

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 05/07/2025
NAME OF PROVIDER OR SUPPLIER Blue Ridge Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 94 South Avenue Harrisonburg, VA 22801	

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)
<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 secondary to disease process. The most current MDS (minimum data set) was 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 [DATE]. 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>

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
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