

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495399	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Chatham Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Rorer Street Chatham, VA 24531	

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 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>28567</p> <p>Based on staff interview and clinical record review, the facility staff failed to accurately complete a discharge Minimum Data Set (MDS) assessment for 1 of 5 closed record reviews, Resident #80.</p> <p>The findings included:</p> <p>The facility staff coded Resident #80's discharge MDS assessment as if they had discharged to a hospital. Resident #80 had discharged home.</p> <p>Resident #80's diagnoses included, but were not limited to, acute respiratory failure with hypoxia, acute pulmonary edema, and diabetes.</p> <p>Section C (cognitive patterns) of Resident #80's discharge MDS assessment with an Assessment Reference Date (ARD) of 02/20/24 included a Brief Interview for Mental Status (BIMS) score of 15 out of a possible 15 points. Section A (identification information) was coded to indicate Resident #80 was discharged to a short-term general hospital.</p> <p>Resident #80's clinical record included a progress note dated 02/20/24 that read in part, Resident discharged home .</p> <p>On 03/20/24 at 10:20 a.m., Registered Nurse (RN) #3 reviewed the record with the surveyor and confirmed the MDS was coded incorrectly. RN #3 stated they would complete a modification.</p> <p>On 03/20/24 at 4:00 p.m., during an end of the day meeting with the Administrator, Regional Director of Clinical Services, Director of Nursing, Assistant Director of Nursing, and Social Worker, the issue with the incorrect MDS assessment was reviewed.</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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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>47299</p> <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, resident interview, staff interview and clinical record review, the facility staff failed to provide respiratory care consistent with the comprehensive person-centered care plan for one of 18 residents in the survey sample, resident # 56.</p> <p>The findings included:</p> <p>For resident # 56 the facility staff failed to administer oxygen as ordered by the physician and according to the residents comprehensive person-centered care plan.</p> <p>Diagnoses for resident # 56 included but were not limited to, chronic obstructive pulmonary disease (COPD), hypertension (HTN), history of cerebrovascular accident (CVA) with left hemiplegia, atrial fibrillation A-fib, anxiety and major depressive disorder.</p> <p>The quarterly minimum data set (MDS) assessment with an assessment reference date of 12/9/23 assigned the resident a brief interview for mental status (BIMS) score of 15, indicating intact cognition.</p> <p>Resident # 56's current orders included an active order dated 7/25/22 for oxygen a 4 liters per minute via nasal cannula.</p> <p>Resident # 56's comprehensive care plan included a problem statement that read in part, at risk for altered cardiac/resp status r/t (related to) dysphagia, COPD, a-fib, HLD, HTN, CVA with left hemiplegia, secretions. with an intervention of O2 per order via nasal cannula. The care plan also included a problem statement that read in part, needs assistance with ADL's (activities of daily living) r/t decreased mobility and weakness, left sided weakness from CVA. An intervention read, requires extensive assistance of one for bed mobility and total assistance of 2 and hoyer lift for transfers.</p> <p>On 3/19/24 at 11:49 AM this surveyor observed resident # 56 in their room and asked them how much oxygen they were on. They stated, It's supposed to be on 4 liters. The concentrator was noted to be set for 3 liters. On 3/20/24 at 9:27 AM this surveyor checked resident's oxygen setting and it was noted to be set at 3 liters. This surveyor checked the oxygen setting again at 11:20 AM and noted the setting still at 3 liters. The concentrator was not within the residents reach on any of these occasions.</p> <p>On 3/20/24 at 11:30 AM this surveyor approached Licensed Practical Nurse (LPN) # 2 and asked them to come verify the oxygen settings for resident # 56. When asked what the setting was on they stated, It's on 3 liters. When asked if they knew what the order was for they stated, I think it's supposed to be on 4 but I'll go check to be sure. When they returned moments later they stated, It is supposed to be on 4 Liters. They adjusted the setting to 4 liters.</p> <p>On 3/20/24 at 4:02 PM the survey team met with the Director of Nursing (DON), Administrator, Assistant Director of Nursing and the Regional Director of Clinical Services and informed them of resident # 56's oxygen not being on the correct setting.</p> <p>No further information was provided to the survey team prior to the exit conference.</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42353</p> <p>Based on resident interview, staff interview, clinical record review, and facility document review, the facility staff failed to ensure that residents requiring dialysis services receive care consistent with the comprehensive person-centered care plan for 1 of 18 current residents in the survey sample, Resident #9.</p> <p>The findings included:</p> <p>For Resident #9, the facility staff failed to monitor the resident's arteriovenous (AV) fistula hemodialysis access site located in the left arm.</p> <p>Resident #9's diagnosis list indicated diagnoses, which included, but not limited to End Stage Renal Disease, Dependence on Renal Dialysis, Type 2 Diabetes Mellitus, Dementia, and Essential Hypertension.</p> <p>The most recent minimum data set (MDS) with an assessment reference date (ARD) of 2/19/24 assigned the resident a brief interview for mental status (BIMS) summary score of 15 out of 15 indicating the resident was cognitively intact.</p> <p>Resident #9's current provider orders included an order dated 2/28/24 for Dialysis on Mondays, Wednesdays, and Fridays.</p> <p>The resident's current comprehensive person-centered care plan included a focus area which read in part . Dialysis at [name omitted] Dialysis on Mon-Wed-Fri . with interventions to Monitor fistula/vas [vascular] cath [catheter] site for bleeding or s/s [signs/symptoms] of infection and Monitor thrill and bruit per routine or specific orders.</p> <p>On 3/19/24 at approximately 1:00 PM, surveyor spoke with Resident #9 who pointed to a dialysis access site located on their right upper chest which was covered by a dressing and stated it was going to be removed soon because the new site in their left arm was now being used for dialysis.</p> <p>On 3/20/24, surveyor reviewed Resident #9's clinical record and was unable to locate evidence of staff monitoring the left arm AV fistula.</p> <p>Surveyor requested and received the facility policy titled Hemodialysis Care Policy with a last revision date of 8/24/23 which read in part .Monitor fistula/graft/VAD site daily for signs of infection and notify provider promptly if any present .Monitor fistula for bruit and thrill daily-if unable to palpate a thrill or hear a bruit, contact the dialysis center and then the provider .</p> <p>On 3/20/24 at 4:01 PM, the survey team met with the Administrator, Director of Nursing, Assistant Director of Nursing, Regional Director of Clinical Services, and the Director of Social Services and discussed the concern of the lack of evidence of staff monitoring Resident #9's left arm AV fistula.</p> <p>(continued on next page)</p>		

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/21/24 at 8:15 AM, surveyor spoke with Resident #9 and asked if facility staff have ever checked her fistula by touching or listening to the area and the resident shook their head no and stated [NAME]. Resident #9 went on to say that the staff at the dialysis center listen to the fistula each time.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 3/21/24.</p>