

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495375	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Emporia Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Weaver Avenue Emporia, VA 23847	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31199</p> <p>Based on staff interview, Family interview, facility documentation review, and clinical record review, the facility staff failed to maintain the professional standards of nursing practice for one Resident (Residents #1) in a survey sample of 2 Residents.</p> <p>For Resident #1, the facility staff failed to send the Resident to the hospital for 32 hours after a fall with injury, notably chest bruising and obvious pain with facial grimacing upon palpation of the injury by a nurse Practitioner immediately following the injury.</p> <p>The findings included:</p> <p>Resident #1, was admitted to the facility on [DATE]. Diagnoses included; Schizophrenia, Stroke, Alzheimer's Disease, anxiety, depression, and hypertension.</p> <p>Resident #1's most recent MDS (minimum data set) was coded as a quarterly assessment. Resident #1 was coded as having a BIMS (brief interview of mental status) score of severe cognitive impairment. Resident #1 was also coded as requiring extensive dependence on one staff member to perform activities of daily living, such as hygiene, and bathing, the Resident was ambulatory.</p> <p>On 7-2-24 at 12:45 PM, Resident #1 was observed in another Resident's room sitting on the bed with the female Resident in the bed talking to her. A Resident interview was conducted, and the Resident shook her head to indicate yes and no but did not speak. Her answers did not reflect understanding of the questions asked during the interview. A staff member escorted her out of the room and she quietly walked down the hallway unassisted to the nursing station.</p> <p>The Resident's daughter was contacted and an interview was conducted. The daughter was the Resident's responsible party, and no other names were listed as points of contact nor responsible for the Resident.</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: 495375	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Emporia Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Weaver Avenue Emporia, VA 23847	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Resident's clinical record was reviewed and progress notes indicated that on 2-9-24 at 8:30 AM (Friday) Resident #1 suffered a fall in another Resident's room. Resident #1 was found on the floor leaning on her right side with her legs between the metal stand of the bedside table. The note dated 2-9-24 at 11:23 AM goes on to describe that later on this morning the facility (RN) Registered Nurse Practitioner (NP) was in and saw the Resident who found a bruise and pain in the right thoracic (rib area), and stated the Resident would grimace in pain when the bruised area was touched. The NP ordered mobile x-rays to the rib cage. On 2-10-24 Tylenol for pain was administered at 12:46 AM, and no x-ray had been obtained as ordered. At 4:00 PM the x-ray had still not been obtained and the family requested the Resident be sent to the hospital for x-rays of her ribs. On 2-10-24 at 4:15 PM the Resident was sent to the hospital for evaluation and found to have a fractured rib. The Resident returned 2 days later on 2-12-24.</p> <p>Nurses on the nursing unit were asked what would be the appropriate action to take if a Resident fell and had bruising and complaints of pain in the injured area. The responses all were call the doctor and get an order for x-ray, or to send to the hospital. When nurses were asked if an x-ray was ordered how long would they wait to have the Resident sent to the hospital if the x-ray was delayed, they all stated the same day.</p> <p>Professional Guidance for the diagnosis and treatment of traumatic chest injuries is given by The National Institutes of Health (NIH), and is as follows;</p> <p>National Institutes of Health & Medline.gov</p> <p>Traumatic rib fractures are common in the elderly. Upper fractures can be associated with Aortic and tracheal injuries, and lower rib fractures with damage to the intra-abdominal organs including the kidney, spleen, and liver. Chest x-rays should be obtained for all patients. Rib fracture can cause various organ rupture. Proper and timely diagnosis and treatment methods of traumatic rib fractures are important.</p> <p>The nursing facility stated Mosby's and [NAME] as their nursing standard. Both followed the NIH guidelines.</p> <p>Resident #1's care plan was reviewed and revealed a care plan for falls, and safety interventions.</p> <p>On 7-2-24 at 3:00 PM., the DON (director of nursing), ADON (assistant director of nursing) and Administrator were interviewed in the conference room and stated that they had been made aware that diagnostic x-rays had been delayed after the Resident's fall on that weekend and that their expectation was that the Resident be sent to the hospital for evaluation after her injury was noted by the NP that same day. They further stated that education of the staff on that expectation would commence immediately.</p> <p>On 7-2-24 at approximately 4:00 PM., at the end of day debrief, the Administrator and DON were again made aware of the delay in traumatic injury evaluation and treatment for the Resident, and they stated they had no further information to provide.</p>