

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495378	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2024
NAME OF PROVIDER OR SUPPLIER Springtree Healthcare & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3433 Springtree Drive Roanoke, VA 24012	

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 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely, quality laboratory services/tests to meet the needs of residents.</p> <p>42353</p> <p>Based on staff interview, clinical record review, and facility document review, the facility staff failed to provide laboratory services to meet the needs of the resident for 1 of 32 sampled residents, Resident #314.</p> <p>The findings included:</p> <p>For Resident #314, the facility staff failed to obtain a urinalysis as ordered by the medical provider on 2/13/24.</p> <p>Resident #314's diagnosis list indicated diagnoses, which included, but not limited to Pneumonia, Generalized Muscle Weakness, Protein Calorie Malnutrition, Essential Hypertension, and Gastro-Esophageal Reflux Disease.</p> <p>Resident #314's minimum data set (MDS) with an assessment reference date (ARD) of 1/17/24 assigned the resident a brief interview for mental status (BIMS) summary score of 14 out of 15 indicating the resident was cognitively intact.</p> <p>Resident #314 was assessed by the facility family nurse practitioner (FNP) on 2/13/24, the progress note read in part .[adult child] reports last night patient showing signs of UTI [urinary tract infection] and was reportedly hallucinating today, patient denies acute issues when asked about dysuria, patient states slight but reports nowhere near discomfort [he/she] has had in the past with recurrent UTIs .Assessment and Plan . UA [urinalysis] with CS [culture and sensitivity] . A provider order for a urinalysis with reflex culture and sensitivity via an in and out catheterization was ordered to be obtained between 2/13/24 and 2/16/24.</p> <p>Surveyor was unable to locate results of the urinalysis or evidence that a urine sample was obtained for testing.</p> <p>On 5/22/24 at 9:30 AM, surveyor spoke with the FNP who stated they saw Resident #314 at the family's request for signs and symptoms of a UTI, but the resident denied having any issues and they ordered a CBC (complete blood count) and a UA. FNP stated the labs were obtained but the urine was not collected. FNP stated there was no documentation from nursing addressing why the urine was not collected.</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
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<p>F 0770</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Surveyor requested and received the facility policy titled, Laboratory/Diagnostic Testing which read in part .1. A licensed nurse will obtain laboratory, radiology, or other diagnostic services to meet the needs of its patients as ordered by the provider. 2. A licensed nurse will monitor and track all provider ordered laboratory, radiology, and other diagnostic tests; ensure that tests are completed as ordered and communicate results to the provider .</p> <p>On 5/22/24 at 4:35 PM, the survey team met with the Administrator, Assistant Administrator, Director of Nursing, and the Regional Nurse Consultant and discussed the concern of staff failing to obtain a urinalysis for Resident #314.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 5/23/24.</p>