

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Bowling Green Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Anderson Avenue Bowling Green, VA 22427	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>Based on staff interview, facility document review, and clinical record review, it was determined the facility staff failed to implement the comprehensive care plan for one of five residents in the survey sample, Resident #4.</p> <p>The findings include:</p> <p>The comprehensive care plan dated, 5/17/23 and revised on 4/24/24, documented in part, Focus: Cardiac: the resident is at risk for cardiac complications secondary to chronic kidney disease, hyperlipidemia, hypertension, CAD (coronary artery disease) and PVD (peripheral vascular disease). Interventions: administer medications as ordered. Cardiology referral as indicated. Diagnostics as ordered. Labs (laboratory tests) as ordered.</p> <p>The physician order dated, 4/19/24, documented, Daily BP (blood pressure) monitoring and call Nephrology (kidney specialist) for SBP >140 or DBP (diastolic blood pressure) > 90. (phone number); every day shift for monitoring.</p> <p>The February 2025 MAR documented the above order. On the following dates the blood pressures were documented:</p> <p>2/2/25 - 147/52</p> <p>2/7/25 - 144/76</p> <p>2/22/25 - 148/76</p> <p>Review of the progress notes failed to evidence notification to the nephrologist of the blood pressure greater than 140.</p> <p>A physician order dated, 11/10/24, documented, Hydralazine HCL Tablet (1) 25 MG; Give 1 tablet by mouth every 8 hours as needed for SBP > 160.</p> <p>The January 2025 MAR documented the above order. On the following dates the medication was administered for the documented blood pressure:</p> <p>1/5/25 - 12:21 p.m. - 160/58</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Bowling Green Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Anderson Avenue Bowling Green, VA 22427	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/6/25 - 2:14 p.m. - 166/73</p> <p>1/18/25 - 2:16 p.m. - 173/62</p> <p>1/19/25 - 6:45 p.m. - 170/85</p> <p>These blood pressure readings happened on the day shift</p> <p>Review of the progress notes failed to evidence notification to the physician of the blood pressure greater than 140.</p> <p>An interview was conducted with LPN (licensed practical nurse) #1 on 3/6/25 at 12:01 p.m. LPN #1 stated the purpose of the care plan is to guide how to take care of specific residents and should be followed.</p> <p>The facility policy, Care Planning, documented in part, A licensed nurse, in coordination with the interdisciplinary team, develops and implements an individualized care plan for each patient in order to provide effective, person-centered care, and the necessary health-related care and services to attain or maintain the highest practical physical, mental, and psychosocial well-being of the patient.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #4, the regional director of operations, were made aware of the above concern on 3/6/25 at 4:06 p.m.</p> <p>References:</p> <p>(1) Hydralazine is used to treat high blood pressure. This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a682246.html.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Bowling Green Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Anderson Avenue Bowling Green, VA 22427	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to review and revise the care plan for one of five residents in the survey sample, Resident #3.</p> <p>The findings include:</p> <p>For Resident #3(R3), the facility staff failed to review and revise the care plan to include the use of a wander guard (1).</p> <p>On the most recent MDS (minimum data set) assessment, a quarterly assessment, with an assessment reference date 1/7/25, the resident scored a three of 15, indicating the resident was severely impaired for making cognitive daily decisions.</p> <p>The physician order dated, 4/24/24, documented, Check function and placement of wander guard daily. Left ankle assess skin for breakdown every shift for placement & functioning.</p> <p>The comprehensive care plan dated, 6/1/23 and revised on 2/15/25, documented, Focus: The resident is at risk for elopement related to confusion and disorientation, exit seeking, severe cognitive impairment. Interventions: elopement risk assessment as needed. Further review of the care plan failed to evidence documentation related to the use of a wander guard.</p> <p>An interview was conducted with RN (registered nurse) #1 on 3/6/25 at 2:14 p.m. RN #1 stated if a resident has a wander guard, it should be addressed on the care plan. The above care plan was reviewed with RN #1. At 2:36 p.m. RN #1 returned and stated unfortunately, the part of the care plan with the wander guard was resolved. It accidentally got dropped off the care plan.</p> <p>The facility policy, Care Planning, documented in part, A licensed nurse, in coordination with the interdisciplinary team, develops and implements an individualized care plan for each patient in order to provide effective, person-centered care, and the necessary health-related care and services to attain or maintain the highest practical physical, mental, and psychosocial well-being of the patient .5. Care plans will be updated on an ongoing basis as changes in the patient occur and reviewed quarterly with the quarterly assessment.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #4, the regional director of operations, were made aware of the above concern on 3/6/25 at 4:06 p.m.</p> <p>References:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Bowling Green Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Anderson Avenue Bowling Green, VA 22427	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(1) Wander Guard is a technology made solely for the purpose of keeping elderly people or people with dementia from wandering. Wander Guard's devices alert the caregiver whenever his or her ward breaches a perimeter or strays too far. This technology is used in eldercare communities or nursing homes or even at homes where people live independently. Wander/elopement alarm includes devices such as bracelets, pins/buttons worn on the resident's clothing, sensors in shoes, or building/unit exit sensors worn/attached to the resident that alert the staff when the resident nears or exits an area or building. Standard wander management systems sound alarms and/or send alerts when an at-risk wanderer approaches a monitored door. This information was obtained from the following website: https://themedichannel.com/[NAME]-wanderguard-bracelets-review/.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Bowling Green Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Anderson Avenue Bowling Green, VA 22427	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on staff interview, facility document review and clinical record review, it was determined the facility staff failed to follow physician orders for two of five residents in the survey sample, Residents #1 and #4.</p> <p>The findings include:</p> <p>1a. For Resident #1 (R1), the facility staff failed to administer antibiotics as ordered.</p> <p>The physician order dated, 10/17/24 at 3:26 p.m. documented, Amoxicillin Oral Tablet (1) 500 MG (milligrams); Give 1 tablet by mouth every morning and at bedtime for dental abscess for 10 days.</p> <p>The MAR (medication administration record) for October 2024, documented the above order. For 10/17/24, the 9:00 p.m. dose documented a 5. A 5 indicates Hold/See Progress notes. Review of the progress notes for 10/17/24, failed to evidence any documentation as to the reason the medication was not administered.</p> <p>The physician order dated, 7/26/24 at 2:13 p.m. documented, Amoxicillin Oral Tablet 500 MG; Give 1 capsule by mouth two times a day for abscess for 14 days. The resident completed, as ordered, the Amoxicillin up to 11 1/2 days. The last dose was administered on 8/7/24 at 9:00 a.m. The physician order dated 8/7/24 at 2:01 p.m. documented, Clindamycin HCL (hydrochloride) Capsule (2) 300 MG; Give 1 capsule by mouth every 12 hours for dental abscess for 7 days, no improvement with Amox (amoxicillin) for 14 days.</p> <p>The MAR for August 2024 documented the order for the Clindamycin. It was not scheduled to start until 8/8/24 at 9:00 p.m. The resident went for 36 hours without any antibiotic therapy, thus a delay in treatment.</p> <p>Review of the contents of the Omnicell (backup medication storage system) documented, Amoxicillin 250 MG capsule - PAR level of 10. Clindamycin 150 MG capsule - PAR level of 6.</p> <p>An interview was conducted with LPN (licensed practical nurse) #2, on 3/6/25 at 12:28 p.m. LPN #1 stated that antibiotics should be given as soon as ordered. If the medication is not in the Omnicell, then the nurse should call the pharmacy and get it sent over STAT, which is usually between 2-4 hours. If the medication is still not available for when it is prescribed, the nurse should call the nurse practitioner and let her know. Any actions taken should be documented in a progress note.</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 3/6/25 at 2:52 p.m. The above information was reviewed with ASM #2. ASM #2 returned at 4:02 p.m. and stated that it is what you see documented. Her expectation is that antibiotics should be started at the time of the order. If the antibiotic is not available in the Omnicell, then the nurse should call the nurse practitioner as to why the medication was not started.</p> <p>ASM #1, the administrator, ASM #2, the director of nursing and ASM #4, the regional director of operations, were made aware of the above concern on 3/6/25 at 4:06 p.m.</p> <p>References:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Bowling Green Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Anderson Avenue Bowling Green, VA 22427	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(1) Amoxicillin is used to treat certain infections caused by bacteria, such as pneumonia; bronchitis (infection of the airway tubes leading to the lungs); and infections of the ears, nose, throat, urinary tract, and skin. This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a685001.html.</p> <p>(2) Clindamycin is used to treat certain types of bacterial infections, including infections of the lungs, skin, blood, female reproductive organs, and internal organs. This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a682399.html.</p> <p>1b. The facility staff failed to follow the physician orders for the administration of Midodrine (3).</p> <p>The physician order dated, 10/23/24, documented, Midodrine HCL Oral Tablet 10 MG; Give 10 MG by mouth three times a day for hypotension (low blood pressure), give while sitting up; hold if SBP (systolic blood pressure) > (greater than) 115.</p> <p>The September 2024 MAR documented the above order. On 9/1/24 for the 12:00 p.m. dose the documented blood pressure was 119/76. The medication was documented as being administered. The October 2024 MAR documented the above order. On 10/27/24 at 2:00 p.m. dose, the documented blood pressure was 116/71. The medication was documented as being administered. Both readings greater than 115.</p> <p>An interview was conducted with LPN #2 on 3/6/25 at 12:28 p.m. LPN #2 reviewed the above order. She stated the nurse should take the blood pressure and hold the medication if the blood pressure is out of the prescribed parameters.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #4, the regional director of operations, were made aware of the above concern on 3/6/25 at 4:06 p.m.</p> <p>References:</p> <p>(3) Midodrine is used to treat orthostatic hypotension (sudden fall in blood pressure that occurs when a person assumes a standing position). This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a616030.html.</p> <p>2. For Resident #4 (R4), the facility staff failed follow the physician orders to notify the nephrologist when the resident's blood pressure was above the set parameters.</p> <p>The physician order dated, 4/19/24, documented, Daily BP (blood pressure) monitoring and call Nephrology (kidney specialist) for SBP >140 or DBP (diastolic blood pressure) > 90. (phone number); every day shift for monitoring.</p> <p>The February 2025 MAR documented the above order. On the following dates the blood pressures were documented:</p> <p>2/2/25 - 147/52</p> <p>2/7/25 - 144/76</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Bowling Green Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Anderson Avenue Bowling Green, VA 22427	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2/22/25 - 148/76</p> <p>Review of the progress notes failed to evidence notification to the nephrologist of the blood pressure greater than 140.</p> <p>A physician order dated, 11/10/24, documented, Hydralazine HCL Tablet (4) 25 MG; Give 1 tablet by mouth every 8 hours as needed for SBP > 160.</p> <p>The January 2025 MAR documented the above order. On the following dates the medication was administered for the documented blood pressure:</p> <p>1/5/25 - 12:21 p.m. - 160/58</p> <p>1/6/25 - 2:14 p.m. - 166/73</p> <p>1/18/25 - 2:16 p.m. - 173/62</p> <p>1/19/25 - 6:45 p.m. - 170/85</p> <p>These blood pressure readings happened on the day shift</p> <p>Review of the progress notes failed to evidence notification to the physician of the blood pressure greater than 140.</p> <p>An interview was conducted with LPN #2 on 3/6/25 at 12:28 p.m. LPN #2 stated for the Midodrine, the nurse should hold the medication if the blood pressure is out of the parameters and notify the nurse practitioner and responsible party. The nurse should attempt to notify the nephrologist, if they cannot contact the nephrologist, then they should contact the nurse practitioner. All nurses should be aware of the order for the nephrologist notification. It should be flagged for every shift.</p> <p>ASM (administrative staff member) #1, the administrator, ASM #2, the director of nursing and ASM #4, the regional director of operations, were made aware of the above concern on 3/6/25 at 4:06 p.m.</p> <p>References:</p> <p>(4) Hydralazine is used to treat high blood pressure. This information was obtained from the following website: https://medlineplus.gov/druginfo/meds/a682246.html.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Bowling Green Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Anderson Avenue Bowling Green, VA 22427	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observation, staff interview and facility document review, it was determined the facility staff failed to serve food at a palatable temperature on one of two units, Unit A.</p> <p>The findings include:</p> <p>The facility staff failed to serve food that was at a palatable temperature on one of two units, Unit A.</p> <p>Observation was made of the kitchen on 3/5/25 at 11:53 a.m. The food temperatures were taken and were as followed:</p> <p>Chicken - 197 degrees</p> <p>Peas - 198 degrees</p> <p>Puree Squash - 177.8 (thrown away) degrees</p> <p>Puree bread - 171 degrees</p> <p>Mashed potatoes - 171 degrees</p> <p>Puree chicken - 140.5 degrees</p> <p>Gravy - 166 degrees</p> <p>Puree peas - 147 degrees</p> <p>Minced moist chicken - 133 - returned to steamed - 12:12 p.m. - 180 degrees.</p> <p>Sweet potato fries at 12:12 p.m. - 165 degrees</p> <p>The chicken was put into rolls, topped with cheese and put in the oven to melt the cheese.</p> <p>A test tray of all foods served was prepared.</p> <p>The last cart was taken to Unit A at 1:04 p.m. The last resident was served and started eating at 1:30 p.m.</p> <p>The food was served on white styrofoam trays for this meal due to anticipated construction in the kitchen that afternoon.</p> <p>The food temperatures were taken of the test tray at 1:31 p.m. accompanied by OSM #6, a cook, and were as followed:</p> <p>Pureed bread - 100 - a drop of 71 degrees</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Bowling Green Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Anderson Avenue Bowling Green, VA 22427	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Mashed potatoes - 116 - a drop of 55 degrees - not warm to eat.</p> <p>Puree peas - 103 - a drop of 44 degrees - cold to eat.</p> <p>Pureed chicken - 106 - a drop of 34.5 degrees - tasted cold and the texture was very thick and sticky.</p> <p>Mince moist chicken - 93 - a drop of 87 degrees - cold to eat.</p> <p>Chicken steak sandwich - 97 - a drop of 83 degrees - lukewarm and not palatable.</p> <p>Sweet potato fries - 96 degrees - very cold to taste</p> <p>Peas - 113 - a drop of 85 degrees - tasted okay.</p> <p>The food was tested by both OSM #6 and the surveyor. Both agreed on the above answers related to the food palatability.</p> <p>An interview was conducted with CNA (certified nursing assistant) #2 on 3/6/25 at 12:21 p.m. CNA #2 stated the food is usually on time. The last cart served if for the residents that require assistance. She stated there are 8-10 residents that required feeding assistance on the unit. CNA #2 stated on 3/5/25, they fed at a rate of one to one, but usually feed to residents at a time.</p> <p>The facility policy, Food: Quality and Palatability, documented in part, It is the center policy that, food is prepared by methods that conserve nutritive value, flavor and appearance. Food is palatable, attractive and served at a safe and appetizing temperature.</p> <p>ASM #1, the administrator, ASM #2, and ASM #3, regional director of operations, were made aware of the above concerns on 3/5/25 at 5:40 p.m.</p> <p>No further information was provided prior to exit.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495297	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Bowling Green Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 120 Anderson Avenue Bowling Green, VA 22427	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, staff interview and facility document review, it was determined the facility staff failed to store and serve food in a sanitary manner in one of one kitchen and on one of two units.</p> <p>The findings include:</p> <p>Observation was made of the kitchen on 3/5/25 at 11:39 a.m. The freezer was observed with an open bag of frozen rolls, that was not labeled or dated. A box of southern style biscuit dough was open and the bag inside was open to air. No label or date noted on the box. An interview was conducted with OSM (other staff member) #1, the cook, who stated she doesn't remember labeling and dating a box in the freezer.</p> <p>On 3/5/25 at 12:07 a.m. OSM #2, a dietary aide, was preparing for the tray line to start. She had on her gloves and was resting her chin on her gloved hands. At 12:08 p.m. OSM #2 was observed washing her hands and donning new gloves. She proceeded to the tray line where she stood with gloved hands folded across her chest with her hands resting on her elbows.</p> <p>On 3/5/25 at 1:15 p.m. observation was made of the day room on the A side, during mealtime. CNA (certified nursing assistant) #1 was observed grabbing a bottle of soda off the top shelf of the bookcase and taking a drink from it and then returning the bottle to the top shelf next to a fast-food services drink cup. CNA #2 was sitting next to the bookcase, feeding a resident in a recliner chair.</p> <p>An interview was conducted with OSM #3, the dietary manager, on 3/5/25 at 4:00 p.m. The above observations were shared with OSM #3. OSM #3 stated the bag of rolls should have been labeled and dated. The box with the biscuit dough should not be open to air and should have been labeled and dated. OSM #3 stated the staff member, once the don gloves, should not be touching anywhere on their personal body.</p> <p>An interview was conducted with ASM (administrative staff member) #2, the director of nursing, on 3/5/25 at 5:23 p.m. When asked where the staff is to keep their personal drinks, ASM #2 stated in the unit manager's office. ASM #2 stated, the drinks should not be stored in a resident area and not consumed during care.</p> <p>The facility policy, Food: Preparation documented in part, 1. The Dining Services Director ensures that all staff practice proper hand washing technique and practice proper glove use. The facility policy, Food Storage: Cold, documented in part, 5. The Dining Services Director/Cook(s) ensures that all food items are stored properly in covered containers, labeled and dated and arranged in a manner to prevent cross contamination.</p> <p>ASM #1, the administrator, ASM #2, and ASM #3, regional director of operations, were made aware of the above concerns on 3/5/25 at 5:40 p.m.</p> <p>No further information was provided prior to exit.</p>		