

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495306	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/29/2024
NAME OF PROVIDER OR SUPPLIER Blue Ridge Therapy Connection		STREET ADDRESS, CITY, STATE, ZIP CODE 105 Landmark Drive Stuart, VA 24171	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>28567</p> <p>Based on observation, staff interview, and clinical record review, the facility staff failed to provide activities of daily living (ADL) care for 1 of 30 dependent care residents, Resident #45.</p> <p>The findings included:</p> <p>Resident #45 was observed to have long fingernails with debris observed under their nails.</p> <p>Resident #45's diagnoses included, but were not limited to, diabetes and muscle weakness.</p> <p>Section C (cognitive patterns) of resident #45's annual minimum data set assessment with an assessment reference date of 01/08/24 included a brief interview for mental status summary score of 3 out of a possible 15 points. Section GG (functional abilities and goals) was coded to indicate this resident was dependent in the area of personal hygiene.</p> <p>Resident #45's comprehensive care plan included the focus area of diabetes mellitus. Interventions included, but were not limited to, nails to be clipped by nurse or podiatrist as needed.</p> <p>On 02/27/24 during initial tour of the facility this resident was observed in the dining area. Resident #45's fingernails were observed to be long with debris present.</p> <p>On 02/28/24 at 8:30 a.m., Resident #45 was observed up in wheelchair, their fingernails were observed to be long with debris present.</p> <p>On 02/28/24 at 4:35 p.m., during an end of the day meeting with the Administrator, Director of Nursing, Quality Assurance Nurse, and Nurse Consultant the issue with Resident #45's fingernails were reviewed.</p> <p>On 02/29/24 at 9:25 a.m., Resident #45 was observed up in their wheelchair, their fingernails had been trimmed and cleaned.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>28567</p> <p>Based on staff interview, clinical record review, and facility document review, the facility staff failed to provide the pneumococcal (pneumonia) vaccine for 1 of 5 residents reviewed for immunizations, Resident #66.</p> <p>The findings included:</p> <p>The facility staff failed to provide Resident #66 with the pneumococcal vaccine. Resident #66's Responsible Party (RP) had signed a consent giving permission for a pneumococcal vaccine on 03/20/19. The facility staff did not administer this vaccine.</p> <p>Resident #66's diagnoses included, but were not limited to, diabetes, vascular dementia, and depressive disorder.</p> <p>Section C (cognitive patterns) of Resident #66's quarterly minimum data set assessment with an assessment reference date of 12/27/23 was coded to indicate this resident had problems with long- and short-term memory and was severely impaired in cognitive skills for daily decision making. Section O (special treatments/procedures/programs) was coded to indicate this resident had been offered the pneumococcal vaccine and declined.</p> <p>Resident #66's clinical record included information to indicate this resident and/or RP had refused the pneumococcal vaccine. On 02/27/24 the surveyor requested documentation regarding the vaccine refusal.</p> <p>On 02/28/24 at 10:54 a.m., the Infection Preventionist (IP) provided the surveyor with a signed consent for the pneumococcal vaccine dated 03/20/19. Indicating the resident/RP had not refused the vaccine. The IP also provided the surveyor with a document dated 02/27/24 indicating the facility had contacted the RP via phone and obtained verbal consent to administer the pneumococcal vaccine. The vaccine was administered by the nursing staff on 02/27/24.</p> <p>On 02/28/24 at 2:00 p.m., the IP stated Resident #66 should have been administered the vaccine in 2019 when the original consent was obtained.</p> <p>The facility policy titled, Pneumococcal Vaccine read in part, .Consent for the administration of the pneumococcal vaccination will be obtained from the resident and/or resident's representative .</p> <p>On 02/28/24 at 4:35 p.m., during an end of the day meeting with the Administrator, Director of Nursing, Quality Assurance Nurse, and Nurse Consultant the issue with Resident #66's pneumococcal vaccine was reviewed.</p> <p>No further information regarding this issue was provided to the survey team prior to the exit conference.</p>		