

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  495380	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/04/2024
NAME OF PROVIDER OR SUPPLIER  Chase City Health and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5539 Highway Forty Seven Chase City, VA 23924	

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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to share a room with spouse or roommate of choice and receive written notice before a change is made.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41449</b></p> <p>Based on staff interview, clinical record review, and facility documentation review, the facility staff failed to notify the resident and/or resident representative in writing of a room change for two residents (Resident #1 - R1 and Resident #2 - R2) in a survey sample of 3 residents.</p> <p>The findings included:</p> <p>1. For R1, who had a room change, the facility staff failed to have evidence that the resident and family were made aware of the room change and failed to provide notice of the room change in writing.</p> <p>On 12/3/24, a closed record review was conducted of R1's clinical chart. According to the census tab of the chart, R1 had a room change on 6/15/23. There was no documentation within the clinical record as to the reason for the room change, nor that the resident and/or family were made aware of the room change.</p> <p>On 12/3/24, in the afternoon, the facility administrator and director of nursing were made aware of the above findings.</p> <p>On 12/3/24 at 3:30 p.m., the facility administrator and director of nursing (DON) reported that they did not find documentation within R1's chart of the room change, but did find within their daily stand-up meeting notes that the room change was done due to roommate incapability.</p> <p>2. For R2, who had a room change, the facility staff failed to notify the resident and/or family in writing of the room change.</p> <p>On 12/3/24, a closed record review was conducted of R2's chart. According to the census tab of the chart, R2 was admitted to the facility on [DATE], and on 4/27/24 a room change was conducted. According to a nursing progress note dated 4/27/24, it read, Resident has been moved to room [ROOM NUMBER]W. Spouse is aware. No questions or concerns. There was no indication within the clinical record the reason for the room changes, nor that written notification was provided.</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 0559</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/3/24 at 1:20 p.m., an interview was conducted with the facility's social worker (SW). When asked about room changes, the SW stated she and the clinical team work together on room changes. When asked about the process and if the reason for the room change is documented, the SW said that she doesn't always document the reason. When asked if written notice is given, the social worker said, I have not been issuing anything in writing. The regional said we would be starting that first of the year during a call we had last month. She went on to say that they [the company] is working on the form that will be used for this communication. During the interview with the SW she was asked about R1 and R2's room changes and was unable to recall why the residents were moved.</p> <p>According to the facility policy titled, Patient/Resident Room Changes, which read in part, . 6. Prior to making a room change or roommate assignment, all persons involved in the change/assignment, such as residents and their representatives, will be given advance notice of such a change as is possible. 7. A copy of the room change progress note will be provided to the resident or responsible party and will include the reason(s) why the move or change is required .</p> <p>On 12/3/24, during an end of day meeting with the facility administrator and DON, they were made aware of the above concerns.</p> <p>No additional information was provided.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>41449</p> <p>Based on staff interview, clinical record review, and facility documentation review, the facility staff failed to accurately code a minimum data set (MDS) assessment for one resident (Resident #2-R2) in a survey sample of 3 residents.</p> <p>The findings included:</p> <p>For R2, the facility staff failed to accurately code a MDS assessment to capture the resident's behavior.</p> <p>On 12/3/24 and 12/4/24, a closed record review was conducted of R2's chart. This review revealed a behavior progress note entry dated 4/29/24, that read in part, resident observed playing in poop . According to a progress note entry from the nurse practitioner dated 4/30/24, which read in part, .She does not answer questions appropriately and seems confused. Staff has reported that she has been found playing in her own feces .</p> <p>According to the MDS with an assessment reference date of 4/29/24, section E for behaviors coded that R2 had no behaviors.</p> <p>According to R2's care plan, an entry dated 4/30/24, noted the behavior as a focus area with interventions.</p> <p>On 12/4/24 at 9:35 a.m., an interview was conducted with the care plan coordinator, who completed R2's MDS assessment. When asked about MDS assessments, the care plan coordinator stated that behaviors have a 7 day look back and we have to go by what is documented in CNA [certified nursing assistant] documentation and nursing notes. When asked if a resident smearing or playing in feces is a behavior that would be captured on the MDS, the care plan coordinator stated, That I would code under E200C.</p> <p>During the above interview with the care plan coordinator, the surveyor asked the staff to access R2's chart. The care plan coordinator reviewed the behavior note dated 4/29/24, that indicated R2 was playing in feces. The care plan coordinator then accessed R2's admission MDS with an ARD of 4/29/24 and said, You are right, I don't see it coded. When asked if the behavior should have been coded, the care plan coordinator confirmed it should have been coded on the MDS. The MDS coordinator confirmed that the facility follows the RAI [resident assessment instrument] manual for coding instructions and guidance.</p> <p>According to the facility policy titled, Comprehensive Care Planning Process it read in part, 1. A comprehensive resident assessment (MDS) is completed for each patient within fourteen (14) days of the patient's admission to the center, annually according to OBRA guidelines or when the patient meets criteria for a Significant Change in status assessment The policy did not speak to the accuracy of the assessments.</p> <p>(continued on next page)</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Centers for Medicare &amp; Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.18.11, dated October 2023, was reviewed. It read in part on page 1-4, . The RAI process has multiple regulatory requirements. Federal regulations at 42 CFR 483.20 (b)(1)(xviii), (g), and (h) require that (1) the assessment accurately reflects the resident's status .</p> <p>On 12/4/24, at approximately 10:30 a.m., the facility administrator and director of nursing were made aware of the above findings.</p> <p>No additional information was provided.</p>