

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>495364</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE ORCHARD</b>		STREET ADDRESS, CITY, STATE, ZIP <b>20 DELFAE DRIVE WARSAW, VA 22572</b>	
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 0552  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure that residents are fully informed and understand their health status, care and treatments.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and clinical record review the facility staff failed to ensure Residents have the right to be informed and participate in treatment planning for 1 Resident (#3) in a survey sample of 3 Residents. The findings include: For Resident #3 the facility staff failed to inform Resident of COVID positive status on 4/21/20 but instead opting to speak with family, in spite of the fact that the Resident was her own responsible party. The Resident wasn't told until 4/23/20. Resident #3, a [AGE] year old woman, admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. Resident #3's Minimum Data Set with an Assessment Reference Date of 04/17/2020 coded Resident #3 as having a BIMS (Brief Interview of Mental Status) score of 15 indicating no cognitive impairment. In addition, the Minimum Data Set coded Resident #3 requiring 3 extensive assistance with assistance of 2 staff for bed mobility and transfers and extensive assistance of 1 staff for all other activities of daily living. On 7/24/20 during clinical record review it was discovered that Resident #3 was admitted on [DATE] for recapitulation and skilled services after having back surgery. Based on nursing daily progress notes, the Resident was described as being A/O x3 (Alert and Oriented x3 Self, place, time). The Resident was described as being able to make needs known. According to the Resident's Face Sheet the Responsible Party is listed as the Resident and under the section Other Relationships there is no name listed. According to the physician order [REDACTED]. A physician note dated 4/21/20 signed by the Nurse Practitioner read in part as follows: Patient seen today in follow up evaluation and management of acute medical problems identified by nursing. Resident seen today up in wheelchair improving. Working well with therapy. Neurological- Mental Status - Alert and oriented to person, place, time. Other COVID-19 Virus Detected -Overview- Notified family. Family did not want resident to know at that time, of virus. A Physician note dated 4/23/20 signed by the Nurse Practitioner read as follows: Patient is seen today in follow up evaluation and management of acute medical problem identified by nursing. Neurological- Mental Status - Alert and oriented to person, place, time. Other [MEDICAL CONDITION] Detected Overview - Notified Family. Notified Resident, as at first family did not want resident notified but now agreed to let her know. Disappointed as she wanted to go home soon. Not eating, dehydrated, weaker today, Started ns (normal saline) by Clysic ( fluids placed under the skin as opposed to thru an IV line) by (sic) 1 liter and will monitor for improvement. On 7/24/20 at approximately 12:20 PM an interview was conducted with the Medical Director who stated the resident was confused while at the facility. The Medical director also stated that the resident had a lot of medical complexities such as back surgery, infected wound, as well as the COVID diagnosis. He stated that the Nurse Practitioner is not available this week (off of work) but in looking at the chart he stated I personally would have spoken directly to the resident as she is listed as her own responsible party, and it says that the family did not want her informed as she was depressed already. That is not a reason to not discuss it. Looking at this it seems to me I would have addressed it to the resident. 7/24/20 at 2:40 PM in an interview with the DON she stated that the resident should have been able to make her own decision. The DON stated, If the COVID test was negative we would have told her the results but a positive test result must be revealed by the doctor or nurse practitioner.</p>		
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.