STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495332	A. Building B. Wing	04/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Riverside Lifelong Health & Rehab Smithfield	101 John Rolfe Drive Smithfield, VA 23430

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 0575 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. 34306 Based on observations and information obtain during the Resident Council interview, the facility staff failed to ensure residents of the facility were aware and knew the location of the list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups. The findings included: During the Resident Council interview conducted on 04/10/24 at approximately 01:38 PM four residents were present. All the residents in the interview were unable to verbalize the location of the list of names, addresses (mailing and email), and telephone numbers of all pertinent State agencies and advocacy groups. Two random residents were also interviewed (residents not in the group interview). They were Resident #15 and #19. Resident #15's BIMS score was 14. He was interviewed on 4/10/24 at approximately 3:05 PM. The resident stated he was unaware of the listings. Resident #19 was interviewed on 4/10/24 at approximately 3:15 PM and he stated were not aware of he was unaware of the list. An interview was conducted with the Activity Director and the Assistant Activity Director after the Resident Council interview 4/10/24 at approximately 2:55 PM. The Activity Director stated she was unaware of the list of names and addresses and contact information, but she would get back with the Surveyor regarding the information. The Activity Director and the Assistant Activity Director informed the Surveyor that the listing was posted on the back hall near the rehabilitation department and going forward they would ensure to share the location of the information to residents and families. During the final interview with the Administrator, Director of Nursing and Administrative team members on 4/12/24 at approximately 10:00 AM the above findings were shared, and they voiced no concerns regarding the identified issues during the survey.

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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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. 40711 Based on staff interviews, clinical record review and facility documentation review, the facility staff failed to ensure 1 of 27 residents in the survey sample, (Resident #5) were given the opportunity to formulate an advance directive. The findings included: Resident #5 was originally admitted to the nursing facility on 09/25/21. Diagnosis for Resident #5 included but are not limited to Hypertension. The quarterly revised Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 02/06/24 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 12 out of a possible 15. This indicated Resident #5 cognitive abilities for daily decision making were intact. A review of the clinical record revealed that there was no advance directive for Resident #5. On 04/10/24 at approximately 11:48 AM., Registered Nurse (RN) #1 was approached for assistance in locating Resident #5's advanced directive. RN #1 looked through an advance directive binder for a hard copy and the Resident's medical record with no success. The RN failed to provide evidence that they offered the resident the opportunity to formulate an advance directive. On 4/11/24 at approximately 8:30 PM., a Do Not Resuscitate (DNR) order was received from Licensed Practical Nurse (LPN) #1. LPN #1 was informed that the DNR order did not meet the criteria for an advanced directive. LPN #1 said that no advance directive was found in the resident's medical record nor evidence that the resident was offered an opportunity to formulate one. On 4/12/24 at approximately 9:25 AM., the above findings were shared with the Administrator, Director of Nursing and Corporate Consultant. An opportunity was offered to the facility's staff to present additional information but no additional information was provided.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 34306 Based on a family interview, staff interviews, and clinical record review, the facility staff failed to review and revise the person-centered care plan to include hospice services for 1 of 27 residents (Resident #11), in the survey sample. The findings included: Resident #11 was originally admitted to the facility 4/15/22 and the resident had never been discharged from the facility. The current diagnoses included dementia and dysphagia. The significant change Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 2/5/23 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 12 out of a possible 15. This indicated Resident #11's cognitive abilities for daily decision making were intact. It was noted during the interview with Resident #11 that she would lose her train of thought and switch from subject to subject. In sections GG the resident was coded as dependent upon staff for most activities of daily living. She was also coded for set-up assistance only with eating. In section O (Special Treatments and Programs) at K1, the resident was coded for Hospice services. On 4/10/24 at approximately 12:25 PM an interview was conducted with the Family Member #3. Family Member #3 stated that Resident #11 had experienced weight loss and some decline physically therefore the Physician recommended hospice services which would allow the resident to receive additional assistance with meal consumption. Family Member #3 stated he was unsure of how often hospice was assisting the resident with meal consumption, but he felt Resident #11 was self-feeding much better and maybe she could come off the hospice services soon. An interview was conducted with Registered Nurse (RN) #1 on 4/11/24 at approximately 1:35 PM. RN #1 stated the resident was receiving hospice services and provided a hospice book which contained documents from the hospice agency. A review of the facility's person-centered plan of care failed to address hospice services within any identified problem. RN #1 stated the hospice personnel don't have a consistent schedule and they are not scheduled to assist the resident with any meals. An interview with the Administrator on 4/12/24 at approximately 11:25 AM revealed that currently the facility is without an MDS Coordinator and they have a Corporate person currently helping out. During the final interview with the Administrator, Director of Nursing and Administrative team members on 4/12/24 at approximately 10:00 AM the above findings were shared, and they voiced no concerns.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 34306 Based on observation and staff interviews, the facility staff failed to ensure a multi-dose vial of Tuberculin, a purified protein derivative was dated when opened, to ensure it was discarded in 30 days and did not remain available for administration. The findings included: The medication storage task was conducted on 4/11/24 at approximately 11:50 AM with Registered Nurse (RN) #2. Observations were made of opened biologicals in the medication refrigerator which included an opened bottle of Tuberculin, purified protein derivative. The date on the Tuberculin box label as sent from the pharmacy to the facility for house stock was January 2024. A further review failed to reveal the date the multi-dose vial of Tuberculin, a purified protein derivative had been opened. RN #2 stated she did not know when it had been opened or for whom it was opened for since neither the box nor the vial was dated. An interview was also conducted with RN #1 on 4/11/24 at approximately 12:30 PM. RN #1 stated she received information that the undated multi-vial of Tuberculin, purified protein derivative can be used up to 30 days once opened. RN #1 stated the biological would be removed from use and discarded because the date it was opened was unknown. During the final interview with the Administrator, Director of Nursing and Administrative team members on 4/12/24 at approximately 10:00 AM the above findings were shared, and they voiced no concerns. INDICATIONS AND USAGE - TUBERSOL Tuberculin Purified Protein Derivative (Mantoux), is indicated to aid diagnosis of tuberculosis infection (TB) in persons at increased risk of developing active disease (https://www.fda.gov/media/74866/download). STORAGE - Store at 2 to 8 C (35 to 46 F). (20) Do not freeze. Discard product if exposed to freezing. Protect from light. Tuberculin PPD solutions can be adversely affected by exposure to light. The product should be stored in the dark except when doses are actually being withdrawn fromthe vial. A vial of TUBERSOL which has been entered and in use for 30 days should be discarded (https://www.fda.gov/media/74866/download).

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F 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. 34306 Based on a family interview, staff interview, clinical record review, and review of the Hospice policy; the facility staff failed to a method of communication after visits were available to the facility staff and to ensure hospice services were coordinated to ensure hospice staff assisted with meal consumption for 1 of 27 residents (Resident #11), in the survey sample. The findings included: Resident #11 was originally admitted to the facility 4/15/22 and the resident had never been discharged from the facility. The current diagnoses included dementia and dysphagia. The significant change Minimum Data Set (MDS) assessment with an assessment reference date (ARD) of 2/5/23 coded the resident as completing the Brief Interview for Mental Status (BIMS) and scoring 12 out of a possible 15. This indicated Resident #11's cognitive abilities for daily decision making were intact. It was noted during the interview with Resident #11 that she would lose her train of thought and switch from subject to subject. In sections GG the resident was coded as dependent upon staff for most activities of daily living. She was also coded for set-up assistance only with eating. In section O (Special Treatments and Programs) at K1, the resident was coded for Hospice services. On 4/10/24 at approximately 12:25 PM an interview was conducted with the Family Member #3. Family Member #3 stated that Resident #11 had experienced weight loss and some decline physically therefore the Physician recommended hospice services which would allow the resident to receive additional assistance with meal consumption. Family Member #3 stated he was unsure of how often hospice was assisting the resident with meal consumption, but he felt Resident #11 was self-feeding much better and maybe she could come off the hospice services soon. An interview was conducted with Registered Nurse (RN) #1 on 4/11/24 at approximately:35 PM. RN #1 stated the resident was receiving hospice services and provided a hospice book which contained documents from the hospice agency. RN #1 was unable to confirm that a member of hospice made themselves available to assist with at least a meal on the days they visited. RN #1 also stated the hospice representative did not always ensure they provided a report to the facility staff at the end of their visit and there was not a written method of communication that was left at or later sent to the facility after a hospice representative visited the resident. During the final interview with the Administrator, Director of Nursing and Administrative team members on 4/12/24 at approximately 10:00 AM the above findings were shared, and they voiced no concerns.