STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495087	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Health & Rehabilitation	1945 Roanoke Blvd Salem, VA 24153

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 42353 Based on staff interview, clinical record review, and facility document review, the facility staff failed to provide treatment in accordance with the provider orders to promote pressure ulcer wound healing for 1 of 38 sampled residents (Resident #184). The findings included: For Resident #184, the facility staff failed to treat an unstageable/Stage 4 pressure ulcer to the mid back as ordered. Resident #184's diagnosis list indicated diagnoses, which included, but not limited to Sepsis due to Methicillin Susceptible Staphylococcus Aureus, Sacral Pressure Ulcer, Generalized Muscle Weakness, Osteoarthritis, and Macular Degeneration. The minimum data set (MDS) with an assessment reference date (ARD) of 11/11/23 assigned the resident a brief interview for mental status (BIMS) summary score of 5 out of 15 indicating Resident #184 was severely cognitively impaired. The resident was coded as having one unstageable pressure ulcer with slough and/or eschar present upon admission. Resident #184's comprehensive person-centered care plan included a focus area stating the resident has a skin impairment pressure ulcer to mid back (Stage 4) . with an intervention for treatment as ordered. Resident #184 was admitted to the facility with an unstageable pressure ulcer to the mid back. The resident was seen by the Wound Nurse Practitioner (WNP) on 11/10/23, the progress note read in part .There is an unstageable pressure injury to the mid-thoracic spine that is covered in slough. There is a surrounding band of purple tissue that is slightly indurated .9 cm x 8 cm x 0.3 cm .100% slough .Treatment Recommendations: 1. Cleanse with wound cleanser 2. Apply Medical grade honey fiber to base of wound 3. Secure with Bordered foam 4. Change daily . A Skin Observation Tool - V2 dated 11/10/23 read in part .Rsd [resident] noted to have large wound to mid back, copious amount of yellow and bloody drainage. Wound cleansed with wound cleanser; pat dry applied honey fiber covered with bordered foam. New orders for the same TX [treatment] to be done daily . (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495087	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Health & Rehabilitation	1945 Roanoke Blvd Salem, VA 24153

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to Resident #184's November 2023 Treatment Administration Record (TAR) the treatment of medical grade honey fiber was not initiated as directed by the WNP. Instead, a treatment order to cleanse the wound with wound cleanser, apply 0.25% Dakin's solution moistened fluffed gauze and cover with bordered foam daily began on 11/11/23. Resident #184 was seen by the WNP again on 11/14/23, the progress note documented a decrease in the wound measurements to 6 cm x 4 cm x 0.3 cm with 100% slough present. The wound status was described as improving without complications. The progress note read in part .Treatment Recommendations: 1. Cleanse with wound cleanser 2. Apply Medical grade honey fiber to base of wound 3. Secure with Bordered foam 4. Change daily .Performed sharp debridement to mid back pressure injury .I anticipate as the slough is removed that the wound will have a hole with a high chance of exposed structures but am unable to tell at this time . According to Resident #184's November 2023 TAR, the previous treatment order of Dakin's solution continued despite the WNP's direction for medical grade honey fiber. The resident was reassessed by the WNP on 11/21/23, the progress note read in part .Wound Status: Improving despite measurements .6.2 cm x 3.2 cm x 1.5 cm .undermining from 5 o'clock to 6 o'clock .100% slough .Treatment Recommendations: 1. Cleanse with 0.25% Dakins solution 2. Apply Dakins moistened fluffed gauze to base of wound. 3. Secure with Bordered foam 4. Change Daily .I performed sharp debridement to the wound and there is now an open hole as anticipated. I can see exposed muscle and I am reclassifying this as a stage 4 pressure injury. I am making new treatment recommendations. There is still a significant amount of necrotic tissue that is too adhered for debridement today. I anticipate that the wound will continue to grow in size and depth as this is removed. I am listing the wound as improved despite measurements since there is less necrotic tissue and anticipated the size would grow as this layer came off . According to Resident #184's November 2023 TAR, the previous treatment order to cleanse wound with wound cleanser, apply 0.25% Dakins solution moistened fluffed gauze and cover with bordered foam continued, despite the new order directing the area be cleansed with 0.25 % Dakins solution. Resident #184 was last seen by the WNP on 11/28/23, the progress note described the wound as measuring 7.2 cm x 3.2 cm x 1.7 cm with undermining from 12 o'clock to 1 o'clock. The wound base was described as 25% granulation tissue and 75% slough. The progress note read in part .The wound is stable today. There is less necrotic tissue but the measurements are larger. I anticipated this would happen as the necrotic tissue was removed from the wound .Recommended continuing current treatment. I anticipate the open hole in the wound will grow in size as necrotic tissue continues to improve. According to Resident #184's November and December 2023 TAR, the wound continued to be cleansed with wound cleanser instead of the WNP ordered treatment to cleanse with 0.25% Dakins solution. Surveyor attempted to interview the WNP, and the facility wound nurse, however, they were no longer employed by the facility. On 6/03/24 at 2:34 PM, surveyor spoke with the Director of Nursing (DON) regarding the identified treatment error to the resident's pressure ulcer. The DON stated they would have to check on it; however, no additional information was provided. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495087	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Health & Rehabilitation	1945 Roanoke Blvd Salem, VA 24153

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Surveyor requested and received the facility policy titled Wounds/Skin Impairments with an effective date of 1/29/24 which read in part Any wounds and/or skin impairments will be routinely assessed and treated as ordered . On 6/04/24 at 11:09 AM, the survey team met with the Administrator, DON, and Regional Nurse Consultant and discussed the concern of staff failing to follow the WNP treatment orders for Resident #184. No further information regarding this concern was presented to the survey team prior to the exit conference on 6/04/24.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495087	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Health & Rehabilitation	1945 Roanoke Blvd Salem, VA 24153

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 21227 2. The facility staff failed to document detailed assessments: (a) when Resident #185 experienced a fall on 10/27/23 which resulted in a medical provider ordering left leg and left hip x-rays and (b) when Resident #185 was provided pain medications which were ordered to be administered as needed. Resident #185's Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 10/17/23, was signed as completed on 10/18/23. Resident #185 was assessed as able to make self understood and as able to understand others. Resident #185's Brief Interview for Mental Status (BIMS) summary score was documented as a 14 out of 15; this indicated intact and/or borderline cognition. Resident #185's clinical record included a Fall Note with an effective date of 10/27/23 at 7:11 p.m. This Fall Note indicated a left hip x-ray and a left leg x-ray were ordered. No documentation was found to indicate what change in the resident's condition/assessment resulted in the medical provider ordering the left leg and left hip x-rays. Resident #185's clinical record indicated the resident was administered as needed pain medications at the following times: - 10/19/23 at 12:18 p.m., - 10/22/23 at 3:55 p.m., - 10/28/23 at 9:23 a.m., - 10/30/23 at 7:38 p.m., - 10/30/23 at 9:52 p.m., - 10/31/23 at 9:13 a.m., - 10/31/23 at 12:11 p.m., and - 10/31/23 at 1:18 p.m. The facility staff documented a pain scale for the aforementioned as needed pain medication administrations. The facility staff failed to complete and/or document a detailed pain assessment, when as needed pain medications were administered, to include: (a) pain characteristics, (b) the impact of pain on quality of life/movement, (c) any factors that worsens or decreases the resident's pain, and (d) a physical description of the location of the pain. The following information was found in a facility policy titled Significant Change of Condition (with an effective date of 1/29/24): A licensed nurse will assess the patient for signs and symptoms of change of condition [sic]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495087	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Health & Rehabilitation	1945 Roanoke Blvd Salem, VA 24153

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The following information was found in a facility policy titled Pain Management Assessments (with an effective date of 1/29/24): - Patient [sic] will be assessed for acute and chronic pain by a licensed nurse and a plan of care will be established. - Initiate a pain assessment any time thereafter should a patient experience pain that is not usual for the patient. On 6/4/24 at 11:10 a.m., the survey team met with the facility's Administrator, Director of Nursing, and Regional Nurse Consultant. During this meeting, the surveyor discussed the failure of facility staff to document detailed pain assessments when providing as needed pain medications. 47299 Based on resident interview, clinical record review, and staff interviews the facility staff failed to ensure pain management was provided for residents in accordance with professional standards and/or the resident's preferences for two of 38 residents in the survey sample, resident # 123 and resident # 185. The findings included: 1. For resident # 123, the facility staff failed to administer pain medications timely per the resident's preference to ensure an acceptable level of pain is maintained throughout the day. Resident # 123's diagnoses included but was not limited to major depressive disorder, muscle weakness, heart failure unspecified, epilepsy unspecified, hemiplegia and hemiparesis. Resident # 123's minimum data set (MDS) assessment with an assessment reference date of 5/17/24 assigned the resident a brief interview for mental status (BIMS) score of 13 out of 15 indicating mild cognitive loss. This surveyor interviewed resident #123 on 5/29/24 at 12:40 PM. They stated that they have pain daily. When asked if their pain medication was controlling the pain to a satisfactory level they stated, When I get it on time. When asked how often the medications were brought late, they stated, It seems like every day. I always feel like if I don't tell them and remind them they won't bring it, so everytime they come in here I tell them, don't forget my pain medication. It's due every 8 hours. They stated that their current pain level was a 4 and and rarely is less than that. They state a 3 is an acceptable level. Surveyor asked resident if they felt like their pain would be tolerable if the medications were given as ordered consistently. They stated, I'm not sure, they've never been consistent. The resident denied that their pain level interfered with being able to enjoy their normal activity pursuits. I've always had the pain; I know I always will but if I got my meds on time it might be some better. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495087	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Health & Rehabilitation	1945 Roanoke Blvd Salem, VA 24153

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of the clinical record revealed that resident is prescribed Oxycodone 5 mg every 8 hours at midnight, 8:00 AM, and 4:00 PM. There were no missed doses documented for May 2024. Resident # 123 was also prescribed Baclofen 20 mg (for muscle spasms) three times daily at 9:00 AM, 2:00 PM, and 9:00 PM. and Gabapentin 200 mg (for neuropathic pain) three times a day at 6:00 AM, 1:00 PM, and 9:00 PM. There were no missed doses according to the record. The person-centered comprehensive care plan was reviewed and included a focus that read, the resident has pain and risk for worsening pain r/t (related to) chronic pain. The interventions included, Administer medications as ordered. This surveyor requested and received a print off of the Medication Administration Record (MAR) to include the time stamp of when medications were administered for the month of May 2024. A review of the document revealed that resident # 123's pain medications were frequently administered over an hour late, in many instances over two hours late. On 5/2/24 oxycodone due at 8:00 AM was administered at 10:49 AM, on 5/3/24 the 8:00 AM dose of oxycodone was administered at 11:05 AM and Baclofen scheduled for 9:00 AM was administered at 11:05 AM as well. On 5/5/24 the 4:00 PM dose of Oxycodone was administered at 6:08 PM, on 5/6/24 the 4:00 PM dose of Oxycodone was administered at 9:05 PM. On 5/12/24 the midnight dose of oxycodone was not given until 6:15 AM. On 5/15/24 the 4:00 PM dose of Oxycodone was not given until 9:50 PM and the 8:00 AM dose was given at 11:17 AM. On 5/17/24 the 8:00 AM dose of Oxycodone was given at 10:01 AM. On 5/18/24 the 8:00 AM dose of Oxycodone was given at 10:11 AM. On 5/19/24 the 8:00 AM dose of Oxycodone was given at 10:55 AM. On 5/20/24 the midnight dose of Oxycodone was given at 4:39 AM. On 5/21/24 the 9:00 PM doses of Baclofen and Gabapentin were given at 12:04 AM. On 5/24/24 the 8:00 AM dose of Oxycodone was given at 1:45 PM. On 5/26/24 the 4:00 PM dose of Oxycodone was given at 9:02 PM. On 5/31/24 the 8:00 AM dose of Oxycodone was given at 11:01 PM. This list is not indicative of all the late administrations for the month of May but represents the dates when the medications were administered 2 or more hours late. This surveyor interviewed the Director of Nursing (DON) on 6/3/24 at 3:47 PM. They stated that they didn't believe the meds were that late and that they had been having issues with the computer on that particular medication cart. It's been going on as far back as the 14th and I can show you where I've been talking with IT about it. They provided this surveyor with a printout of communications between them and the IT department for the facility. These communications provided the serial number for the computer and that there was a problem, but did not specify what the problem was, or that it was related to medication administration. This surveyor had observed a portion of the morning medication pass on resident # 123's hall with Licensed Practical Nurse (LPN) # 10 on 5/31/24. Surveyor noted that LPN # 10 was using a computer on wheels to document their med pass. LPN # 10 stated, The computer for this cart is out getting repaired so we have to use this one. On 5/31/24 the 8:00 AM dose of Oxycodone was given three hours late according to the clinical record despite there being a different computer in use. Surveyor requested and received a copy of the policy entitled, General Guidelines for Medication Administration with an effective date of 9/2018. Under the heading Preparation, the policy read in part, 4. At a minimum, the 5 rights- right resident, right drug, right dose, right route, and right time should be applied to all medication administration and reviewed at three steps in the process of preparation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495087	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Health & Rehabilitation	1945 Roanoke Blvd Salem, VA 24153

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	This concerned was reviewed during an end of day meeting with the Administrator, Assistant Administrator, The DON, RDCS, the Regional MDS Consultant and the visiting Administrator on 6/3/24 at 4:19 PM. On 6/4/24 at 9:41 AM this surveyor had another conversation with the DON and Regional Director of Clinical Services (RDCS). The DON stated, Our social worker met with (resident) and (resident) said that it wasn't that (their) meds were late, it was that the 5 mg wasn't controlling the pain and the dose needed to be increased. They indicated that they were working with the provider to increase the dose of the Oxycodone. This surveyor stated that the Office of Licensure and Certification had received a complaint that stated that the pain medications were often late. The resident had told the surveyor on two occasions that the meds are often late, and that they always feel as though they have to remind the nurses to bring them, in fear they won't get them. Reminded them that the documentation clearly supports that the meds are often very late, even before the 14th, which is when the computer issues were first reported according to their own records. No further information was presented to the survey team prior to the exit conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495087	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Health & Rehabilitation	1945 Roanoke Blvd Salem, VA 24153

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0776 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely, approved x-ray services, or have an agreement with an approved provider to obtain them. 21227 2. The facility staff failed to timely obtain Resident #185's medical provider ordered left leg x-ray and left hip x-ray. Resident #185's Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 10/17/23, was signed as completed on 10/18/23. Resident #185 was assessed as able to make self understood and as able to understand others. Resident #185's Brief Interview for Mental Status (BIMS) summary score was documented as a 14 out of 15; this indicated intact and/or borderline cognition. Resident #185's clinical record included a Fall Note with an effective date of 10/27/23 at 7:11 p.m. This Fall Note indicated a left hip x-ray and a left leg x-ray were ordered. No documentation was found to indicate what change in the resident's condition/assessment resulted in the medical provider ordering the left leg and left hip x-rays. No evidence was found of Resident #185's x-rays being obtained until 10/30/23. On 6/3/24 at 12:08 p.m., the facility's Medical Director was interviewed via telephone. The Medical Director reported that ideally radiology reports would be available within 24 hours. The Medical Director stated they would estimate that they would be notified if the radiology report was not available in 48 hours; the Medical Director indicated decisions would be made at that time based on the resident's clinical presentation. (The medical provider, who ordered the 10/27/23 x-rays, was no longer employed by the facility therefore they were unable to be interviewed.) On 6/3/24 at 12:35 p.m., the surveyor interviewed an employee (Staff Member (SM) #14) with the company the facility had contracted with for radiological services. SM #14 reported someone from the contract radiology company had contacted the facility on the evening of 10/27/23 to inform the facility staff that the x-rays would not be completed on 10/27/23. SM #14 stated someone from the facility okayed not obtaining the x-rays ordered on 10/27/23 until 10/30/23; SM #14 reported the name of the facility staff member who was contacted about the delay in performing the x-rays was not documented by the staff of the contract radiology company. The following information was provided in the service agreement between the facility and the mobile imaging company: (The mobile imaging company's name omitted) shall: . make Radiology Services available for Facility patients seven days a week . On 6/4/24 at 11:10 a.m., the survey team met with the facility's Administrator, Director of Nursing, and Regional Nurse Consultant. During this meeting, the surveyor discussed the delay in obtaining Resident #135's 10/27/23 medical provider x-ray orders. 47299 Based on staff interview, facility document review and clinical record review, the facility staff failed to provide timely radiology services to meet the needs of its residents for two out of 38 residents in the survey sample, resident # 167 and resident # 185. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495087	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Health & Rehabilitation	1945 Roanoke Blvd Salem, VA 24153

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0776 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The findings include: 1. For resident # 167 the facility staff failed to obtain timely x-rays of the left femur, tibia and fibula as ordered on 4/7/24 by the practitioner. The resident was diagnosed with a intertrochanteric femur fracture two days later. Resident # 167's diagnoses list included but was not limited to; displaced intertrochanteric fracture of the left leg, adult failure to thrive, peripheral vascular disease, anxiety, major depressive disorder, dementia, and arthritis. According to resident # 167's minimum data set (MDS) assessment with an assessment reference date (ARD) of 4/22/24, the resident had a brief interview for mental status (BIMS) score of 8 out of 15 indicating moderate cognitive impairment. During record review this surveyor read a nurse's note documented 4/7/24 at 11:35 AM that read, Resident was yelling stating that pain this nurse and cna went in resident room to assess the resident, this nurse observed large bruise on left thigh 12cm length, and 8 cm wide bruises was black and purple, and leg was swelling, resident unable to state how bruise occur. Nurse calls the np (name omitted) got new order of x ray and ibuprofen 400mg every 4 PRN. and Resident is own responsible party. Another note on 4/7/24 by the Nurse Practitioner (NP) read in part, The patient is seen today per nursing concern of fall. Nursing and pt does not know how the patient had a fall. Patient in pain when moving extremities. He/she has L thigh bruising and on inner side and L thigh plus knee swelling. Per nursing his/her vitals are stable and neruo checks WNL. Fall precautions in place. Order X-Ray of L leg for fracture concerns. There were no other notes in the record that addressed the fall or the injury until 4/10/24 when another NP documented in part, Xrays were completed approx 2300 (11:00 PM) last night. Xray was POS for left trochanteric FX and, Left hip swollen and exquistely ttp. bruising to hip and thigh noted. I could not evaluate for leg shortening as he/she would not allow repositioning d/t pain and Closed fracture of trochanter of left femur with routine healing, subsequent encounter To ER for further evaluation and intervention. The clinical record included an x-ray report with an examination date 4/9/24 at 0500 and a reported date of 4/9/24 at 11:22 PM. the report read in part, IMPRESSION: Comminuted intertrochanteric fracture with shortening and lateral displacement. On 5/30/24 at 1:25 PM this surveyor interviewed resident and asked about the left leg fracture in April. They stated, It's not broke, that's my good leg I have arthritis in the other one. Surveyor asked why they had to have surgery on the leg if it wasn't broke and resident whispered, It was a mistake. There wasn't nothing wrong with it, these people messed up. Surveyor asked if the leg caused resident any pain or discomfort and they stated, no, there's nothing wrong with it, it ain't never hurt. 5/30/24 at 1:34 PM this surveyor asked the unit manager if they could check on why the x-ray for resident # 167 wasn't done for two days when they had an acute injury and also asked if they knew whether or not a Facility Reported Incident (FRI) was done. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495087	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Health & Rehabilitation	1945 Roanoke Blvd Salem, VA 24153

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0776 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/30/24 at 1:50 PM this surveyor interviewed Registered Nurse (RN) # 8. They stated that resident # 167 was yelling in a way that was not normal and they and Certified Nursing Assistant C.N.A.) # 6 went to see what resident needed. He/she didn't say anything about pain at first so we decided to change him/her (perform incontinent care) and that is when I found the bruise and when I asked, he/she said it did hurt. RN # 8 stated that resident was in the bed at this time and they were not sure if resident had been up but didn't think so on that day. I called the NP and he/she ordered the Ibuprofen and to get x-rays. I called the x-ray in right away and they (the mobile imaging company) told me they had processed it and someone would come to do it. I don't know why they didn't come. I wasn't here the next day. RN # 8 stated that they administered the Ibuprofen as ordered and that it was effective. I asked RN # 8 why they documented that resident stated they didn't know what happened and then informed the NP that the resident fell . They stated, At first he/she told me he/she didn't know what happened but when I went back in to check on him/her, he/she said he/she fell . 5/30/24 at 3:05 PM the unit manager stated, The first x-ray was set up for the 7th but was canceled due to (resident being combative. They stated they got this information from a representative at the mobile imaging company and that this person was going to send something to show you that. They went on to say that there was no FRI done because resident told the nurse they felt. On 5/30/24 at 3:18 PM during an end of day meeting with the Administrator, Director of Nursing, and the Regional Director of Clinical Services (RDCS) this surveyor asked why an FRI was not done for resident # 167 related to the injury April 7, 2024. The DON stated, (resident) told the nurse that he/she fell so that's what we went with. There was no need for an FRI at that point because it wasn't an injury of unknown origin. This surveyor asked about the delay in obtaining the ordered x-rays and they stated, They came that same day but he/she was combative they said so they didn't do it and didn't tell anybody. 5/30/24 3:30 PM This surveyor requested a copy of the policy entitled, Laboratory/Diagnostic Testing with an effective date of 1/29/24. The policy read in part, Laboratory, radiology, and other diagnostic services are provided to the center by way of written contractual agreements. The contracted service vendor is to provide services to the center that ensure safe and effective patient testing and timely delivery of results. On 6/3/24 at 12:31 PM this surveyor spoke with a representative from the mobile imaging company. When asked if the x-rays were canceled on 4/7/24 due to the resident being combative, they stated, No, we couldn't get anyone over there. We called back around 3:00 PM to tell them it was scheduled for the next day on the 8th according to my notes, but couldn't get anyone on the phone to let the facility know that. When asked what happened on the 8th, they stated, we were short staffed and couldn't get it done we just had such a back log. On the 9th there is a note that the order was upgraded to a STAT order at 12:53 PM and we arrived at 2:00 PM to do it. Surveyor asked why the time on the report read 5:00 AM and they stated that is the time that their group puts it on the days schedule to be done. On 6/3/24 this surveyor received a copy of the contract with the mobile imaging company entitle, Services Agreement. On page 2 of the document it reads in part under Section II. Duties, 2.1 Provide radiology services for facility patients in accordance with: accepted standards of medical care, facility policies and procedures, requirements of all entities that accredit, regulate or license the facility and all applicable federal, state and local laws, regulations, guidelines and standards and 2.3.1 make radiology services available for facility patients seven days a week. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495087	A. Building B. Wing	06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Health & Rehabilitation	1945 Roanoke Blvd Salem, VA 24153

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0776 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/3/24 at 12:44 PM this surveyor again met with the resident who again denied the fracture, the fall and any complaints of pain in the past or present. On 6/3/24 during the end of day meeting with the Administrator, Assistant Administrator, DON, Regional Director of Clinical Services and visiting Administrator, this concern was discussed. No further information was provided to the survey team prior to the exit conference.