

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 495093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2020
NAME OF PROVIDER OF SUPPLIER HARRISONBURG HLTH & REHAB CNTR		STREET ADDRESS, CITY, STATE, ZIP 1225 RESERVOIR STREET HARRISONBURG, VA 22801	
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)		
F 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, clinical record review, and in the course of a complaint investigation, the facility staff failed to implement interventions for fall and injury prevention for one of 2 residents in the survey sample. Resident #1's fall mat was not implemented as indicated in the plan of care. The Findings Include: Resident #1 was admitted to the facility on [DATE] with a readmission on 8/21/20. [DIAGNOSES REDACTED]. The most current MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 9/23/20. Resident #1 was assessed with [REDACTED]. On 9/29/20 Resident #1's medical record was reviewed regarding a complaint allegation of multiple falls Nursing progress notes revealed Resident #1 had fallen when ambulating in the room or fallen from the bed 7 times from 4/26/20 to the most recent on 9/21/20. Out of the seven times Resident #1 had fallen, Resident #1 was sent to the emergency department three times due to lacerations and a fractured nose (dated 5/10/20). Resident #1's current comprehensive care plan was reviewed. A care plan for falls created on 11/25/19, and revised on 9/22/20, included an intervention for a fall mat. On 9/29/20 at 1:10 PM, Resident #1 was observed lying in bed without a fall mat in place. During a conversation with Resident #1, Resident #1 was asked if he had a fall mat in the room. Resident #1 shook his head, no. On 9/29/20 at 1:25 PM, certified nursing assistant (CNA #1) and registered nurse (RN #1), both assigned to Resident #1 and the director of nursing (DON) also observed Resident #1 without a fall mat. CNA #1 stated Resident #1 did have a fall mat a week ago but wasn't aware that he needed one. After looking throughout the room, CNA #1 said that she would get a fall mat for Resident #1. On 9/29/20 at 3:45 PM, the above information was presented to the administrator and nurse consultant. No other information was provided prior to exit conference on 9/30/20. This is a complaint related deficiency.		
F 0693 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interview, clinical record review, and in the course of a complaint investigation, the facility failed for one of 2 Resident's in the survey sample, to anchor a feeding tube as ordered. The Findings Include: Resident #1 was admitted to the facility on [DATE] with a readmission on 8/21/20. [DIAGNOSES REDACTED]. The most current MDS (minimum data set) was a quarterly assessment with an ARD (assessment reference date) of 9/23/20. Resident #1 was assessed with [REDACTED]. On 9/29/20, Resident #1's medical record was reviewed for concerns with Resident #1's feeding tube. A nursing progress note dated 4/22/20 revealed Resident #1 pulled out his feeding tube and was sent to the hospital to have the feeding tube replaced. Resident #1's physician's orders [REDACTED]. On 9/29/20 at 1:10 PM, Resident #1 was observed lying in bed. Resident #1 was asked if it was ok to observe his feeding tube. The feeding tube was hanging freely from Resident #1's stomach and not anchored. Resident #1 was asked if the staff tape the tube to his stomach or anchor the tube in any way. Resident #1 shook his head No. On 9/29/20 at 1:25 PM, certified nursing assistant (CNA #1) and registered nurse (RN #1), both assigned to Resident #1, and the director of nursing (DON), also observed Resident #1 without a feeding tube anchor. When asked if it was supposed to be anchored, the DON said yes, and that it would be taken care off. On 9/29/20 at 3:45 PM, the above information was presented to the administrator and nurse consultant. No other information was provided prior to exit conference on 9/30/20. This is a complaint related deficiency.		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.