Printed: 01/30/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and neglect by anybody. **NOTE- TERMS IN BRACKETS H Based on facility policy review, rec to prevent abuse for 2 residents (# The findings include: Review of the facility's policy titled, Unknown Source, with an effective abuse .Abuse .ls the willful infliction Resident #5 was admitted to the fa including Dementia with Psychotic and Unspecified Psychosis. Review of Resident #5's quarterly I moderate cognitive impairment. Re limited assistance of 1 staff member dressing, toileting, and personal hy Review of Resident #5's comprehe function r/t [related to] vascular der Monitor/document/report PRN [as in Resident #6 was admitted to the fa System, Normal Pressure Hydroce Hyperlipidemia. Resident #6's skille Review of Resident #6's admission Status (BIMS) score of 6 which ind documented for mood, and had be staff member for bed mobility, trans	acility on [DATE] and readmitted to the Disturbance, Generalized Anxiety Discontinuous Minimum Data Set (MDS) dated [DATE esident #5 had mood indicators and noter for bed mobility, transfers, locomotion regions. The resident received antidepresensive care plan, undated, showed .The mentia w/behavioral [with behavioral] discontinuous processions and the procession of the	ONFIDENTIALITY** 40640 on, and interview, the facility failed abuse. roperty, Exploitation, and Injuries of anizations intention to prevent. facility on [DATE], with diagnoses order, Major Depressive Disorder, E] showed the resident had behaviors. Resident #5 required no unit, locomotion off unit, assant medications. e resident has impaired cognitive isturbances Interventions. Ining Disorder of Central Nervous in), Type II Diabetes Mellitus, and as discharged home on 11/7/2022. The had a Brief Interview for Mental asident #6 had no issues sident #6 required assistance of 1

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID:

If continuation sheet Page 1 of 40

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Orchard View Post-Acute and Rehabilitation Center		2035 Stonebrook Place Kingsport, TN 37660	
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F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #6's compreheneurological status r/t [related to] in needed. Review of the facility's investigation approximately 7pm while heading of entered the room I saw [Resident # holding roommate [Resident #5's] at [Resident #5's] grasp. Review of Resident #6's progress roonfused is oriented to time place Behaviors are not new. Review of Resident #6's progress that resident was masturbating with the arm. The other resident [Resident # arm. The other resident [Resident # arm. The other resident # arm. The DON confirmed Resident # arm. The DON confirmed Resident # arm to get free from his grasp. CN/residents and relocate Resident # 5 During an interview on 1/10/2023 arm in his grasp and Resident # 5 vomes for the resident # 5 vomes for	Insive care plan dated 10/25/2022, sho diopathic normal hydrocephalus. Intervent of down 100 hallway, I heard yelling comited lying in bed undressed from the water with [Resident #5] hitting [Resident mote dated 11/5/2022 at 3:41 PM, show makes own decisions. Behaviors. Intervent #5] was trying to get him to let go at 19:23 AM, Resident #5 was unable to the 10:58 AM, the Director of Nursing (Date Resident #6 (roommates). The DONent #6 was masturbating. Resident #6 fo's arm as to release his grip and voice sident #5 was in arms reach and was go at 12:34 PM, CNA #9 stated she heard at #6 holding Resident #5's arm, and RA #9 stated with the help of another CNA #9 stated with the page of the pa	wed .The resident has alteration in entions .Cueing, reorientation as by CNA #9 showed, .At ng from a pt [patient] room. Once I ist down and masturbating while it #6] in attempt to free himself from wed .The resident is disoriented and akes negative statements . wed .CNA entered room and found esident [roommate, Resident #5] by and was smacking him . complete an interview due to ON) stated she was notified of an I stated Resident #5 rolled to had grabbed Resident #5 rolled to had grabbed Resident #5's arm, ed Let go. The CNA's separated the rabbed by Resident #6. No injury yelling, went into Resident #5 and esident #5 was hitting Resident #6's IA, they were able to separate the

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NAME OF PROVIDER OR SUPPLII Orchard View Post-Acute and Reh		STREET ADDRESS, CITY, STATE, ZIP CODE 2035 Stonebrook Place Kingsport, TN 37660	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	ion)
F 0656 Level of Harm - Actual harm Residents Affected - Some	that can be measured. **NOTE- TERMS IN BRACKETS IN BR	cility on [DATE] with diagnoses including Spine, and Intraspinal Abscess. plan dated 9/9/2022 showed, Resident with an intervention including .shower that Set (MDS) assessment dated [DATE ssing, personal hygiene, and was totally and Skin Alert documentation showed	confidentiality failed to servations, the facility failed to servations, the facility failed to saths for 28 residents (#9, #13, #20, #18, #19, #21, #23, #24, #25, #27, se person centered for shower and 12 care plans reviewed. The 0, #22, #26, #28, #31, #36, #37, 18/2022, showed .To ensure .each vised by the interdisciplinary team .eviewed after each assessment . In Paraplegia, Type 2 Diabetes It #9 had an Activities of Daily Living is 2xs [times] .week . E], showed Resident #9 required by dependent on 2 staff assistance It Resident #9 had received 2 It stated he had not received a exparts) routinely and he was unsure exared greasy. #7 stated Resident #9 had ind felt nasty. ATE] with diagnoses including mentia. 18/2022, showed Resident #13 had

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0656 Level of Harm - Actual harm Residents Affected - Some	help for dressing, personal hygiener Review of the facility's ADL-Bathing and 1 bed bath from 11/1/2022-2/5 During an observation and interview shower and the resident stated .yo hair was greasy, and he stated here. During an interview on 2/9/2023 at shower. Resident #20 was admitted to the final Depressive Disorders, Diabetes Merside Disorder Disease. Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assession assistance for dressing, personal himself of the facility's ADL-Bathing and 3 bed baths from 11/1/2022-2/10. During an interview on 2/6/2023 at her feel crappy when she had not resident #22 was admitted to the final Fusion of Spine Cervical Region, Microscopic Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assession assistance for dressing, personal himself Review of the facility's ADL-Bathing showers and 1 bed bath between 10 During an interview on 2/6/2023 at because I was not getting a showers.	w on 1/9/2023 at 3:44 PM, Resident #1 u must be joking .I have not had a show would like to have a shower. 7:40 AM, Resident #13 stated he felt .t. facility on [DATE] and readmitted on [Dellitus, Morbid Obesity, Overactive Black plan dated 9/9/2022, showed Resident in the properties of the properti	d Resident #13 received 4 showers 3 was asked if he had received a wer in over a month. The resident's unclean. when he did not receive a ATE] with diagnoses including lider, Chronic Pain Syndrome, and the #20 had an ADL self-care er week and prn. #20 required extensive 1 staff not occurred. d Resident #20 received 3 showers Inot received showers and it made ATE] with diagnoses including an Syndrome, and Dementia. It #22 had an ADL self-care diprn. #22 required extensive 1 staff assistance for bathing. It Resident #22 received 11 It rers] was a problem .I felt bad

F 0656 Level of Harm - Actual harm Residents Affected - Some Revier perfor Revier assist Revier and no	rect this deficiency, please con ARY STATEMENT OF DEFIC deficiency must be preceded by w of the comprehensive care mance deficit with an interve w of a quarterly MDS assess ance for dressing, personal h w of the facility's ADL-Bathin b bed baths between 11/1/20 g an interview on 2/6/2023 at	Full regulatory or LSC identifying information and the plan dated 7/23/2022, showed Residention including .Showers offered 2xs perment dated [DATE], showed Resident anygiene, and the activity of bathing had g and Skin Alert documentation showed	agency. on) nt #26 had an ADL self-care er week . #26 required limited 1 staff not occurred.
(X4) ID PREFIX TAG F 0656 Level of Harm - Actual harm Residents Affected - Some Revier assist Revier and no	ARY STATEMENT OF DEFIC leficiency must be preceded by w of the comprehensive care mance deficit with an interve w of a quarterly MDS assess ance for dressing, personal h w of the facility's ADL-Bathin b bed baths between 11/1/20 g an interview on 2/6/2023 at	citact the nursing home or the state survey contact the nursing home or the state survey contact the nursing home or the state survey contact the plan dated 7/23/2022, showed Residention including .Showers offered 2xs perment dated [DATE], showed Resident anygiene, and the activity of bathing had g and Skin Alert documentation showed	on) nt #26 had an ADL self-care er week . #26 required limited 1 staff not occurred.
F 0656 Level of Harm - Actual harm Residents Affected - Some Revier assist Revier and no	w of the comprehensive care mance deficit with an interve w of a quarterly MDS assess ance for dressing, personal h w of the facility's ADL-Bathin b bed baths between 11/1/20 an interview on 2/6/2023 at	plan dated 7/23/2022, showed Residention including .Showers offered 2xs perment dated [DATE], showed Resident and the activity of bathing had g and Skin Alert documentation showed	nt #26 had an ADL self-care er week . #26 required limited 1 staff not occurred.
Level of Harm - Actual harm Residents Affected - Some Revier assist Revier and not buring	mance deficit with an interve w of a quarterly MDS assess ance for dressing, personal h w of the facility's ADL-Bathin b bed baths between 11/1/20 g an interview on 2/6/2023 at	ntion including .Showers offered 2xs perment dated [DATE], showed Resident and the activity of bathing had g and Skin Alert documentation showed	er week . #26 required limited 1 staff not occurred.
Revier performent perf	ent #28 was admitted to the and 2 Diabetes Mellitus, Chronic and of the comprehensive care mance deficit with an interverser residents preference as so and of a quarterly MDS assessing and of the facility's ADL-Bathin bed baths between 11/1/202 at an interview on 2/6/2023 at ars .I was mad .I was not gettern #31 was admitted to the soon's Disease, Diabetes Mew of the comprehensive care mance deficit with an interverw of a quarterly MDS assessing and 2 bed baths between an interview on 2/6/2023 at a sident stated when she had to the soon's Disease, Diabetes Mew of the facility's ADL-Bathin are and 2 bed baths between an interview on 2/6/2023 at a sident stated when she had to the soon was admitted to the sent #36 was admitted to the	4:40 AM, Resident #28 stated she had ting my showers. facility on [DATE] and readmitted on [Date of the content of the conten	want to be clean . ling Hemiplegia and Hemiparesis, der. It #28 had an ADL self-care er week .Assist with shower/bed #28 required extensive 1 staff staff for bathing. Id Resident #28 received 9 showers Inot received the scheduled ATE] with diagnoses including Int #31 had an ADL self-care per week . #31 required extensive 1 staff Id Resident #31 had received 15 Inot received scheduled showers. I. terrible and yucky .I wiped myself DATE], and readmitted on [DATE]

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Orchard View Post-Acute and Reh		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place	P CODE	
Orchard view Post-Acute and Nen	abilitation Genter	Kingsport, TN 37660		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)	
F 0656	· ·	plan dated 4/5/2022, showed Resident		
Level of Harm - Actual harm	n Review of a quarterly MDS assessment dated [DATE], showed Resident #36 required extensive 2 staff			
Residents Affected - Some				
During an interview on 2/6/2023 at 12:00 PM, Resident #36 stated .I want to feel clean .I don't I I don't want to get in trouble for telling you this . Resident #37 was admitted to the facility on [DATE] with diagnoses including Parkinson's Diseat Coordination, Major Depressive Disorder, and Seizures.				
	During an interview on 1/9/2023 at	2:15 PM, Resident #37 stated .they .do	on't give me a shower .	
	During an interview on 2/6/2022 at it made her .feel dirty .	During an interview on 2/6/2022 at 9:22 AM, Resident #37 stated she had not received routine showers and it made her .feel dirty .		
	Resident #40 was admitted to the facility on [DATE], discharged on [DATE] and readmitted [DATE] with diagnoses including Osteomyelitis of Vertebra, Lumbar Region, Type 2 Diabetes, Chronic Obstructive Pulmonary Disease, Depression, Essential Hypertension, and Chronic Kidney Disease.			
	Review of the comprehensive care plan dated 9/19/2022, showed Resident #40 had an ADL self-care performance deficit with an intervention of .may have showers 2xs .week and prn .			
	Review of a quarterly MDS assessment dated [DATE], showed Resident #40 required extensive 1 staff assistance with dressing, personal hygiene, and totally dependent on 1 staff assistance with bathing.			
		g and Skin Alert documentation showed 2-11/19/2023 and 11/30/2023-2/5/2023		
	_	5:15 AM, Resident #40 stated she had en I didn't get a shower .It made me ano		
	(continued on next page)			

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Orchard view Post-Acute and Ren	abilitation Center	2035 Stonebrook Place Kingsport, TN 37660		
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F 0656 Level of Harm - Actual harm	Resident #41 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses including Acute Respiratory Failure with Hypoxia, Repeated Falls, Systemic Lupus Erythematosus, Morbid Obesity with Alveolar Hypoventilation, Depression, Congestive Heart Failure, and Anxiety Disorder.			
Residents Affected - Some	Review of the comprehensive care plan dated 9/19/2022 showed Resident #41 had an ADL self-care performance deficit with an intervention of .showers offered 2xs .week .			
	Review of a quarterly MDS assessment dated [DATE], showed Resident #41 required extensive 1 staff assistance for dressing, 1 staff supervision assistance with personal hygiene, and totally dependent of 1 assistance with bathing.			
Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #41 showers and no bed baths between 11/1/2022-2/5/2023. During an interview on 2/6/2023 at 5:20 AM, Resident #41 stated .I kept asking for a sho facility staff] said they couldn't get to me .I went 12 days without a shower .I felt nasty .I c like to maintain my appearance .			d Resident #41 received 14	
	Resident #2 was admitted to the facility on [DATE] with diagnoses including Lack of Coordination, Diabetes Mellitus, Hepatic Failure, Cirrhosis of the Liver, Acute Hepatitis C, and Rheumatic Heart Disease. Review of a quarterly MDS assessment dated [DATE], showed Resident #2 required limited 1 staff assistance with dressing, personal hygiene, and was totally dependent on staff for bathing. Review of a quarterly MDS assessment dated [DATE], showed Resident #2 required limited 1 staff assistance for dressing, personal hygiene, and the activity of bathing had not occurred.			
	Review of the comprehensive care plan revised 12/21/2022, showed Resident #2 had an Activities of Daily Living (ADL) self-care performance deficit with an intervention including .Showers offered 2xs .week and prn .			
	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #2 received 4 showers from 11/1/2022-2/5/2023.			
		cility on [DATE] and readmitted on [DA rosthesis, Repeated Falls, Lack of Cocic Disturbance.		
	Review of the comprehensive care plan dated 9/9/2022, showed Resident #5 had an ADL self-care performance deficit with an intervention including .May have showers 2xs .week and PRN .			
		ment dated [DATE], showed Resident and Indian parally dependent and was totally dependent		
	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #5 had received 5 showers from 11/1/2022-2/4/2023.			
	(continued on next page)			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	:IENCIES full regulatory or LSC identifying informati	on)
F 0656 Level of Harm - Actual harm Residents Affected - Some	to Thrive, and Repeated Falls. Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assess staff assistance for dressing, person Review of the facility's ADL-Bathing showers and 14 bed baths from 11. Resident #12 was admitted to the facthronic Obstructive Pulmonary Dis Protein-Calorie Malnutrition, Schizo Disorder, and Dementia. Review of a comprehensive care plan ADL self-care deficit with an interview of a quarterly MDS assess assistance for dressing, personal himself and 2 bed baths between 11/1/202. Resident #14 was admitted to the facility is ADL-Bathing and 2 bed baths between 11/1/202. Resident #14 was admitted to the facility is ADL-Bathing and 2 bed baths between 11/1/202. Review of a comprehensive care place performance deficit with an interver assistance for dressing, personal himself assistance for dressing himself assistance for dressing himself assistance for dressing himself assistance for dressing himself assistance f	g and Skin Alert documentation showed (1/2022-2/5/2023.) acility on [DATE] and readmitted on [Date ase, Muscle Weakness, Chronic Pair paffective Disorder, Recurrent Depression and ated 11/11/2020 and revised 12/8, expending including and have showers ment dated [DATE], showed Resident and yield and Skin Alert documentation showed (2-2/5/2023). acility on [DATE] with diagnoses including, Stage 3 Chronic Kidney Disease, Man dated 4/24/2022, showed Resident and the dated (DATE), showed Resident and Skin Alert documentation showed (11/1/2022-2/5/2023). acility on [DATE] with diagnoses included Hemiparesis.	Int #10 had an ADL self-care and PRN [as needed]. #10 required total dependence of 2 If Resident #10 received 10 ATE] with diagnoses including a Syndrome, Moderate ive Disorders, Generalized Anxiety #2022, showed Resident #12 had 2 x .week and prn . #12 required extensive 1 staff 1 staff assistance for bathing. If Resident #12 received 2 showers Ing Chronic Obstructive Pulmonary Major Depressive Disorder, and #14 had an ADL self-care #14 required extensive 1 staff staff assistance for bathing. If Resident #14 received 12 Ing Cerebral Infarction (Stroke),

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F 0656 Level of Harm - Actual harm	Review of a quarterly MDS assessment dated [DATE], showed Resident #15 required extensive 2 staff assistance with dressing, extensive 1 staff assistance with personal hygiene, and was totally dependent on 2 staff assistance for bathing.		
Residents Affected - Some	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #15 received 6 showers and 8 bed baths between 11/1/2022-2/5/2023.		
	Resident #17 was admitted to the facility on [DATE] with diagnoses including Cognitive Communication Deficit, Chronic Pain Syndrome, Cirrhosis of the Liver, and Generalized Anxiety Disorder. The resident was discharged from the facility on 1/23/2023.		
	Review of a comprehensive care plan dated 8/26/2022, showed Resident #17 had an ADL self-care performance deficit with an intervention including .showers 2xs per week and prn .		
	Review of a quarterly MDS assessment dated [DATE], showed Resident #17 had moderate cognitive impairment, required limited 1 staff assistance for dressing, extensive 1 staff assistance with personal hygiene, and was totally dependent on 2 staff assistance for bathing.		
	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #17 received 7 showers and no bed baths between 11/1/2022-1/23/2023.		
	Resident #18 was admitted to the facility on [DATE], discharged on [DATE], and readmitted on [DATE] with diagnoses including Cerebral Infarction, Anxiety Disorder, Chronic Obstructive Pulmonary Disease, and Gastrostomy Status.		
	Review of the comprehensive care plan revised 12/29/2022, showed Resident #18 had an ADL self-care performance deficit with an intervention including .showers 2xs per week and prn .		
		sment dated [DATE], showed Resident I was totally dependent on staff for bath	
	Review of the facility's ADL-Bathing shower and 2 bed baths between 1	g and Skin Alert documentation showed 1/12/2022-2/5/2023.	d Resident #18 had received 1
	Resident #19 was admitted to the f Bipolar Disorder, and Schizoaffecti	acility on [DATE] with diagnoses includ ve Disorder.	ing Hemiplegia and Hemiparesis,
		plan dated 9/9/2022, showed Resident ntion including .showers offered 2xs pe	
		ment dated [DATE], showed Resident and 1 staff assistance for personal hygiene,	
	Review of the facility's ADL-Bathing showers and no bed baths between	g and Skin Alert documentation showed n 11/1/2022-2/5/2023.	d Resident #19 received 11
	(continued on next page)		

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Oronard view i ost / toute and rem	asimation contor	Kingsport, TN 37660			
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F 0656	Resident #21 was admitted to the f Disorder, Bipolar Disorder, and Adu	acility on [DATE] with diagnoses includ	ing Dementia, Major Depressive		
Level of Harm - Actual harm Residents Affected - Some	Review of the comprehensive care plan dated 9/9/2022, showed Resident #21 had an ADL self-care performance deficit with an intervention including .showers offered 2xs .week and PRN .				
	Review of a quarterly MDS assessment dated [DATE], showed Resident #21 required extensive 2 staff assistance for dressing, personal hygiene, and was totally dependent on 2 staff assistance for bathing.				
	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #21 received 10 showers and 7 bed baths from 11/1/2022-2/5/2023. Resident #23 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses includi Nontraumatic Subdural Hemorrhage, Atrial Fibrillation, and Dementia.				
	Review of the comprehensive care plan revised 9/10/2022, showed Resident #23 had an ADL self-care performance deficit with an intervention including .Offer Showers x [times] 2 .week . Review of a quarterly MDS assessment dated [DATE], showed Resident #23 required extensive assistance 2 staff members for dressing, personal hygiene, and the activity of bathing had not occurred. Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #23 received 5 showers and 1 bed bath from 11/1/2022-2/5/2023.				
	Resident #24 was admitted to the facility on [DATE] with diagnoses including Nontraumatic Intracere Hemorrhage, Psychosis, and Dementia.				
		plan dated 9/11/2022, showed Residention including .Showers 2xs .week and			
		ment dated [DATE], showed Resident # I hygiene, and the activity of bathing ha			
	Review of the facility's ADL-Bathing and 1 bed bath from 11/1/2022-2/5	g and Skin Alert documentation showed /2023.	d Resident #24 received 1 shower		
	Resident #25 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses including Fracture of Vertebra, Nontraumatic Subdural Hemorrhage, and Schizophrenia.				
	Review of the comprehensive care plan dated 6/8/2022, showed Resident #25 had an ADL self-care performance deficit with an intervention including .May have showers 2xs per week .and PRN .				
Review of a quarterly MDS assessment dated [DATE], showed Resident #25 required s assistance for dressing, extensive 1 staff assistance for personal hygiene, and the activ occurred.					
	(continued on next page)				
	I .				

F 0656 F a Level of Harm - Actual harm	SUMMARY STATEMENT OF DEFICE Each deficiency must be preceded by the Review of the facility's ADL-Bathing and no bed baths between 11/1/2020 Resident #27 was admitted to the facility and the facility to the facility that is the facility that it is the facility that is the facility that is the facility t	IENCIES full regulatory or LSC identifying information and Skin Alert documentation showed	agency. on)
(X4) ID PREFIX TAG S (E) F 0656 Level of Harm - Actual harm	SUMMARY STATEMENT OF DEFICE Each deficiency must be preceded by Review of the facility's ADL-Bathing and no bed baths between 11/1/2020 Resident #27 was admitted to the facility was admitted	IENCIES full regulatory or LSC identifying information and Skin Alert documentation showed	on)
F 0656 F a Level of Harm - Actual harm	Each deficiency must be preceded by a Review of the facility's ADL-Bathing and no bed baths between 11/1/202 Resident #27 was admitted to the facility was admitt	full regulatory or LSC identifying informati	
Level of Harm - Actual harm	and no bed baths between 11/1/202 Resident #27 was admitted to the fa		I Davidant #05 naari oo il Oakoo
Residents Affected - Some	Depression. Review of the comprehensive care performance deficit with an interver Review of an admission MDS assessoathing. Review of the facility's ADL-Bathing and 2 bed baths between 11/28/2020 Resident #32 was admitted to the faction of the comprehensive care performance deficit with an interver preference. Review of a quarterly MDS assessor assistance with dressing, extensive with bathing. Review of the facility's ADL-Bathing and 10 bed baths between 11/1/2020 Resident #33 was admitted to the facing Type 2 Diabetes Mellitus. Review of the comprehensive care performance deficit with an interver and Type 2 Diabetes Mellitus. Review of the comprehensive care performance deficit with an interver assistance with dressing, personal review of a quarterly MDS assessor assistance with dressing, personal review of the facility's ADL-Bathing showers and 1 bed bath between 1 Review of the facility's ADL-Bathing showers and 1 bed bath between 1	acility on [DATE] and readmitted [DATE matic Brain Injury, and Dementia. plan revised 7/31/2022, showed Residution in place including .Showers/bed be ment dated [DATE], showed Resident # 1 staff assistance with personal hygien and Skin Alert documentation showed 22-2/5/2023 acility on [DATE] with diagnoses including plan dated 6/17/2022, showed Resident # 1 showers offered 2xs per ment dated [DATE], showed Resident # 1 shygiene, and bathing. If and Skin Alert documentation showed 1/1/2022-2/5/2023. acility on [DATE] and readmitted [DATE ing Cerebral Infarction, Dementia without the content of the content in th	facility 12/17/2022, and readmitted we Pulmonary Disease, and ent #27 had an ADL self-care week. Int #27 required total assistance for a Resident #27 received 9 showers E] with diagnoses including ent #32 had an ADL self-care ath offered 2xs per week per his #32 required extensive 2 staff ne, and required 2 staff assistance at Resident #32 received 5 showers If Resident #32 received 5 showers If Resident #33 received 1 staff at Resident #33 required extensive 1 staff at Resident #33 received 14 E] with diagnoses including
p	Review of the comprehensive care performance deficit with an interver (continued on next page)	plan dated 9/9/2022, showed Resident tion of .showers 2xs .week .	t #39 had an ADL self-care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2035 Stonebrook Place Kingsport, TN 37660	
For information on the nursing home's p	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	CIENCIES full regulatory or LSC identifying informati	on)
F 0656 Level of Harm - Actual harm Residents Affected - Some	Review of the facility's ADL-Bathing showers and 2 bed baths between Resident #1 was admitted to the far Diabetes Mellitus, Chronic Pulmona Review of a quarterly MDS assessing assistance with dressing, personal Review of the comprehensive care performance deficit with no interver preference. Review of the facility's ADL-Bathing showers from 11/4/2022-2/5/2023, Resident #16 was admitted to the fischizophrenia, Cerebral Infarction, Review of a quarterly MDS assessing assistance for dressing, limited 1 strassistance for dressing, limited 1 strassistance for bathing. Review of a comprehensive care play with an intervention including. Assis showed the care plan did not reflect Review of the facility's ADL-Bathing Resident #16 had received 1 showed Resident #30 was admitted to the facility and Dementia. The reflection of the comprehensive care performance deficit care plan and contains.	g and Skin Alert documentation showed 11/1/2022-2/5/2023. cility on [DATE] with diagnoses including Edema, Respiratory Failure with Hyment dated [DATE], showed Resident in hygiene, and was totally dependent on plan dated 11/14/2022, showed Resident intions to address a schedule for showed a period of 94 days. acility on [DATE] with diagnoses included and Anxiety Disorder. The ment dated [DATE], showed Resident in the fair assistance for personal hygiene, and lan revised 11/4/2022, showed Resident in the fair assistance for personal hygiene, and the scheduled shower days or the resident grand Skin Alert documentation dated 2 and Skin Alert documentation dated 2 and Skin Alert documentation dated 2 and Skin Alert documentation dated 2	d Resident #39 had received 13 Ing Polyneuropathy, Type 2 Inpoxia, and Alzheimer's Disease. If 1 required extensive 1 staff 1 staff assistance for bathing. In the thick that is shower If Resident #1 had received 8 Ing Muscle Weakness, Paranoid If 16 required extensive 1 staff Ind was totally dependent on 1 staff In the thick that an ADL self-care deficit the staff assist. Continued review in the staff assist. Continued review in the staff assist. Continued review in the staff assist. Showed Ing Fracture of Femur, Essential by on 1/27/2023. In the thick that is a staff assist of the staff assist of the staff assist. In the staff assist of the staff assist. Continued review in the staff assist. In the staff assist of the staff assist of the staff assist. In the staff assist of the s

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023		
NAME OF PROVIDER OR SUPPLIE Orchard View Post-Acute and Reh	NAME OF PROVIDER OR SUPPLIER		P CODE		
Orchard view Post-Acute and Ren	abilitation Center	2035 Stonebrook Place Kingsport, TN 37660			
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 0656	Review of the facility's ADL-Bathing and Skin Alert documentation dated 12/21/2022-1/27/2023 showed Resident #30 had received 1 shower and no bed baths.				
Level of Harm - Actual harm Residents Affected - Some		acility on [DATE] and readmitted on [D d Hemiparesis, Heart Failure, and Hype			
		plan dated 6/29/2022, showed Reside ntion to address a schedule for shower			
		ment dated [DATE], showed Resident as 1 person assistance with personal hye			
	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #34 received 1 shower and no bed baths between 11/1/2022-2/5/2023.				
	Resident #38 was admitted to the facility on [DATE] with diagnoses including, Cerebral Infarction, Dementia, Anxiety Disorder, Hemiparesis and Hemiplegia.				
		plan dated 12/2/2022, showed Reside ntion to include a shower schedule or p			
	Review of an admission MDS assessment dated [DATE], showed Resident #38 required extensive 1 staff assistance with dressing, total dependence of 2 staff assistance for personal hygiene, and extensive 1 staff assistance with bathing.				
	Review of the facility's ADL-Bathing showers and 7 bed baths between	g and Skin Alert documentation showed 12/3/2022-2/5/2023.	d Resident #38 had received 4		
		t 3:32 PM, the Director of Nursing (DO times a week according to their care p			
	During an interview on 1/13/2023 at 3:53 PM, the MDS Coordinator stated the resident's bathing schedule and bathing preference should be placed on the resident's care plan. She also stated, I try to place it [bath schedule or preference] on there [the care plan] but missed some.				
	During an interview on 2/7/2023 at 10:30 AM, the MDS Coordinator stated after she had identified the activity of bathing had not occurred during the MDS assessments on several of the residents, she notified the DON. The MDS Coordinator stated she informed the DON the staff had not documented the showers.				
	Refer to tags F-677				

			NO. 0930-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
	NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		P CODE
		Kingsport, TN 37660	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0677	Provide care and assistance to per	form activities of daily living for any res	ident who is unable.
Level of Harm - Actual harm	**NOTE- TERMS IN BRACKETS H	AVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 38810
Residents Affected - Some	Based on review of the facility policy, medical record review, interviews, and observations, the facility failed to provide showers and bathing for 33 residents (#9, #10, #13, #14, #20, #22, #26, #28, #31, #36, #37, #40, #41, #1, #2, #5, #12, #15, #16, #17, #18, #19, #21, #23, #24, #25, #27, #30, #32, #33, #34, #38, and #39) of 64 residents reviewed. The facility failed to provide incontinence care for 4 residents (#10, #14, #32, and #11) of 14 residents reviewed for incontinence care. The facility's failure resulted in psychosocial harm to 13 residents (#9, #10, #13, #14, #20, #22, #26, #28, #31, #36, #37, #40, and #41).		
	The facility was cited F-677 at a scope and severity of H (Harm) which constitutes Substandard Quality of Care.		
	The findings include:		
	Review of the facility policy titled, Aspects of Daily Nursing Care, effective date 9/22/2022, showed. Residents will be provided with care, treatment and services to assist the resident in attaining and maintaining .psychosocial well-being to ensure quality of life. Clinical services is responsible for the assessment and delivery of nursing needs .activities of daily living [ADL] .to prevent complications of psychosocial intervention.		
	Resident #9 was admitted to the facility on [DATE] with diagnoses including Paraplegia, Type 2 Diabetes Mellitus, Schizophrenia, Fusion of Spine, and Intraspinal Abscess.		
		plan dated 9/9/2022 showed Resident t with an intervention including .shower	
	Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], showed Resident #9 scored a 15 on the Brief Interview for Mental Status (BIMS), indicating the resident was cognitively intact, required extensive 2 staff assistance for dressing, and personal hygiene, and was totally dependent on 2 staff assistance for bathing.		
	,	g and Skin Alert documentation dated fower or bed bath for the 30-day period.	
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 12/1/2022-12/31/2022, showed Resident #9 had received 1 shower on 12/4/2022 and 1 bed bath for the period. The documentation showed a period of 33 days between 11/1/2022-12/4/2022 the resident had not received showers or baths.		
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 1/1/2023-1/31/2023, showed Resident #9 had received 1 shower on 1/11/2023 and 2 bed baths. The documentation showed a period of 58 days between 12/4/2022-1/31/2023 the resident had not received showers or baths.		
	Review of the ADL-Bathing and Skin Alert documentation dated 2/1/2023-2/5/2023 showed Resident #9 had not received a shower and had received 1 bed bath.		
	(continued on next page)		

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2035 Stonebrook Place Kingsport, TN 37660	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0677 Level of Harm - Actual harm Residents Affected - Some	4 bed baths from 11/1/2022-2/5/20 Medical record review showed Res During an interview and observation shower. The staff provide peri-care why he had not received the sched During an interview on 2/6/2023 at and it made him feel .dirty .I have to During an interview on 2/6/2023 at reported to her (unsure of the exact Resident #10 was admitted to the foundation to the foundation of the comprehensive care impairment, and an ADL self-care pand PRN [as needed] .has bowel/boxesident every 2 hours and assist to Review of a quarterly MDS assess indicating cognitive impairment, an hygiene, and bathing. The resident Review of the facility's ADL-Bathing Resident #10 had received 4 show The documentation showed a perical 1/19/2022-11/30/2022 the resider Review of the facility's ADL-Bathing Resident #10 had received 5 show bed baths. The documentation showed baths. The documentation showed a perical 1/2/2022-1/17/2022 the Review of the facility's ADL-Bathing Resident #10 had received 2 show between 12/28/2022-1/11/2023, and received showers or baths. Review of the facility's ADL-Bathing Resident #10 had not received a sladys between 1/18/2023-2/5/20 Review of the facility's ADL-Bathing Resident #10 had not received a sladys between 1/18/2023-2/5/20	n on 1/10/2023 at 2:40 PM, Resident # (perineal care - cleaning of the private uled showers. The resident's hair appears 9:56 AM, Resident #9 stated he had noted under arm odor, and I didn't smell to 10:35 AM, Certified Nurse Aide (CNA) to date) he had not received showers are acility on [DATE] with diagnoses included plan dated 9/11/2022, showed Reside performance deficit with an intervention ladder incontinence r/t [related to] dem	showers. 9 stated he had not received a parts) routinely and he was unsure lared greasy. of received the scheduled showers on good. #7 stated Resident #9 had and felt nasty. ling Atrial Fibrillation, Adult Failure Int #10 had severe cognitive including showers 2xs per week entia, impaired mobility .Check #10 scored a 6 on the BIMS, assistance for dressing, personal bowel. 11/1/2022-11/30/2022, showed 122, 11/19/2022, and 2 bed baths. 2022 and 10 days between 12/1/2022-12/31/2022, showed 22, 12/28/2022, 12/30/2022 and 4 and 4 and 22/2022-12/3/2022 and 14 days baths. 11/1/2023-1/31/2023, showed an showed a period of 14 days occumentation showed a period of errs or baths.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, Z 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's p	olan to correct this deficiency, please con	Lact 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 0677 Level of Harm - Actual harm Residents Affected - Some	Medical record review showed Res During an observation and interview on 1/11/2023 at 6:10 AM, Resident was saturated with urine, a brown r was noted. CNA #2 confirmed Resifor residents to be provided inconting. Resident #10 was unable to be interview (LPN) #4, Resident #10 was lying in the incontinence pad had a brown r incontinence care around 3:00 AM. the incontinence pad had a brown r incontinence pad had a brown r incontinence care around 3:00 AM. the incontinence pad had a brown resident with urine word 1/6/2023 at urine multiple times (unable to recall buring an interview on 2/7/2023 at saturated with urine when she arrived with urine when she arrived with urine when she arrived an ADL self-care performance deficitly and the activity of the facility's ADL-Bathing resident had received 1 shower on days between 11/1/2022-11/29/2022-12/2	ident #10 had not refused any baths on win the resident's room with the Direct #10 was lying in bed with her eyes closing was on the resident's incontinence ident #10 was saturated with urine. The nence care every 2 hours. Prviewed on 1/11/2023 due to her sevent work on 2/6/2023 at 4:30 AM, with CNA #10 hed with eyes closed, the bed linent aring, and the room smelled of urine. CN CNA #11 and LPN #4 confirmed Residing, and the room smelled of urine. 8:28 AM, CNA #5 stated she had with will the exact dates) and had reported it 10:43 AM, CNA #16 stated she had offed on shift. acility on [DATE] and readmitted on [Dider, Chronic Pain Syndrome, and Denibland dated 6/5/2021 and revised on 3/6it and did not reflect a shower schedule ment dated [DATE], showed Resident imment. The resident was independent of bathing had not occurred. g and Skin Alert documentation dated and Skin Alert documentation dated grand Skin Alert documentation dated and Skin Alert documentation dated grand Skin Alert documentation dated and Skin Alert documentation dated grand Skin Alert documentati	or of Nursing (DON) and CNA #2 psed and the bed linens and gown pad, and a strong odor of urine e DON stated her expectation was are cognitive impairment. 11 and Licensed Practical Nurse and gown was saturated with urine, NA #11 stated she had provided dent #10 was saturated with urine, was a saturated with urine, was a saturated with urine, was a saturated with urine, was satur

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023	
NAME OF PROVIDER OR SUPPLI	ED.	STREET ADDRESS CITY STATE 71	CTDEET ADDRESS SITV STATE TID CODE	
Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place	PCODE	
Orchard view Post-Acute and Nei	abilitation Centel	Kingsport, TN 37660		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0677	Review of the ADL-Bathing and Sk bed bath from 11/1/2022-2/5/2023,	in Alert documentation showed Reside a period of 97 days.	ent #13 received 4 showers and 1	
Level of Harm - Actual harm	Medical record review showed Res	ident #13 had not refused any baths o	r showers.	
Residents Affected - Some				
	Resident #14 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Dementia, Diabetes Mellitus, Stage 3 Chronic Kidney Disease, Major Depressive Disorder, and Interstitial Pulmonary			
	Disease.			
	performance deficit with an interver	lan dated 4/24/2022, showed Resident ntion including .showers 2xs per week eds .Incontinence Care Plan .Check a	. TOILET USE .The resident	
	indicated the resident was cognitive	ment dated [DATE], showed Resident all intact. The resident required extens lependent on 2 staff assistance for bat tollet use.	ive 1 staff assistance for dressing,	
	Resident #14 had received 3 show	g and Skin Alert documentation dated over an annual state of the state	2022, and had received 1 bed bath.	
	Resident #14 received 4 showers of	g and Skin Alert documentation dated on 12/9/2022, 12/13/2022, 12/16/2022, 10 days between 12/20/2022-12/31/20	12/20/2022, and no bed baths. The	
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 1/1/2023-1/31/2023, show Resident #14 had received 3 showers on 1/11/2023, 1/17/2023, 1/31/2023, and 1 bed bath. The documentation showed a period of 21 days between 12/20/2022-1/11/2023 the resident had not received showers or baths.			
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 2/1/2023-2/5/2023, showed Resident #14 had received 1 shower on 2/1/2023 and no bed baths.			
	(continued on next page)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	Lact 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 0677 Level of Harm - Actual harm Residents Affected - Some	bed baths between 11/1/2022-2/5/2 Medical record review showed Res During an observation and interview was lying in bed with eyes closed a ring on the incontinence pad. RN # and pad. its brown ringed. During an interview on 2/6/2023 at when she arrived on shift and was upset because she hadn't been changed because S	with Registered Nurse (RN) #2 on 1/ and bed linens, gown, and brief were sa 2 stated .yeah that one is pretty wet .lt' 5:05 AM, LPN #4 stated she observed unable to recall the exact dates. LPN # anged and was left wet during the night facility on [DATE] and readmitted on [D allitus, Morbid Obesity, Overactive Blace plan dated 9/9/2022, showed Resident intion including .Showers offered 2xs per ment dated [DATE], showed Resident rement. The resident required extensive of bathing had not occurred. g and Skin Alert documentation dated and 11/1/2022 and 1 bed bath. The docur 22 the resident had not received shower and received 1 bed bath. The dr 2022 the resident had not received shower and Skin Alert documentation dated and Skin Alert documenta	r showers. 11/2023 at 5:02 AM, Resident #14 aturated with urine, with a brown is saturated with urine both the brief. Resident #14 saturated with urine beth stated Resident #14 .seemed it. ATE] with diagnoses including adder, Chronic Pain Syndrome, and it #20 had an ADL self-care er week and prn. #20 scored a 12 on the BIMS which is 1 staff assistance for dressing, 11/1/2022-11/30/2022, showed mentation showed a period of 29 ers or baths. 12/1/2022-12/31/2022, showed powers or baths. 13/1/2023-1/31/2023, showed end bath. The documentation ad not received showers or baths. 12/1/2023-2/5/2023, showed 13/1/2023-2/5/2023, showed 14/1/2023-2/5/2023, showed 15/1/2023-2/5/2023, showed 16/1/2023-2/5/2023, showed 17/1/2023-2/5/2023, showed

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0677 Level of Harm - Actual harm Residents Affected - Some	SUMMARY STATEMENT OF DEFICIENCIES		In Syndrome, and Dementia. It #22 had an ADL self-care of prn. If #22 scored a 14 on the BIMS which we 1 staff assistance for dressing bathing. In 1/1/2022-11/30/2022, showed 22, and 1 bed bath. The 22 the resident had not received 22, and no bed baths. The 22 the resident had not received 2022, and no bed baths. The 2022 the resident had not received 3/1/2023-1/31/2023, showed 2022, and no bed baths. The 2022 the resident had not received 3/1/2023-1/31/2023, showed 2024, and no bed baths. The 2024 and no bed baths. The 2025 and 10 bed baths. The 2026 and 10 bed baths. The 3/1/2023-2/5/2023, showed 2026 baths. The documentation showed 2/1/2023-2/5/2023, showed 2026 showers or baths. Int #22 received 11 showers and 1 ar showers. In 1/1/2022-11/30/2022, showed 2026 had an ADL self-care 2026 are week.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023	
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDED OR SURRULED		P CODE	
Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	. 6052	
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 0677 Level of Harm - Actual harm	Review of a quarterly MDS assessment dated [DATE], showed Resident #26 scored a 14 on the BIMS which indicated the resident was cognitively intact. The resident required limited 1 staff assistance for dressing,			
Residents Affected - Some	personal hygiene, and the activity of bathing had not occurred. Review of the facility's ADL-Bathing and Skin Alert documentation dated 12/1/2022-12/31/2022, showed Resident #26 had received 2 showers on 12/6/2022, 12/16/2022, and no bed baths. The documentation showed a period of 9 days between 12/6/2022-12/16/2022 and 14 days between 12/16/2022-12/31/2022 the resident had not received showers or baths.			
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 1/1/2023-1/31/2023, showed Resident #26 had received 5 showers on 1/4/2023, 1/11/2023, 1/20/2023, 1/21/2023, 1/24/2023, and no bed baths. The documentation showed a period of 18 days between 12/16/2022-1/4/2023 the resident had not received showers or baths.			
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 2/1/2023-2/5/2023, showed Resident #26 had received 1 shower on 2/3/2023 and no bed baths.			
	Review of the facility's ADL-Bathing and no bed baths between 11/1/20	g and Skin Alert documentation showed 22-2/5/2023, a period of 97 days.	Resident #26 received 9 showers	
	Medical record review showed Res	sident #26 had not refused any baths or	showers.	
	During an interview on 2/6/2023 at 5:30 AM, Resident #26 stated prior to 2-3 weeks ago, she had not received scheduled showers. The resident stated when she did not receive the showers .it upsets me .l want to be clean .			
	Resident #28 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction, Type 2 Diabetes Mellitus, and Chronic Pain Syndrome.			
	Review of the comprehensive care plan dated 6/8/2021, showed Resident #28 had an ADL self-care performance deficit with an intervention including .Showers offered 2xs per week .Assist with shower/bed bath per residents preference as scheduled 2xs per week .PRN .			
	Review of a quarterly MDS assessment dated [DATE], showed Resident #28 had a BIMS of 13, indicating cognitively intact, required extensive 1 staff assistance for dressing, personal hygiene, and was totally dependent on staff for bathing.			
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 11/1/2022-11/30/2022, showed Resident #28 received 2 showers on 11/4/2022, 11/29/2022, and 4 bed baths. The documentation showed a period of 24 days between 11/4/2022-11/29/2022 the resident had not received showers or baths.			
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 12/1/2022-12/31/2022, showed Resident #28 had received 4 showers on 12/9/2022, 12/13/2022, 12/16/2022, 12/23/2022, and had received 1 bed bath. The documentation showed a period of 7 days between 11/29/2022-12/9/2022 the resident had not received showers or baths.			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023		
NAME OF PROVIDER OR SUPPLII	NAME OF DROWDER OR SURPLIED		P CODE		
		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place	PCODE		
Orchard View Post-Acute and Reh	abilitation Center	Kingsport, TN 37660			
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 0677 Level of Harm - Actual harm Residents Affected - Some	Review of the facility's ADL-Bathing and Skin Alert documentation dated 1/1/2023-1/31/2023, showed Resident #28 had received 3 showers on 1/6/2023, 1/17/2023, 1/31/2023, refused a shower on 1/10/2023, and had received 2 bed baths. The documentation showed a period of 10 days between 12/27/2022-1/6/2023 the resident had not received showers or baths.				
Nesidents Affected - Soffe	,	Alert documentation dated 2/1/2023-2 h and refused a shower on 2/3/2023.	2/5/2023, showed Resident #28 had		
	Review of the facility's ADL-Bathing and 7 bed baths between 11/1/202	g and Skin Alert documentation showed 2-2/5/2023, a period of 97 days.	d Resident #28 received 9 showers		
	During an interview on 2/6/2023 at 4:40 AM, Resident #28 stated prior to the past 2 weeks, she had not received scheduled showers .I was mad .I was not getting my showers .				
	Resident #31 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Parkinson's Disease, Diabetes Mellitus, and Depression.				
		plan dated 7/15/2022, showed Reside ntion including .May have showers 2xs			
	Resident #31 received a total of 4 s received 2 bed baths. The docume	g and Skin Alert documentation dated 1 showers on 11/13/2022, 11/14/2022, 11 ntation showed a period of 12 days bet 022 the resident had not received show	1/23/2022, 11/27/2022, and had tween 11/1/2022-11/12/2022 and 8		
	Review of a quarterly MDS assessment dated [DATE], showed Resident #31 scored a 13 on the BIMS which indicated the resident was cognitively intact. The resident required extensive 1 staff assistance for dressing, personal hygiene, and bathing.				
	Resident #31 received 3 showers of	g and Skin Alert documentation dated 1 on 12/4/2022, 12/6/2022, 12/24/2022, a on 12/4/2022-12/24/2022 the resident o	nd 1 bed bath. The documentation		
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 1/1/2023-1/31/2023, showed Resident #31 had received 3 showers on 1/6/2023, 1/18/2023, 1/25/2023, and no bed baths. The documentation showed a period of 12 days between 12/24/2022-1/6/2023 and 11 days between 1/6/2023-1/18/2023 the resident had not received showers or baths.				
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 2/1/2023-2/5/2023, showed Resident #31 had received 1 shower on 2/4/2023 and no bed baths. The documentation showed a period of 9 days between 1/25/2023-2/4/2023 the resident had not received showers or baths.				
		g and Skin Alert documentation showed 11/1/2022-2/5/2023, a period of 97 day			
	Medical record review showed Res	ident #31 had not refused any baths or	showers.		
	(continued on next page)				

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0677 Level of Harm - Actual harm Residents Affected - Some			the past 2 weeks she had not yed a shower, it made her feel sident stated the staff had informed is and readmitted on [DATE] with epression, and Morbid (Severe) it #36 had an ADL self-care it #36 had an ADL self-care it #36 scored an 11 on the BIMS ensive 2 staff assistance with the with bathing. 12/1/2022-12/31/2022, showed ocumentation showed a period of ers or baths. 12/1/2022-12/31/2022, showed ocumentation showed a period of ers or baths. 13/1/2023-1/31/2023, showed on showed a period of ers or baths. 13/1/2023-2/5/2023, showed on showed a period of ers or baths. 13/1/2023-2/5/2023, showed the in shower and 6 bed on showers. 14/1/2023-2/5/2023, shower on Saturday cheduled showers .1 want to feel is .

	.a.a 50.7.655		No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
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 0677 Level of Harm - Actual harm Residents Affected - Some	performance deficit with an interver Review of the facility's ADL-Bathing Resident #37 had not received a sh between 11/1/2022-11/30/2022 the Review of a quarterly MDS assessr which indicated moderate cognitive dressing, personal hygiene, and the Review of the facility's ADL-Bathing Resident #37 had received 1 shows 38 days between 11/1/2022-12/9/20 Review of the facility's ADL-Bathing Resident #37 had received 3 shows documentation showed a period of Review of the facility's ADL-Bathing Resident #37 had not received a sh Review of the facility's ADL-Bathing and no bed baths between 11/1/202 Medical record review showed Res During an interview on 1/9/2023 at During an interview on 1/9/2023 at stated she had not received routine Resident #40 was admitted to the fareadmitted [DATE] with diagnoses in Depression. Review of the comprehensive care performance deficit with an interver	g and Skin Alert documentation showed 22-2/5/2023, a period of 97 days. dident #37 had not refused any baths of 2:15 PM, Resident #37 stated .they .dd 9:22 AM, Resident #37 stated she receives showers prior to the past couple of we acility on [DATE], discharged from the including Type 2 Diabetes, Chronic Obplan dated 9/19/2022, showed Residention of .may have showers 2xs .week and the latest the couple of the resident required extensions.	eek and PRN . 11/1/2022-11/30/2022, showed in showed a period of 30 days baths. #37 scored an 11 on the BIMS ited 1 staff assistance with 12/1/2022-12/31/2022, showed a documentation showed a period of vers or baths. 1/1/2023-1/31/2023, showed and no bed baths. The showers or baths. 1/1/2023-2/5/2023 showed, 1/

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Orchard View Post-Acute and Rehabilitation Center		2035 Stonebrook Place Kingsport, TN 37660	FCODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0677 Level of Harm - Actual harm	Review of the facility's ADL-Bathing and Skin Alert documentation dated 11/1/2022-11/19/2022, showed Resident #40 had received 1 shower on 11/1/2022 and 2 bed baths. The documentation showed a period of 18 days between 11/1/2022-11/19/2022 the resident did not receive showers or baths.			
Residents Affected - Some	Review of the facility's ADL-Bathing and Skin Alert documentation dated 12/1/2022-12/31/2022, showed Resident #40 had received 4 showers on 12/9/2022, 12/13/2022, 12/16/2022, 12/23/2022, and 1 bed bath. The documentation showed a period of 37 days between 11/1/2022-12/9/2022 the resident did not receive showers or baths.			
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 1/1/2023-1/31/2023, showed Resident #40 had received 2 showers on 1/6/2023, 1/17/2023, and 3 bed baths. The documentation showed a period of 13 days between 12/23/2022-1/6/2023 and 14 days between 1/17/2023-1/31/2023 the resident had not received showers or baths.			
	Review of the facility's ADL-Bathing Resident #40 received 1 shower or	g and Skin Alert documentation dated 2 n 2/3/2023 and no bed baths.	2/1/2023-2/5/2023, showed	
	The shower documentation showed 11/1/2022-11/19/2023 and 11/30/20	d Resident #40 received 8 showers and 023-2/5/2023, a period of 83 days.	d 6 bed baths between	
	Medical record review showed Res	ident #40 had not refused any baths o	r showers.	
		5:15 AM, Resident #40 stated she had #40 stated .when I didn't get a shower		
		acility on [DATE] with diagnoses include pression, and Congestive Heart Failur		
	1	plan dated 10/6/2022 showed Resider ntion of .showers offered 2xs .week .	nt #41 had an ADL self-care	
	Review of the facility's ADL-Bathing Resident #[TRUNCATED]	g and Skin Alert documentation dated	11/1/2022-11/30/2022, showed	

			No. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0725 Level of Harm - Actual harm Residents Affected - Some	charge on each shift. **NOTE- TERMS IN BRACKETS IN BR	AVE BEEN EDITED TO PROTECT Consessment, review of Resident Census at Services (CMS)-672, review of Job Dew of staffing schedules and time punch invities of Daily Living (ADL) care needs #37, #40, #41, #1, #2, #5, #12, #15, # and #39) of 64 residents reviewed for a care needs related to incontinence care reviewed for incontinence care. The faction of the care needs related to incontinence care reviewed for incontinence care. The faction of the care needs related to incontinence care reviewed for incontinence care. The faction of the care needs related to incontinence care reviewed for incontinence care. The faction of the care needs related to incontinence care reviewed for incontinence care. The faction of the care needs for incontinence care. The faction of the care as a sufficient number of the care and continence of the care and continence of the care and continence of the residents with occasional or frequent incontinence of the care of the care of the care of the stance of the	and Conditions of Residents Form scriptions, medical record review, nes, the facility failed to ensure s of 33 residents (#9, #10, #13, 16, #17, #18, #19, #21, #23, #24, bathing. The facility failed to ensure are for 4 dependent residents (#10, cility's failure resulted in , #31, #36, #37, #40 and #41). In the facility failed to ensure are for 4 dependent residents (#10, cility's failure resulted in , #31, #36, #37, #40 and #41). In the facility failed to ensure are for a dependent of the facility failed to ensure are for a dependent on the facility failed to ensure are for a dependent on the facility failed to ensure are for a dependent on the facility failed to ensure are for a dependent on the facility failed to ensure a dependent on staff are available to ensure a dependent on staff are facility failed to ensure a dependent on staff are facility failed to ensure a dependent on staff are facility failed to ensure a dependent on staff are facility failed to ensure a dependent on staff are facility failed to ensure a dependent on staff are facility failed to ensure a dependent on staff are failed to ensure a dependent on staff and failed to ensure a dependent on staff are failed to en

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0725 Level of Harm - Actual harm Residents Affected - Some	Review of the facility document title Job Summary Registered Nurses a patient advocate .Provide basic nu Provides direct and individualized r patient advocate and ensuring that resident's care plan and personal v Resident #9 was admitted to the fa Mellitus, Schizophrenia, Fusion of s Review of a quarterly Minimum Da cognitively intact, required extensiv dependent on 2 staff assistance for Review of the facility's ADL (Activit 11/1/2022-11/30/2022, showed Re Review of the facility's ADL-Bathing showed Resident #9 had received Review of the facility's ADL-Bathing Resident #9 had received 1 showe Review of the ADL-Bathing and Sk #9 had not received a shower. During an interview on 2/6/2022 at received a shower in a couple of w During an interview on 2/6/2023 at [surveyors] came . The resident sta dirty .I have bad under arm odor, a During an interview on 2/6/2023 at exact date) he had not been receiv CNAs with resident care. Resident #10 was admitted to the fi to Thrive, and Repeated Falls. Review of a quarterly MDS assess impairment, required total depende staff assistance for personal hygier	ed Registered Nurse (RN) Job Descript at the Skilled Nursing Facility provide distributed the Skilled Nursing Facility provide distributed and the Skilled Nursing Care to patients. That meet psychonursing care under the supervision of the other health care team members are possible. cility on [DATE] with diagnoses including Spine, and Intraspinal Abscess. It a Set (MDS) assessment dated [DATE of the 2 staff assistance for dressing, personant personan	ion, Updated 9/4/2020, showed . rect bedside care and act as posocial needs and physical needs . he Director of Nursing [DON] . providing care according to the ang Paraplegia, Type 2 Diabetes EJ, showed Resident #9 was anal hygiene, and was totally are Alert documentation dated ated 12/1/2022-12/31/2022, ated 1/1/2023-1/31/2023, showed 2023-2/5/2023 showed Resident #9 had not ated ated Resident #9 had not agetting them [showers] before you eduled showers, it made him feel . had reported to her (unsure of the tated the nurses did not assist the ling Atrial Fibrillation, Adult Failure and toilet use, total dependence of 1 der and bowel.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0725 Level of Harm - Actual harm Residents Affected - Some	showed Resident #10 had received Review of the facility's ADL-Bathing Resident #10 had received 2 show During an observation and intervier on 1/11/2023 at 6:10 AM, Resident saturated with urine, and a brown resident #10 was saturated with urincontinence care every 2 hours. Review of the facility's ADL-Bathing Resident #10 had not received a slind During an observation and intervier (LPN) #4, Resident #10 was lying in urine, and a brown ring was observed and the room smelled of urine. Change and the room smelled of urine. During an interview on 2/6/2023 at urine multiple times (unable to recall buring an interview on 2/7/2023 at with urine multiple times when she CNAs with resident care. Resident #13 was admitted to the filt Parkinson's Disease, Anxiety Dison Review of a quarterly MDS assess impairment, was independent with not occurred. Review of the facility's ADL-Bathing showed the resident #13 had received Review of the facility's ADL-Bathing showed Resident #13 had received 1 show Resident #14 had received 1 show Resident #15 had re	g and Skin Care Alert documentation ders. w in the resident's room with the Direct #10 was lying in bed with her eyes cloing was observed on the resident's incirine. The DON stated her expectation was and Skin Care Alert documentation denower. w on 2/6/2023 at 4:30 AM, with CNA #10 bed with eyes closed, the bed linens wed on the resident's incontinence pad. NA #11 stated she had provided inconnt #10 was saturated with urine, the incircle with the exact dates). 10:43 AM, CNA #5 stated she had with a will the exact dates). 10:43 AM, CNA #16 stated she had obtained on shift. The CNA stated the number of the exact dates in Section on the provided inconnection of the exact dates in Section on the exact dates in Sectio	or of Nursing (DON) and CNA #2 sed, the bed linens and gown were ontinence pad. CNA #2 confirmed was for resident's to be provided ated 2/1/2023-2/5/2023, showed 11 and Licensed Practical Nurse and gown were saturated with Further observation showed the tinence care around 3:00 AM. CNA continence pad had a brown ring, bessed Resident #10 saturated with esserved Resident #10 saturated with esserved Resident #10 saturated urses did not routinely assist the ATE] with diagnoses including mentia. #13 had moderate cognitive ene, and the activity of bathing had ested 11/1/2022-11/30/2022, ated 12/1/2022-12/31/2022, ated 1/1/2023-1/31/2023, showed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023		
NAME OF PROVIDED OF CURRUES		STREET ADDRESS CITY STATE 71	D CODE		
NAME OF PROVIDER OR SUPPLIE Orchard View Post-Acute and Reh		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place	PCODE		
Orchard view Post-Acute and Nem	abilitation Gentel	Kingsport, TN 37660			
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 DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying informati	on)		
F 0725	During an observation and interview in over a month . The resident's ha	w on 1/9/2023 at 3:44 PM, Resident #1 ir appeared greasy.	3 stated .I have not had a shower		
Level of Harm - Actual harm Residents Affected - Some	During an interview on 2/9/2023 at 7:40 AM, Resident #13 stated prior to 2 weeks ago he had not received the scheduled showers. The resident stated he wanted a shower and felt .unclean . when he did not receive				
	a shower.				
	Resident #14 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmo Disease, Dementia, Diabetes Mellitus, Stage 3 Chronic Kidney Disease, Major Depressive Disorder, and Interstitial Pulmonary Disease. Review of a quarterly MDS assessment dated [DATE], showed Resident #14 had moderate cognitive impairment, required extensive 1 staff assistance for dressing, personal hygiene, and was totally depend on 2 staff assistance for bathing and toilet use.				
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #14 had received 3 showers.				
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #14 had received 4 showers.				
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #14 had received 3 showers and refused 1.				
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023, showed Resident #14 had received 1 shower.				
During an observation and interview with Registered Nurse (RN) #2 on 1/11/2023 at 5:02 A was lying in bed with eyes closed, bed linens, gown, and brief were saturated with urine, at was on the incontinence pad. RN #2 stated .yeah that one is pretty wet .lt's saturated with brief and pad .its brown ringed .					
	During an interview on 2/6/2023 at 5:05 AM, LPN #4 stated she observed Resident #14 saturated with urine when she arrived on shift and was unable to recall the exact dates. LPN #4 stated Resident #14 .seemed upset because she hadn't been changed and was left wet during the night.				
	During an interview on 2/6/2023 at 5:19 AM, LPN #5 stated Resident #10 and Resident #14 were often observed saturated with urine when she arrived on shift and .they [residents] would feel bad and not be able to sleep . when saturated with urine.				
Resident #20 was admitted to the facility on [DATE] and readmitted on [DATE] with diagno Depressive Disorders, Diabetes Mellitus, Morbid Obesity, Overactive Bladder, Chronic Pair Bipolar					
	Disorder Disease.				
	(continued on next page)				
	(seemed on now page)				

			No. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023	
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG				
F 0725 Level of Harm - Actual harm Residents Affected - Some	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency, must be preceded by full regulatory or LSC identifying information) Review of a quarterly MDS assessment dated [DATE], showed Resident #20 had moderate cognit impairment, required extensive 1 staff assistance for dressing and personal hygiene, and the activibathing had not occurred. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/20: showed Resident #20 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/20: showed Resident #20 had not received a shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, Resident #20 had received 2 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, Resident #20 had received a shower. During an interview on 2/6/2023 at 9:05 AM, Resident #20 stated she had not received showers, the not enough staff, and it made her feel crappy when she had not received the scheduled showers. Resident #22 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses inclination of Spine Cervical Region, Major Depressive Disorder, Chronic Pain Syndrome, and Demen Review of a quarterly MDS assessment dated [DATE], showed Resident #22 was cognitively intac extensive 1 staff assistance for dressing and personal hygiene, and was totally dependent on 1 stassistance for bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/20; showed Resident #22 had received 3 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2023-1/31/2023, showed Resident #22 had received 2 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, Resident #22 had received 2 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, Resident #22 had received 2 showers.		#20 had moderate cognitive all hygiene, and the activity of ated 11/1/2022-11/30/2022, ated 12/1/2023-1/31/2023, showed ated 2/1/2023-2/5/2023, showed ated 2/1/2023-2/5/2023, showed at scheduled showers. ATE] with diagnoses including n Syndrome, and Dementia. #22 was cognitively intact, required otally dependent on 1 staff ated 11/1/2022-11/30/2022, ated 12/1/2022-12/31/2022, ated 1/1/2023-1/31/2023, showed ated 2/1/2023-2/5/2023, showed ated 2/1/2023-2/5/2023, showed wers] was a problem .I felt bad ting Muscle Wasting and Atrophy,	
	,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0725 Level of Harm - Actual harm Residents Affected - Some	limited 1 staff assistance for dressin Review of the facility's ADL-Bathing showed Resident #26 had received Review of the facility's ADL-Bathing Resident #26 had received 5 shown Review of the ADL-Bathing and Sk #26 had received 1 shower. During an interview on 2/6/2023 at showers. The resident stated when Resident #28 was admitted to the f following Cerebral Infarction and Ty Review of a quarterly MDS assessi impairment, required extensive 1 st dependent on staff for bathing. Review of the facility's ADL-Bathing showed Resident #28 had received Review of the facility's ADL-Bathing showed Resident #28 had received 3 shown Review of the facility's ADL-Bathing Resident #28 had received 3 shown Review of the facility's ADL-Bathing Resident #28 had not received a shown Resident #28 had not received a shown Resident #31 was admitted to the fearling an interview on 2/6/2023 at received scheduled showers. I was Resident #31 was admitted to the fearling showed Resident #31 had received Review of the facility's ADL-Bathing showed Resident #31 had received Review of a quarterly MDS assessing Review of the facility and received Review of the facility and received Review R	a quarterly MDS assessment dated [DATE], showed Resident #26 was cognitively intact aff assistance for dressing and personal hygiene, and the activity of bathing had not oce the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/20 sident #26 had received 2 showers. It the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/10/2023 26 had received 5 showers. It has a samitted to the facility on [DATE] with diagnoses including Hemiplegia and Hen received 1 shower. Interview on 2/6/2023 at 5:30 AM, Resident #26 stated she had not received the schedure resident stated when she did not receive the showers it upsets me .I want to be clear the resident stated when she did not receive the showers including Hemiplegia and Henterebral Infarction and Type 2 Diabetes. In quarterly MDS assessment dated [DATE], showed Resident #28 had moderate cognition to the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/20 sident #28 had received 2 showers and 4 bed baths. It has a facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/20 sident #28 had received 4 showers and 1 bed baths. It has a facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/3	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLII	FD	STREET ADDRESS, CITY, STATE, ZI	P CODE
Orchard View Post-Acute and Rehabilitation Center		2035 Stonebrook Place Kingsport, TN 37660	. 6022
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0725 Level of Harm - Actual harm Residents Affected - Some	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #31 had received 3 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #31 had received 3 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023, showed Resident #31 had received 2 showers. During an interview on 1/10/2023 at 2:31 PM, CNA #5 stated Resident #31 had not received the scheduled showers and Resident #31 had stated night shift had not provided the scheduled showers. The resident was scheduled for showers on Wednesdays and Saturdays and night shift was responsible for the resident's shower. During an interview on 2/6/2023 at 8:05 AM, Resident #31 stated when she had not received a shower, it made her feel terrible and yucky. I wiped myself off, but it was not doing the job. The resident further stated the staff had informed her there was not enough staff to assist her with a shower. Resident #36 was admitted to the facility on [DATE], discharged on [DATE] and readmitted on [DATE] with diagnoses including Type 2 Diabetes Mellitus, Chronic Kidney Disease, Depression, and Morbid (Severe) Obesity. Review of the facility's shower documentation dated 11/1/2022-11/30/2022, showed Resident #36 had not received a shower. Review of the facility's ADL-Bathing and Skin Care Alert shower documentation dated 12/1/2022-12/31/2023 showed Resident #36 had not received a shower. Review of the facility's ADL-Bathing and Skin Care Alert shower documentation dated 1/1/2023-1/31/2023, showed Resident #36 had not received a shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #36 had not received a shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023 showed Resident #36 had received 1 shower.		
	and .I want to feel clean .I don't like to be dirty .I don't want to get in trouble for telling you this .when you all [surveyors] are here .there is more people [staff] .there are no problems at all . Resident #37 was admitted to the facility on [DATE] with diagnosis including Parkinson's Disease, Lack of Coordination, Major Depressive Disorder, and Seizures.		
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #37 had not received a shower.		
	(continued on next page)		

it made her .feel dirty . Resident #37 further stated the facility did not have enough staff to provide the showers .people quit . Resident #40 was admitted to the facility on [DATE], discharged from the facility on 11/19/2022, and readmitted [DATE] with diagnoses including Type 2 Diabetes, Chronic Obstructive Pulmonary Disease, Depression. Review of a quarterly MDS assessment dated [DATE], showed Resident #40 was cognitively intact, recent extensive 1 staff assistance with dressing and personal hygiene, and totally dependent on 1 staff assist with bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/19/2022, showed Resident #40 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #40 had received 4 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #40 had received 2 showers.	ners is incursor a mean	and 50111555		No. 0938-0391	
Orchard View Post-Acute and Rehabilitation Center 2035 Stonebrook Place Kingsport, TN 37660 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) Review of a quarterly MDS assessment dated [DATE], showed Resident #37 had moderate cognitive impairment, required limited 1 staff assistance with dressing and personal hygiene, and the activity of bhad not occurred. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #37 had received 3 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showes of the facility and Leathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023, showed Resident #37 had not received 3 showers. Puring an interview on 2/6/2022 at 9:22 AM, Resident #37 stated she had not received routine showers it made her, feel dirty. Resident #37 further stated the facility did not have enough staff to provide the showers people quit. Resident #40 was admitted to the facility on [DATE], discharged from the facility on 11/19/2022, and readmitted [DATE] with diagnoses including Type 2 Diabetes, Chronic Obstructive Pulmonary Disease, Depression. Review of a quarterly MDS assessment dated [DATE], showed Resident #40 was cognitively intact, receitensive 1 staff assistance with dressing and personal hygiene, and totally dependent on 1 staff assistance with dressing and personal hygiene, and totally dependent on 1 staff assistance with dressing and Skin Care Alert documentation dated 11/1/2022-11/19/2022, showed Resident #40 had received 1 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/19/2022, showed Resident #40 had received 4 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2		IDENTIFICATION NUMBER:	A. Building	COMPLETED	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Review of a quarterly MDS assessment dated [DATE], showed Resident #37 had moderate cognitive impairment, required limited 1 staff assistance with dressing and personal hygiene, and the activity of bhad not occurred. Residents Affected - Some Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #37 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #37 had received 3 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023, show Resident #37 had not received a shower. During an interview on 2/6/2022 at 9:22 AM, Resident #37 stated she had not received routine showers it made her .feel dirty . Resident #37 further stated the facility did not have enough staff to provide the showers people quit. Resident #40 was admitted to the facility on [DATE], discharged from the facility on 11/19/2022, and readmitted [DATE] with diagnoses including Type 2 Diabetes, Chronic Obstructive Pulmonary Disease, Depression. Review of a quarterly MDS assessment dated [DATE], showed Resident #40 was cognitively intact, recextensive 1 staff assistance with dressing and personal hygiene, and totally dependent on 1 staff assist with bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/19/2022, showed Resident #40 had received 4 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #40 had received 2 showers.			2035 Stonebrook Place	P CODE	
(Each deficiency must be preceded by full regulatory or LSC identifying information) Review of a quarterly MDS assessment dated [DATE], showed Resident #37 had moderate cognitive impairment, required limited 1 staff assistance with dressing and personal hygiene, and the activity of b had not occurred. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #37 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #37 had received 3 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023, showed Resident #37 had not received a shower. During an interview on 2/6/2022 at 9:22 AM, Resident #37 stated she had not received routine showers it made her .feel dirty. Resident #37 further stated the facility did not have enough staff to provide the showers .people quit. Resident #40 was admitted to the facility on [DATE], discharged from the facility on 11/19/2022, and readmitted [DATE] with diagnoses including Type 2 Diabetes, Chronic Obstructive Pulmonary Disease, Depression. Review of a quarterly MDS assessment dated [DATE], showed Resident #40 was cognitively intact, receivensive 1 staff assistance with dressing and personal hygiene, and totally dependent on 1 staff assist with bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/19/2022, showed Resident #40 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #40 had received 2 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/31/2023, showed Resident #40 had received 2 showers.	្នា or information on the nursing home's រុ	olan to correct this deficiency, please conf	tact the nursing home or the state survey	agency.	
Impairment, required limited 1 staff assistance with dressing and personal hygiene, and the activity of bhad not occurred. Residents Affected - Some Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #37 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showesident #37 had received 3 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023, showed Resident #37 had not received a shower. During an interview on 2/6/2022 at 9:22 AM, Resident #37 stated she had not received routine showers it made her .feel dirty. Resident #37 further stated the facility did not have enough staff to provide the showers .people quit. Resident #40 was admitted to the facility on [DATE], discharged from the facility on 11/19/2022, and readmitted [DATE] with diagnoses including Type 2 Diabetes, Chronic Obstructive Pulmonary Disease, Depression. Review of a quarterly MDS assessment dated [DATE], showed Resident #40 was cognitively intact, recextensive 1 staff assistance with dressing and personal hygiene, and totally dependent on 1 staff assist with bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/19/2022, showed Resident #40 had received 4 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #40 had received 2 showers.	4) ID PREFIX TAG			on)	
Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, show Resident #37 had received 3 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023, show Resident #37 had not received a shower. During an interview on 2/6/2022 at 9:22 AM, Resident #37 stated she had not received routine showers it made her feel dirty. Resident #37 further stated the facility did not have enough staff to provide the showers .people quit. Resident #40 was admitted to the facility on [DATE], discharged from the facility on 11/19/2022, and readmitted [DATE] with diagnoses including Type 2 Diabetes, Chronic Obstructive Pulmonary Disease, Depression. Review of a quarterly MDS assessment dated [DATE], showed Resident #40 was cognitively intact, recent extensive 1 staff assistance with dressing and personal hygiene, and totally dependent on 1 staff assist with bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/19/2022, showed Resident #40 had received 1 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #40 had received 4 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #40 had received 2 showers.	evel of Harm - Actual harm	impairment, required limited 1 staff had not occurred. Review of the facility's ADL-Bathing	taff assistance with dressing and personal hygiene, and the activity of bathing		
During an interview on 2/6/2022 at 9:22 AM, Resident #37 stated she had not received routine showers it made her .feel dirty . Resident #37 further stated the facility did not have enough staff to provide the showers .people quit . Resident #40 was admitted to the facility on [DATE], discharged from the facility on 11/19/2022, and readmitted [DATE] with diagnoses including Type 2 Diabetes, Chronic Obstructive Pulmonary Disease, Depression. Review of a quarterly MDS assessment dated [DATE], showed Resident #40 was cognitively intact, recextensive 1 staff assistance with dressing and personal hygiene, and totally dependent on 1 staff assist with bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/19/2022, showed Resident #40 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #40 had received 4 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, sho Resident #40 had received 2 showers.		Review of the facility's ADL-Bathing Resident #37 had received 3 shows Review of the facility's ADL-Bathing	l 1 shower. g and Skin Care Alert documentation deers. g and Skin Care Alert documentation de	ated 1/1/2023-1/31/2023, showed	
readmitted [DATE] with diagnoses including Type 2 Diabetes, Chronic Obstructive Pulmonary Disease, Depression. Review of a quarterly MDS assessment dated [DATE], showed Resident #40 was cognitively intact, recent extensive 1 staff assistance with dressing and personal hygiene, and totally dependent on 1 staff assist with bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/19/2022, showed Resident #40 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #40 had received 4 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #40 had received 2 showers.		During an interview on 2/6/2022 at 9:22 AM, Resident #37 stated she had not received routine showers and it made her .feel dirty . Resident #37 further stated the facility did not have enough staff to provide the			
extensive 1 staff assistance with dressing and personal hygiene, and totally dependent on 1 staff assist with bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/19/2022, showed Resident #40 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #40 had received 4 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, sho Resident #40 had received 2 showers.		readmitted [DATE] with diagnoses i			
showed Resident #40 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #40 had received 4 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, sho Resident #40 had received 2 showers.		Review of a quarterly MDS assessment dated [DATE], showed Resident #40 was cognitively intact, require extensive 1 staff assistance with dressing and personal hygiene, and totally dependent on 1 staff assistan			
showed Resident #40 had received 4 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, sho Resident #40 had received 2 showers.				ated 11/1/2022-11/19/2022,	
Resident #40 had received 2 showers.				ated 12/1/2022-12/31/2022,	
		Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #40 had received 2 showers.			
Revie of the facility's ADL-Bathing and Skin Care Alert documentation showed Resident #40 had receive shower.		,	and Skin Care Alert documentation sho	owed Resident #40 had received 1	
During an interview on 2/6/2023 at 5:15 AM, Resident #40 stated .when I didn't get a shower .lt made n angry .		<u> </u>	5:15 AM, Resident #40 stated .when I	didn't get a shower .lt made me	
Resident #41 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses including Systemic Lupus Erythematosus, Morbid Obesity, Depression, and Congestive Heart Failure.					
Review of the facility's shower documentation dated 11/1/2022-11/30/2022, showed Resident #41 had received 4 showers.		,	umentation dated 11/1/2022-11/30/202	2, showed Resident #41 had	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION	445174	A. Building	02/09/2023	
	440174	B. Wing	32/33/2323	
NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		P CODE	
Orchard View Post-Acute and Rehabilitation Center 2035 Stonebrook Place				
		Kingsport, TN 37660		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG		UMMARY STATEMENT OF DEFICIENCIES Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0725	Review of a quarterly MDS assess	ment dated [DATE], showed Resident	#41 was cognitively intact, required	
Level of Harm - Actual harm	extensive 1 staff assistance for dressing, 1 staff supervision assistance with personal hygiene, and totally dependent of 1 staff assistance with bathing.			
Residents Affected - Some	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #41 had received 5 showers.			
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #41 had received 4 showers.			
	Review of the ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023 showed Resident #41 had received 1 shower.			
	During an interview on 2/6/2023 at 5:20 AM, Resident #41 stated .they [the facility staff] told me there was not enough staff to give me my showers .I kept asking for a shower and they said they couldn't get to me went 12 days without a shower .I felt nasty .I didn't get a shower .I like to maintain my appearance .			
	Resident #1 was admitted to the facility on [DATE] with diagnoses including Polyneuropathy, Type 2 Diabetes Mellitus, Chronic Pulmonary Edema, Respiratory Failure with Hypoxia, and Alzheimer's Disease.			
	moderate cognitive impairment. Th	a quarterly Minimum Data Set (MDS) assessment dated [DATE], showed Resident #1 had ognitive impairment. The resident required extensive 1 staff assistance with dressing and required extensive 1 staff assistance with dressing and represent on 1 staff assistance for bathing.		
	Review of the facility's ADL-Bathing showed Resident #1 had received	ew of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/4/2022-11/30/2022, ved Resident #1 had received 3 showers.		
	Review of the facility's ADL-Bathing showed Resident #1 had received	ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, ad received 2 showers.		
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showe Resident #1 had received 3 showers.			
	Review of a Skin Alert sheet dated 1/30/2023, showed the resident refused a shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023, show Resident #1 had not received a shower.			
	Resident #2 was admitted to the facility on [DATE] with diagnoses including Lack of Coordination, D Mellitus, Hepatic Failure, Cirrhosis of the Liver, Acute Hepatitis C, and Rheumatic Heart Disease.			
		Review of a quarterly MDS assessment dated [DATE], showed Resident #2 was cognitively intact, require limited 1 staff assistance with dressing and personal hygiene, and was totally dependent on staff for bathi		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE		
Orchard View Post-Acute and Reh		2035 Stonebrook Place	F CODE		
		Kingsport, TN 37660			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0725	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #2 had received 1 shower. Review of a quarterly MDS assessment dated [DATE], showed Resident #2 required limited 1 staff assistance for dressing and personal hygiene, and the activity of bathing had not occurred.				
Level of Harm - Actual harm Residents Affected - Some					
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/3 showed Resident #2 had received 2 showers.				
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #2 had received 4 showers.				
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023 showed Resident #2 had received a shower on 2/4/2023.				
	Review of a nursing note dated 2/2/2023, showed the resident was offered a shower on this date and refused. During an interview on 2/6/2023 at 4:20 AM, Resident #2 stated he received showers when the staff were busy. Sometimes .they do not have enough staff to supervise me in the shower . Resident #5 was admitted to the facility on [DATE], was discharged on [DATE] and was readmitted on [DATE] with diagnoses including Dislocation of other Internal Joint Prosthesis, Repeated Falls, Lack of Coordination, Essential Hypertension, and Dementia with Severe Psychotic Disturbance. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #5 had received 1 shower.				
	impairment. The resident required	of a quarterly MDS assessment dated [DATE], showed Resident #5 had moderate cognitive nent. The resident required extensive assistance of 2 staff members for dressing and personal and was totally dependent on 1 staff assistance for bathing.			
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/21/2022, and 12/22/2022-12/31/2022, showed Resident #5 had received 2 showers.				
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #5 had received 2 showers.				
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023, showed Resident #5 had received 1 shower on 2/4/2023.				
	Resident #12 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Muscle Weakness, Chronic Pain Syndrome, Moderate Protein-Calorie Malnutrition, Schizoaffective Disorder, Recurrent Depressive Disorders, Generalized Anxiety Disorder, and Dementia.				
	1	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #12 had not received a shower.			
	(continued on next page)				

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0725 Level of Harm - Actual harm Residents Affected - Some	Each deficiency must be preceded by full regulatory or LSC identifying information) Review of a quarterly MDS assessment dated [DATE], showed Resident #12 had moderate cogni mpairment, required extensive 1 staff assistance for dressing, personal hygiene and was totally don 1 staff assistance for bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/20 showed Resident #12 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023 Resident #12 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023, Resident #12 had not received a shower. Resident #15 was admitted to the facility on [DATE] with diagnoses including Cerebral Infarction, I-Hemiplegia, and Hemiparesis. Review of a quarterly MDS assessment dated [DATE], showed Resident #15 had severe cognitive mpairment, required extensive 2 staff assistance with dressing, extensive 1 staff assistance with phygiene, and was totally dependent on 2 staff assistance for bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/20 showed Resident #15 had received 3 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2023-1/31/20 showed Resident #15 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023 showed Resident #15 had received a shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023 showed Resident #16 had received a shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023 showed Resident #16 had received a shower. Review of a quarterly MDS assessment dated [DATE], showed Resident #16 required extensive 1 assistance for dressing, limited 1 staff assistance for personal hygiene, and was totally dependent assistance for deasing, limited 1 staff assi		#12 had moderate cognitive ygiene and was totally dependent atted 12/1/2022-12/31/2022, atted 1/1/2023-2/5/2023, showed atted 2/1/2023-2/5/2023, showed atted 2/1/2023-2/5/2023, showed atted 2/1/2023-2/5/2023, showed atted 11/1/2022-11/30/2022, atted 11/1/2022-11/30/2022, atted 12/1/2023-2/5/2023, showed atted 2/1/2023-2/5/2023, showed atted 2/1/2023-2/5/2023, showed atted 2/1/2023-2/5/2023, showed atted 1/1/2023-1/31/2023, sh
	(continued on next page)		

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's	plan to correct this deficiency, please conf	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	IENCIES full regulatory or LSC identifying informati	on)
F 0725 Level of Harm - Actual harm Residents Affected - Some	Resident #16 had received 4 shows Review of the facility's ADL-Bathing Resident #17 was admitted to the facility, Chronic Pain Syndrome, Cirdischarged on [DATE]. Review of a quarterly MDS assess assistance for dressing, extensive assistance for dressing, extensive assistance for bathing. Review of the facility's ADL-Bathing showed Resident #17 had received Review of the facility's ADL-Bathing showed Resident #17 had received Resident #18 was admitted to the faciliagnoses including Cerebral Infarc Gastrostomy Status. Review of the facility's ADL-Bathing showed Resident #18 had not received Review of the facility's ADL-Bathing showed Resident #18 had not received Review of a quarterly MDS assess impairment, required extensive 1 st dependent on staff for bathing. Review of the facility's ADL-Bathing showed Resident #18 had not received 1 shows Review of the facility's ADL-Bathing showed Resident #18 had received 1 shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not received a shows Review of the facility's ADL-Bathing Resident #18 had not rec	g and Skin Care Alert documentation der. acility on [DATE] with diagnoses includer thosis of the Liver, and Generalized Alert dated [DATE], showed Resident and staff assistance with personal hygien and Skin Care Alert documentation derived a Skin Care Alert documentation der and Skin Care Alert d	ling Cognitive Communication nxiety Disorder. The resident was #17 required limited 1 staff e, and was totally dependent on 2 ated 11/1/2022-11/30/2022, ated 12/1/2022-12/31/2022, ated 1/1/2023-1/23/2023, showed E], and readmitted on [DATE] with ctive Pulmonary Disease, and ated 11/12/2022-11/30/2022, #18 had moderate cognitive al hygiene, and was totally ated 12/1/2022-12/31/2022, ated 1/1/2023-1/31/2023, showed ated 2/1/2023-2/5/2023, showed

			No. 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2035 Stonebrook Place Kingsport, TN 37660	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0867 Level of Harm - Actual harm Residents Affected - Some			

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER: 445174	A. Building B. Wing	02/09/2023		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE			
Orchard View Post-Acute and Rehabilitation Center		2035 Stonebrook Place Kingsport, TN 37660			
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0867 Level of Harm - Actual harm	During an interview on 2/6/2022 at 5:19 AM, LPN #5 stated RN #4 was aware the scheduled showers had not been provided on the night shift .said she knew . LPN #5 stated she had observed Resident #10 and Resident #14 often saturated with urine when she arrived on shift, and she had reported it to RN #4.				
Residents Affected - Some	During an interview on 2/6/2023 at 5:20 AM, Resident #41 revealed .I kept asking for a shower and they [facility staff] said they could not get to me . The resident stated she reported the concern to the shift supervisor (date and supervisor unknown). During an interview on 2/6/2023 at 5:30 AM, Resident #26 stated prior to about 2-3 weeks ago, she had not received the scheduled showers and stated she had complained to the Social Worker (no longer employed at the facility) and the Administrator but was unable to recall the date.				
	During an interview on 2/6/2023 at 8:05 AM, Resident #31 stated she had not received routine showers. The resident stated she had reported to someone at the facility (unsure who) she had not received showers. During an interview on 1/10/2023 at 2:31 PM, CNA #5 stated Resident #31 had not received the scheduled showers. Resident #31 stated night shift had not provided the scheduled showers and it had been reported to the DON (date unknown). During an interview on 2/6/2022 at 9:20 AM, CNA #13 stated residents did not receive the scheduled showers consistently. The DON was made aware (date unknown) residents were not provided showers as scheduled.				
	During an interview on 2/6/2023 at 9:56 AM, Resident #9 stated .I wasn't getting them [showers] before y [surveyors] came. Resident #9 stated he reported to multiple staff at the facility (unable to recall who) he not receive the showers.				
	During an interview on 2/6/2023 at 10:35 AM, CNA #7 stated multiple residents had complained the showers were not provided and the residents looked unkempt. Resident #9 reported to CNA #7 (unsure of the exact date) he had not received a shower and felt nasty. CNA #7 stated the DON had been made aware multiple residents had complained showers had not been provided.				
	During an interview on 2/6/2023 at 12:00 PM, Resident #36 stated she complained to staff (unable to remember who she spoke with) at the times she had not received the showers. The resident stated staff informed her she received a bed bath which was considered a shower.				
	During an interview on 2/6/2023 at 2:15 PM, Resident #41 stated she had not received the scheduled showers and had reported it to the shift supervisor.				
	During an interview on 2/6/2023 at 2:25 PM, Resident #22 stated .it [showers] was a problem .l reported it to the nurse on my hall .				
	During an interview on 2/7/2023 at 8:11 AM, LPN #8 stated .I don't know if the administration asks about staffing needs .				
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023	
NAME OF DROVIDED OR SUDDIUS	-D	STREET ADDRESS CITY STATE 71	P CODE	
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2035 Stonebrook Place Kingsport, TN 37660		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0867 Level of Harm - Actual harm	During an interview on 2/7/2023 at 8:42 AM, LPN #9 stated the facility did not have enough staff to care for the residents. Multiple residents had complained the showers were not given, incontinence care was not provided timely, and it had been reported to RN #1.			
Residents Affected - Some	During an interview on 2/7/2023 at 9:28 AM, CNA #15 stated on 2/3/2023 when she arrived on shift, Residents #10 and Resident #32 were saturated with urine and she reported it to LPN #8.			
	During an interview on 2/7/2023 at 9:54 AM, LPN #10 stated the night shift staff often report they were not able to provide the scheduled showers .too busy . and stated the night shift supervisor was aware.			
	During an interview on 2/7/2023 at 10:30 AM, the Minimum Data Set (MDS) Coordinator stated after she had identified the activity of bathing had not occurred during the MDS assessments on several of the residents and she notified the DON. The MDS Coordinator stated she informed the DON the showers had not been documented.			
	During an interview on 2/7/2023 at 1:34 PM, CNA #8 stated when the facility was short staffed .we can't get showers done . The CNA stated she had reported residents not receiving showers to the supervisor (date unknown).			
	During an interview on 2/8/2023 at 9:30 AM, the district Ombudsman stated she had concerns related to multiple residents not receiving scheduled showers. She also stated she had reported the concerns to the Administrator and the DON on 8/4/2022. The Ombudsman also stated she had several follow up conversations and emails with the Administrator and the DON related to the residents bathing schedule concerns. The Ombudsman stated the concerns had not been resolved and was .dismayed to be told by the residents it was still an issue. The Ombudsman provided emailed documentation which showed the concerns were discussed on 10/28/2022, 11/4/2022, and 11/15/2022.			
	During an interview on 2/8/2023 at 1:35 PM, the Medical Director stated the previous administration and the previous DON .made a big deal with corporate that I had harassed the nurses because I had asked for the residents to get the showers .we [facility current QAPI members] had monthly QAPI meetings and discussed showers not being given .night shift should help with the shower burden .the problems have been discussed . The Medical Director stated 2 things happened which attributed to the showers not being provided, and stated it was related to the natural flow of things with the change in administration, and implementation of a system.			
	residents due to the number of num and as needed. She also stated sh weeks ago when surveyors entered Administrator had met with the Om showers for Resident #2 and Residenterviewed the residents (#2 and # not interviewed additional residents	4:00 PM, the DON stated there was enses on each shift and incontinence care was not aware of the extent of the problems of the building on 1/9/2023. The DON fubuldsman (did not give an exact date) alent #13. The DON stated it was a lack 113) and they did not have problems. To to determine if showers had been proved a problem or issues with the residen	e should be provided every 3 hours oblems with showers until about 2 rther stated she and the about concerns related to the of shower documentation, she had The DON further stated she had vided. She also stated the Medical	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023		
NAME OF DROVIDED OR CURRUIT	-n	CTREET ADDRESS CITY STATE 71	D. CODE		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 2035 Stonebrook Place			
Orchard View Post-Acute and Rehabilitation Center		Kingsport, TN 37660			
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F 0867	During an interview on 2/9/2023 at	4:00 PM, the Administrator stated he v	vas not aware the residents had not		
	received the showers as scheduled	for weeks or days at a time until .this	very moment [2/9/2023] .not aware		
Level of Harm - Actual harm		showers and timely incontinence care . d concerns related to showers or incon			
Residents Affected - Some	residents, nor the staff had reported concerns related to showers or incontinence care. He also stated he and the DON had met with the Ombudsman (did not give an exact date) about her concerns related to the showers for Resident #2 and Resident #13. The Administrator confirmed residents at the facility had not received the showers .like they [residents] wanted .or like they were supposed to .residents should be changed every 2 hours . He also stated the showers needed to be addressed and there was a Performance Improvement Plan (PIP) in place. The Administrator stated the Medical Director and the NP had not reported a problem or issues with the resident showers. Review of the PIP dated 12/2022 showed the facility identified concerns related to the documentation of bathing. Continued review showed the PIP had not identified the actual activities of bathing had not occurred.				
	Refer to tags F-656, F-677, and F-725				