p>		

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F 655	Continued From page 3	F 655	Skin Assessment for 6 weeks. The findings of the quality monitoring will be reported to the Quality Assurance/Performance Improvement Committee monthly. The quality monitoring schedule may be modified based on findings with monthly monitoring by the RD/CS/ RDO/designee.		