

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Star City Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 1047 Mecca Street NE 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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>21227</p> <p>Based on staff interviews, clinical record review, and facility document review, the facility staff failed to complete a comprehensive admission assessment for one (1) of eight (8) sampled residents (Resident #1).</p> <p>The findings include:</p> <p>Review of Resident #1's clinical record, on the morning of 11/7/24, indicated the facility staff failed to complete an admission/comprehensive Minimum Data Set (MDS) assessment for Resident #1 when the resident was readmitted to the facility after being discharged with a return not anticipated.</p> <p>Resident #1's MDS assessment, with an Assessment Reference Date (ARD) of 10/18/24, was signed as completed on 11/6/24. Resident #1 was assessed as able to make self understood and as able to understand others. Resident #1's Brief Interview for Mental Status (BIMS) summary score was documented as a 15 out of 15; this indicated intact and/or borderline cognition.</p> <p>On 11/7/24 at 10:30 a.m., Registered Nurse (RN) #1 confirmed Resident #1 had been discharged return not anticipated therefore resulting in the need to have had an admission/comprehensive assessment completed when readmitted .</p> <p>On 11/7/24 at 10:41 a.m., RN #1 stated Resident #1 had an admission/comprehensive assessment started when readmitted to the facility. RN #1 stated this assessment had been struck out. This struck out assessment had not been completed. RN #1 reported they could reopen the assessment and complete it today. RN #1 confirmed this admission/comprehensive MDS assessment would be completed late.</p> <p>On 11/7/24 at 4:05 p.m., the survey team met with the facility's Administrator, Director of Nursing, Regional Director of Food Services, and Regional Director of Clinical Services. During this meeting, the surveyor discussed the failure of the facility staff to complete the admission/comprehensive MDS assessment when Resident #1 was readmitted to the facility after being discharged with a return not anticipated.</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 0638</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assure that each resident's assessment is updated at least once every 3 months.</p> <p>21227</p> <p>Based on staff interviews and clinical record review, the facility staff failed to complete a quarterly Minimum Data Set (MDS) assessment within the required time limits for one (1) of eight (8) sampled residents (Resident #1).</p> <p>The findings include:</p> <p>Review of Resident #1's clinical record, on the afternoon of 11/6/24, revealed an incomplete quarterly MDS assessment with assessment reference date (ARD) of 10/18/24. Resident #1's previous MDS assessment had an ARD of 7/18/24.</p> <p>Resident #1's MDS assessment, with an ARD of 10/18/24, was signed as completed on 11/6/24. Resident #1 was assessed as able to make self understood and as able to understand others. Resident #1's Brief Interview for Mental Status (BIMS) summary score was documented as a 15 out of 15; this indicated intact and/or borderline cognition.</p> <p>On 11/6/24 at approximately 5:00 p.m., the surveyor interviewed Registered Nurse (RN) #1 and Licensed Practical Nurse (LPN) #3 about Resident #1's incomplete MDS assessment with an ARD of 10/18/24. RN #1 confirmed this assessment was late.</p> <p>On 11/7/24 at 4:05 p.m., the survey team met with the facility's Administrator, Director of Nursing, Regional Director of Food Services, and Regional Director of Clinical Services. During this meeting, the surveyor discussed the facility staff's delay in completing Resident #1's most recent quarterly MDS assessment.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>21227</p> <p>Based on interviews, clinical record review, and facility document review, the facility staff failed to follow medical provider orders for two (2) of eight (8) sampled residents (Resident #1 and Resident #3).</p> <p>The findings include:</p> <p>1. The facility staff failed to ensure Resident #1's medication was administered according to the medical provider ordered timing.</p> <p>Resident #1's Minimum Data Set (MDS) assessment, with an Assessment Reference Date (ARD) of 10/18/24, was signed as completed on 11/6/24. Resident #1 was assessed as able to make self understood and as able to understand others. Resident #1's Brief Interview for Mental Status (BIMS) summary score was documented as a 15 out of 15; this indicated intact and/or borderline cognition.</p> <p>Resident #1's clinical record, reviewed on 11/7/24, included a current provider order for facility staff to administer 0.25 ml of morphine (20mg/5ml) by mouth 15 minutes prior to wound care as needed. Resident #1's medication administration record (MAR) indicated this medication was administered on 11/7/24 at 9:57 a. m. Resident #1's treatment administration record (TAR) indicated the resident's wound care was documented as completed at 12:04 p.m.</p> <p>On 11/7/24 at 12:26 p.m., the surveyor interviewed Licensed Practical Nurse (LPN) #5 (with the Director of Nursing present). LPN #5 was the nurse who administered Resident #1's aforementioned morphine and performed Resident #1's aforementioned wound care. LPN #1 confirmed they had administered Resident #1's morphine and then waited an hour prior to performing the wound care.</p> <p>On 11/7/24 at 4:05 p.m., the survey team met with the facility's Administrator, Director of Nursing, Regional Director of Food Services, and Regional Director of Clinical Services. During this meeting, the surveyor discussed the failure of the facility staff to administer Resident #1's aforementioned medication according to the provider orders.</p> <p>34307</p> <p>2. For Resident #3 the facility failed to follow physician's orders for speech therapy services.</p> <p>Resident #3's face sheet listed diagnoses that included but not limited to expressive language disorder, and aphasia.</p> <p>Resident #3's most recent minimum data set with an assessment reference date of 07/13/24 assigned the resident a brief interview for mental status score of 2 out of 15 in section C, cognitive patterns. This indicates that the resident is severely cognitively impaired.</p> <p>Resident #3's comprehensive care plan was reviewed and contained a care plan for . has impaired communication aeb (as evidenced by) usually understood/usually understands, has clear speech but exhibits word salad at times; resident's cognitive deficits affects ability to communicate.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #3's clinical record was reviewed and contained a physician's order summary which read in part, Speech therapy 1 time a week for 10 weeks, started May 7th.</p> <p>Surveyor spoke with certified nurse's aide (CNA) #1 on 11/06/24 at 12:50 pm. CNA #1 stated they were not aware of any issues with resident missing appointments. CNA #1 stated, They give us a schedule, and we get the resident ready if they have an appointment.</p> <p>Surveyor spoke with licensed practical nurse (LPN) #1 on 11/07/24 at 9:20 am. LPN #1 stated they were not aware of resident missing any appointments.</p> <p>Surveyor spoke with the local ombudsman on 11/07/24 at 9:30 am. Ombudsman stated they have observed resident boarding the bus to go out to appointments on various occasions.</p> <p>Surveyor spoke with the unit manager (UM) on 11/07/24 at 10:15 am. UM stated the resident did miss speech therapy appointments a couple of times due to transportation issues. UM stated, The bus failed to come.</p> <p>Surveyor spoke with medical records staff, who is also responsible for scheduling transportation to outside appointments, on 11/07/24 at 10:20 am. Surveyor asked medical records staff if Resident #3 had ever missing any outside therapy appointments, and medical records staff stated, Before I took over on that floor, I heard that he did.</p> <p>Surveyor spoke with the scheduler at outpatient therapy on 11/08/24 at 11:20 am. Surveyor asked scheduler if Resident #3 had ever missed any speech therapy appointments and scheduler stated, He was a no show on May 20, June 24, and September 16. Appointments were cancelled on May 16, August 14, and September 30.</p> <p>Surveyor spoke with the director of nursing on 11/08/24 at 12:40 pm regarding Resident #3 missing appointments. Director of nursing stated they have no information related to why resident missed the appointments.</p> <p>The concern of not following orders for speech therapy was discussed with the administrator, director of nursing, regional director of clinical services, and regional director of operation on 11/08/24 at 12:45.</p> <p>No further information was provided prior to exit.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>21227</p> <p>Based on observations, staff interviews, and facility document review, the facility staff failed to consistently follow menus for resident meals.</p> <p>The findings include:</p> <p>On 11/6/24 at 12:03 p.m., during the midday meal, the surveyor observed the dietary staff to be plating food for the residents. It was noted the menu included a dinner roll which was not being placed on the food trays sent to the resident units. Staff Member (SM) #6 (a dietary aide) reported that three (3) carts of food trays had been sent to the resident units without the dinner rolls. Dietary Manager #1 reported the trays should have included a dinner roll. Dietary Manager #1 obtained the dinner rolls from the freezer and had them baked for the rest of the meal trays. The menu for this meal also included for the residents to be provided oriental vegetables. The surveyor observed that peas and carrots were being served to the residents. Dietary Manager #1 confirmed the facility had mixed vegetables that should have been used for the 11/6/24 midday meal. Dietary Manager #1 reported the cook decided to cook peas and carrots; Dietary Manager #1 reported the cook did not get the substitutions approved prior to cooking them.</p> <p>The facility staff failed to ensure the correct serving size of the pudding provided as part of the facility's evening meal on 11/6/24.</p> <p>On 11/6/24 at approximately 5:40 p.m., Staff Member (SM) #8 (a dietary aide) was observed to use a scoop with a blue handle to plate pudding. According to the menu, the pudding was to be a four (4) ounce serving. SM #8 was unable to identify the size of the scoop used to serve the pudding.</p> <p>On 11/6/24 at 5:55 p.m., Dietary Manager #1, after looking up the scoop information on the internet, reported the scoop used in the aforementioned observation of SM #8 plating the pudding was a 2.75-ounce scoop. Dietary Manager #1 confirmed the size of the scoop by measuring the amount the scoop held and comparing it with another measuring device.</p> <p>The following information was found in a facility policy titled Menus and Adequate Nutrition (with a reviewed/revised date of 12/1/22):</p> <ul style="list-style-type: none"> - The facility will ensure that menus meet the nutritional needs of residents in accordance with established national guidelines. - Menus will be followed as posted. Notification of any deviations from the menu shall be made as soon as practicable. Substitutions shall comprise of foods with comparable nutritive value. - The facility's dietician or other clinically qualified nutrition professional will review all menus for nutritional adequacy and approve the menus. <p>(continued on next page)</p>		

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 11/7/24 at 4:05 p.m., the survey team met with the facility's Administrator, Director of Nursing, Regional Director of Food Services, and Regional Director of Clinical Services. During this meeting, the surveyor discussed the failure of facility staff to provide resident food according to the menu.		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>21227</p> <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observations, staff interviews, and facility document review, the facility staff failed to ensure that food was served at a safe and/or appetizing temperature.</p> <p>The findings include:</p> <p>On 11/6/24 at 11:54, the surveyor observed dietary staff plating food from the steam table. The plated food was being placed on carts to be provided to the facility's residents. Food temperatures had not been documented for this meal. Dietary Manager #1 confirmed the food temperatures had not been documented for this meal. Dietary Manager #1 reported they were responsible for making sure the temperatures were checked. Dietary Manager #1 had the food temperatures checked. The pureed peas were 93 degrees Fahrenheit and the pureed chicken was 96 degrees Fahrenheit. Dietary Manager #1 had the food items that were below the desired temperatures reheated.</p> <p>On 11/6/24, the surveyor reviewed the food temperature logs with Dietary Manager #1. No food temperatures had yet to be documented for the month of November 2024. The food temperature binder included the following entries:</p> <ul style="list-style-type: none"> - An undated page with only hot food temperatures entered for breakfast and lunch; no dinner food temperatures were entered. - An undated page with only one (1) food temperature entered for lunch (Swedish meatballs); no breakfast and dinner food temperatures were entered. - An undated page with only hot food temperatures entered for breakfast; no lunch and/or dinner food temperatures were entered. - An undated page with only hot food temperatures entered for lunch; no breakfast and/or dinner food temperatures were entered. <p>- The only food temperature logs for October 2024 found by and/or provided to the surveyor were for the following dates: 10/2/24, 10/3/24, 10/4/24, 10/7/24, 10/8/24, 10/9/24, 10/11/24, 10/25/24, and 10/28/24.</p> <p>The following information was found in a facility policy titled Record of Food Temperatures (with a reviewed/revised date of 12/1/22):</p> <ul style="list-style-type: none"> - It is the policy of this facility to record food temperatures daily to ensure food is at the proper serving temperature(s) before trays are assembled. - Food temperatures will be checked on all items prepared in the dietary department. - Hot foods will be held at 135 degrees Fahrenheit or greater. <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - Measure and record the temperatures for each food product and milk at all meals. Record temperature on temperature log. - When holding hot foods for service, food temperature should be measured when placing it on the steam table line. - Food temperatures will be verified using a thermometer which is both clean, sanitized and calibrated to ensure accuracy. <p>On 11/7/24 at 4:05 p.m., the survey team met with the facility's Administrator, Director of Nursing, Regional Director of Food Services, and Regional Director of Clinical Services. During this meeting, the surveyor discussed the failure of the facility staff to check, document, and/or maintain food temperatures.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42353</p> <p>Based on observation, resident interview, staff interview, and facility document review, the facility staff failed to store, prepare, and serve food in accordance with professional standards for food service safety for 4 of 6 resident care units and the facility kitchen.</p> <p>The findings included:</p> <p>On the Juniper resident care unit, the facility staff failed to maintain a clean and sanitary refrigerator and microwave, failed to store foods under sanitary conditions, failed to discard out of date foods, and failed to label and date perishable food items.</p> <p>On 11/06/24 at 11:45 AM, surveyor entered the Juniper resident care unit kitchen. The kitchen area was separated from the resident dining and living area by only a counter and a half gate. Surveyor observed a minimum of 20 small, black, gnat-sized, flying insects flying about the kitchen area and present on the walls and cabinets. The exterior of the refrigerator was soiled with dried, sticky splattered substances and debris particles. The inside of the refrigerator was also soiled with a substantial number of crumbs on the bottom shelf and around the door seals. The refrigerator contained a small block of yellow cheese wrapped in plastic wrap with no label or date present. The cheese had four small black circles resembling mold present on the surface. Also present in the refrigerator was a unlabeled, undated, container with a piece of grayish meat, an unlabeled, undated large container of applesauce loosely covered with tin foil, an open 12 ounce bottle of mayonnaise with a Best When Used By date of 21 [DATE], a half full gallon of milk with a date of [DATE] printed on the jug, and an unlabeled, undated bowl of beans covered with plastic wrap. A Temperature Equipment Log dated 10/01/24 was affixed to the refrigerator door and the last recorded refrigerator temperature was documented on 10/14/24.</p> <p>The pantry included a 32-ounce bag of toasted oats cereal which was open leaving cereal exposed to the air.</p> <p>The shelf under the unit microwave was soiled with food crumbs and debris, the outside of the microwave had dried smeared substances present. The interior of the microwave was heavily soiled with wet and dried splattered substances on the bottom, top, sides, and door.</p> <p>On 11/06/24 at 1:16 PM, surveyor spoke with Resident #7 who stated there were gnats in the kitchen and it needed a thorough cleaning.</p> <p>On 11/06/24 at 1:30 PM, surveyor spoke with Housekeeper #1 who stated the dietary department was responsible for cleaning the unit kitchen as Housekeeping did not go behind the kitchen counter.</p> <p>On 11/07/24 at 9:00 AM during the breakfast meal service, surveyor observed a meal cart on the Juniper unit hall with an open gallon of milk with the lid removed sitting on top. A small black, gnat-sized flying insect was observed near the meal cart in the hall.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/07/24 at 10:46 AM, surveyor spoke with the Regional Director of Food Services (RDFS) who stated the facility stopped serving meals out of the unit kitchens and brought all food preparation back into the main kitchen on 10/23/24. RDFS stated since that time, the cleaning of the kitchens became the responsibility of housekeeping, and the refrigerators remained the responsibility of dietary personnel.</p> <p>On 11/07/24 at 3:43 PM, surveyor spoke with the Director of Housekeeping who stated their department was responsible for cleaning the dining area but not the unit kitchens as they did not go behind the kitchen counters.</p> <p>On the Emerald resident care unit, the facility staff failed to maintain a clean and sanitary microwave, stored a half full container of Ranch salad dressing in a non-operational refrigerator, and failed to properly store a container of prepared food.</p> <p>On 11/06/24 at 11:42 AM, surveyor entered the Emerald resident care unit kitchen and observed the microwave with food debris and crumbs on the shelf under the microwave. The inside of the microwave was heavily soiled with food crumbs on the glass turntable and bottom and dried splattered substances present on the top, sides, and interior door. The refrigerator was unplugged and pulled out into the floor and only contained a half full one-gallon container of Ranch salad dressing. At 12:01 PM, surveyor spoke with an outside vendor who was repairing the refrigerator. The vendor stated the refrigerator had not been working for approximately one month and it was unplugged when they arrived today.</p> <p>Upon arrival to the Emerald Unit on 11/06/24 at 11:42 AM, surveyor observed a plastic container filled with sauced noodles and shrimp sitting on the edge of the counter entering the unit kitchen. Surveyor returned to the unit on 11/06/24 at 6:00 PM and the container with the sauced noodles and shrimp remained on the kitchen counter and accessible to residents as the kitchen half gate was open. An ambulatory resident was walking near the counter asking when dinner would be served. Surveyor notified a staff member, and they picked up the container.</p> <p>On 11/07/24 during the end of day meeting with the Administrator, Director of Nursing, RDFS, and Regional Director of Clinical Services, surveyor discussed the concerns with the Juniper and Emerald kitchen observations.</p> <p>On 11/08/24 at 11:10 AM, surveyor spoke with the RDFS who stated they had no Juniper refrigerator temperature log for the month of November and October was only partially completed.</p> <p>On 11/08/24 at 12:28 PM, surveyor spoke with a Dietary Aide who stated when the unit kitchens were closed, cleaning was turned over to housekeeping and they were not sure who's responsibility it was to check the refrigerators and refrigerator temperatures.</p> <p>Surveyor requested and received the facility policy titled Monitoring of Cooler/Freezer Temperature with a revised date of 12/01/22 which read in part, .1. Logs for recording temperatures for each refrigerator or freezer will be posted in a visible location outside the freezer or refrigerator unit. a. Temperatures will be checked and logged at least twice per day by designated personnel. b. Logs will be changed out and filed each month .</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Surveyor requested and received the facility policy titled Date Marking for Food Safety with a revised date of 12/01/22 which read in part, .2. The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded. 3. The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared. 4. The marking system shall consist of a label, the day/date of opening, and the day/date the item must be consumed or discarded. 5. The discard day or date may not exceed the manufacturer's use-by date, or four days, whichever is earliest .</p> <p>Surveyor requested and received the facility policy titled Food Safety Requirements with a revised date of 12/01/22 which read in part, . 3 .c .Practices to maintain safe refrigerated storage include .v. Keeping foods covered or in tight containers .5. Foods and beverages shall be delivered to residents in a manner to prevent contamination. Strategies include, but are not limited to: a. Covering all foods with lids .6. All equipment used in the handling of food shall be cleaned and sanitized .</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 11/08/24.</p> <p>21227</p> <p>On 11/8/24 at 9:55 a.m., the surveyor observed with Licensed Practical Nurse (LPN) #2, the small refrigerator in the common area where resident food items were stored on Rehab A Unit. A red/pink liquid had pooled on the bottom level of the inside of this refrigerator. LPN #2 disposed of the following items this refrigerator was observed to contain:</p> <ul style="list-style-type: none"> - An opened gallon jug of water with a best by date of 8/31/24. This jug of water had less than a fourth of the water remaining in the jug. - An opened multi-serving plastic container of cranberry juice with approximately a quarter of the juice missing. This container of cranberry juice was not dated to indicate when it had been opened. - A plastic bag containing a slice of pizza wrapped in foil was not labeled with a date and was not labeled to indicate whose food the pizza was. The plastic bag containing the pizza had been soiled with a red/pink liquid. - A plastic bag containing a foam clam shell container was not dated and not labeled to indicate whose food was in the foam clam shell container. The foam clam shell container contained partially eaten chicken wings and French fries. <p>On 11/8/24 at 10:05 a.m., the surveyor observed with Licensed Practical Nurse (LPN) #7, the small refrigerator in the common area where resident food items were stored on Rehab B Unit. LPN #7 disposed of the following items this refrigerator was observed to contain:</p> <ul style="list-style-type: none"> - A block of butter that had been opened and partially rewrapped in its paper covering/wrapping. The butter had not been completely covered resulting in part of the block of butter being left exposed. - A single serving cup of chocolate pudding with a whipped topping was not dated. This item had been repackaged by the facility staff from multi-serving containers. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/08/2024
NAME OF PROVIDER OR SUPPLIER Star City Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 1047 Mecca Street NE 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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - An opened multi-serving plastic container of apple juice with greater than half the juice missing had not been dated to indicate when opened. - A bag containing a partially eaten sandwich from a local restaurant. This item was not labeled with a date and was not labeled to indicate to whom it belonged. <p>The following information was found in a facility policy titled Date Marking for Food Safety (with a reviewed/revise date of 12/1/22):</p> <ul style="list-style-type: none"> - Refrigerated, ready-to-eat, time/temperature control for safety food (i.e. perishable food) shall be held at a temperature of 41 F or less for a maximum of 7 days. - The food shall be clearly marked to indicate the date or day by which the food shall be consumed or discarded. - The individual opening or preparing a food shall be responsible for date marking the food at the time the food is opened or prepared. - The marking system shall consist of a label, the day/date of opening, and the day/date the item must be consumed or discarded. - The discard day or date may not exceed the manufacturer's use-by date, or four days, whichever is earliest. The date of opening or preparation counts as day 1. <p>On 11/8/24 at 11:09 a.m., the Regional Director of Food Services (RDFS) stated the opened containers of water, milk, and juice should have been labeled with a date to indicate when they had been opened.</p> <p>On 11/6/24 at 12:10 p.m., Staff Member (MR) #7 (a dietary aide) was observed, working in the facility's kitchen during the midday meal service, without wearing a beard restraint. Dietary Manager #2 confirmed SM #7 should have been wearing a beard restraint.</p> <p>The following information was found in a facility policy titled Dietary Employee Personal Hygiene (with a reviewed/revise date of 12/2/22): All dietary staff must wear hair restraints (e.g., hairnet, hat and/or beard restraint) to prevent hair from contacting food.</p> <p>On 11/8/24 at 9:25 a.m., the surveyor discussed the observations of SM #7 not wearing a beard cover while working in the dietary department with the Administrator and the Regional Director of Food Services (RDFS).</p> <p>On the afternoon of 11/6/24, two (2) of the three (3) handwashing sinks located in the dietary department was noted to be dispensing only cool water. On 11/6/24 at 6:10 p.m., the Maintenance Director, with the surveyor and the Administrator present, checked the water temperature in the handwashing sinks in the dietary department. One (1) sink's water temperature was 81.6 degrees Fahrenheit and a second sink's water temperature was 85 degrees Fahrenheit. The Maintenance Director adjusted the flow of the cold water to these sinks and the water temperature promptly increased.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The following information was found in a facility policy titled Handwashing Guidelines - Dietary Employees (with a reviewed/revised date of 12/1/22):</p> <ul style="list-style-type: none"> - Handwashing is necessary to prevent the spread of bacteria that may cause foodborne illnesses. Dietary employees shall clean their hands in a handwashing sink . - Handwashing Procedure: a. Turn on water to a comfortable warm temperature . <p>On 11/7/24 at 4:05 p.m., the survey team met with the facility's Administrator, Director of Nursing, Regional Director of Food Services, and Regional Director of Clinical Services. During this meeting, the surveyor discussed the failure of two (2) of the three (3) hand washing sinks located in the dietary department to dispense warm water for handwashing.</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>42353</p> <p>Based on observation, resident interview, staff interview, and facility document review, the facility staff failed to maintain an effective pest control program for 1 of 6 resident care units (Juniper).</p> <p>The findings included:</p> <p>On the Juniper resident care unit, the facility staff failed to maintain an effective pest control program to address the presence of small, black, gnat-sized flying insects.</p> <p>On 11/06/24 at 11:45 AM, surveyor entered the Juniper resident care unit's kitchen. The kitchen area was separated from the resident dining and living areas by a counter and waist-high gate. Surveyor immediately observed a minimum of 20 small, black, gnat-sized flying insects flying about the kitchen area and present on the walls and cabinets. The shelf under the unit microwave was soiled with food crumbs and debris.</p> <p>On 11/06/24 at 1:16 PM, surveyor spoke with Resident #7 who stated there were gnats in the kitchen and it needed a thorough cleaning.</p> <p>On 11/06/24 at 1:19 PM, surveyor spoke with Resident #2 who stated for the past two weeks there had been a bunch of gnats on the unit.</p> <p>On 11/07/24 at 6:55 AM, surveyor spoke with Licensed Practical Nurse (LPN) #4 who stated recently the gnats had gotten worse and had never been this bad.</p> <p>On 11/07/24 at 9:00 AM during the breakfast meal service, surveyor observed a meal cart on the Juniper unit hall with an open gallon of milk with the lid removed sitting on top. A small, black, gnat-sized flying insect was observed near the meal cart in the hall.</p> <p>On 11/07/24 at 9:22 AM, while speaking with Resident #2 in their room, surveyor observed a small, black, gnat-sized insect flying over their breakfast tray. Resident #2 stated it was that time of year and there was not much you could do about it. Resident #2 also stated people had been complaining about the gnats.</p> <p>On 11/07/24 at 10:28 AM, surveyor spoke with the facility Maintenance Director (MD) who stated they were aware of the gnat issue on the Juniper unit. MD stated there was a hole for the water machine beside the under the counter trash can and if trash inadvertently misses the can and goes into the hole it caused gnats. To address the gnats, MD stated they were focusing on cleaning and recently placed a gnat trap in the kitchen sink but had to remove it due to a visitor concern, but it was effective when it was in use. MD stated the pest control company comes monthly but they have not discussed the gnat concern with them.</p> <p>Surveyor requested and received the Resident Council Minutes for October 2024 which included discussion of fruit flies. The 10/10/24 minutes read in part, .Fruit Flies - Extermination and Cleaning of trash in the areas - situation is helping .</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 11/07/24 during the end of day meeting with the Administrator, Director of Nursing, Regional Director of Food Services, and the Regional Director of Clinical Services, surveyor discussed the concern of the flying insects observed on the Juniper care unit.</p> <p>On 11/08/24, the Administrator provided pest control service invoices dated 8/01/24, 9/01/24, and 10/01/24.</p> <p>On 11/08/24 at 10:23 AM, surveyor spoke with the Regional Director of Operations (RDO) who stated this was the first they had heard of the gnats and pest control came weekly and with the next visit they would be placing a special chemical in the drain to address the gnats.</p> <p>No further information regarding this concern was presented to the survey team prior to the exit conference on 11/08/24.</p>		