

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 06/01/2022
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 contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38810</p> <p>Based on facility policy review, medical record review, interview, and observation, the facility failed to promote care that maintained residents' dignity by not providing timely assistance with toileting needs for 8 dependent residents (#1, #2, #3, #4, #5, #6, #7, and #8) of 10 dependent residents reviewed. The facility's failure resulted in psychosocial harm for Residents #1, #2, #3, #4, and #6.</p> <p>The facility was cited F-550 at a scope and severity of H, which constitutes Substandard Quality of Care.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Dignity revised 2/2021, showed, .Each resident shall be cared for in a manner that promotes and enhances his or her sense .of self-worth and self-esteem .Residents are treated with dignity .at all times .Demeaning practices and standards of care that compromise dignity are prohibited . Staff are expected to promote dignity and assist residents .promptly .for toileting assistance .</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses to include Displaced Bimalleolar (ankle) Fracture of Left Lower Leg, Fracture of Upper End of Left Humerus (arm), Fracture of Shaft of Unspecified Tibia (lower leg), and Rheumatoid Arthritis.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], showed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. Resident #1 required extensive assistance of 1 person for bed mobility, was totally dependent on 1 person for toilet use, was always incontinent of urine, and was frequently incontinent of bowel.</p> <p>During an interview on 5/23/2022 at 11:10 AM, Certified Nursing Assistant (CNA) #1 stated she worked the 6AM (6:00 AM)-6PM (6:00 PM) dayshift. She stated the night shift (6PM-6AM shift) staff .leave the residents in a mess . The CNA stated there had been multiple times when she arrived and would find multiple residents soaked with urine, requiring a complete bed linen change. CNA #1 stated approximately 2 weeks ago (exact date unknown), Resident #1 had her call light on, and she responded to the call light. The CNA stated Resident #1 was crying because she had not been assisted by the night staff for toileting needs. The resident was .soaked with urine . and required a full bed linen change because of the large amount of saturation of urine on the linens.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/23/2022 at 11:23 AM, CNA #2 stated she worked day shift on the 100-hallway where Resident #1 resided in the facility. She stated she cared for Resident #1 and was present when the resident became upset a couple of weeks ago (exact date unknown). CNA #2 had assisted CNA #1 with Resident #1, and the resident was crying and stated her toileting needs had not been met on the night shift. The CNA stated Resident #1 was soaked with urine and had to have a complete bed linen change. Resident #1 was alert and oriented and able to make her needs known to staff. The CNA stated Resident #1 had urinated on herself because night shift staff could not answer the resident's call light timely. CNA #2 stated night shift staff had not been assisting continent (able to control bladder and bowel) residents to the bathroom and not changing the incontinent residents timely.</p> <p>During a telephone interview on 5/23/2022 at 3:17 PM, Resident #1 stated she had been a resident at the facility, had multiple fractures, was non-weight bearing on the left side, and received therapy services. The resident stated nurses were supposed to respond to the residents' needs, but she had to wait 1 to 1 1/2 hours before staff would respond to her requests on night shift. The resident stated she had to lay in her own waste [urine and feces (stool)] on night shift multiple times. Resident #1 stated she had problems with the staff responding to her timely on day shift and she had been left in urine multiple times on day shift as well. Resident #1 stated you can only hold your urine and bowels for so long when you are told you have to wait your turn. Lying in my pee and poop is definitely something I had never done before and don't want to experience it again. It made me cry and I felt totally degraded.</p> <p>During an interview on 5/24/2022 at 6:48 PM, CNA #10 stated he worked night shift on the 100-hallway. CNA #10 stated he cared for Resident #1 routinely. He stated on days when he was the only CNA present in the facility on night shift, he could not respond to Resident #1's call light timely, and the resident had to urinate on herself a couple of times (exact dates unknown).</p> <p>During an interview on 5/25/2022 at 10:48 AM, the Licensed Clinical Social Worker (Talk Therapist) stated multiple residents had complained during therapy sessions of inadequate care. She stated Resident #1 informed the Talk Therapist she would turn her call light on with no response from staff for hours multiple times, and the resident had to lay in urine and feces on night shift. The Talk Therapist stated it made Resident #1 feel inhuman, degraded, and it caused Resident #1 mental distress and psychosocial harm.</p> <p>During an interview on 5/25/2022 at 11:45 AM, the Nurse Practitioner (NP) stated Resident #1 informed the NP she had to lay in a urine saturated brief, and sometimes feces, for hours before staff assisted her with toileting needs. The NP stated the resident informed her it happened more on the night shift but had happened on day shift as well.</p> <p>Resident #2 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses to include Multiple Sclerosis, Paraplegia (partial paralysis), Major Depressive Disorder, and Demyelinating Disease of Central Nervous System.</p> <p>Review of a quarterly MDS assessment dated [DATE], showed Resident #2 had a BIMS score of 15, indicating the resident was cognitively intact. The resident required extensive assistance of 2 persons for bed mobility, extensive assistance of 1 person for toilet use, was occasionally incontinent of urine, and was frequently incontinent of bowel.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/23/2022 at 1:05 PM, Resident #2 stated night shift was not good, and the staff complained of being short staffed. The resident stated when she pushed her call light for assistance with the bedpan, she had to wait a long time for her call light to be answered. Resident #2 stated .it happens on both shifts but worse on night shift. Six PM to midnight is bad and waited up to 2 hours for assistance .at times the CNAs will come in, turn the call light off, say they will come back, and they do not return for several hours . The resident stated she had been saturated with urine and feces on both shifts because staff had not answered her call light timely. The resident stated, .I hold it as long as I can. It makes me feel horrible, not human, and it is degrading to lay in urine and poop because I'm not receiving the care I need .</p> <p>During an interview on 5/23/2022 at 10:08 PM, Licensed Practical Nurse (LPN) #2 stated Resident #2 had complained of laying in urine and feces for hours (exact dates unknown). LPN #2 stated she had observed multiple residents soaked in urine and feces in the past 3 months.</p> <p>During an interview on 5/24/2022 at 12:43 PM, CNA #8 stated she worked day shift on the 200-hallway. She stated Resident #2 informed CNA #8 .she [Resident #2] feels dirty when she pees on herself .</p> <p>During an interview on 5/26/2022 at 3:16 PM, the Assistant Director of Nursing (ADON) stated he was made aware of concerns of multiple residents left saturated in urine for hours. He stated Resident #2 had complained of her call light not being answered timely when she needed the bedpan and the resident urinated on herself.</p> <p>Resident #3 was admitted to the facility on [DATE] with diagnoses to include Fracture of Right Femur (upper leg), Anxiety Disorder, and Malignant Neoplasm of Left Kidney.</p> <p>Review of an admission MDS assessment dated [DATE], showed Resident #3 had a BIMS score of 15, indicating the resident was cognitively intact. The resident required total dependence of 2 persons for bed mobility, total dependence of 1 person for toilet use, was occasionally incontinent of urine, and was always incontinent of bowel.</p> <p>During an interview on 5/23/2022 at 12:00 PM, Resident #3 stated she was non-weight bearing and required assistance with toileting needs. The resident stated the night shift staff did not respond to her call light timely to be assisted with the bedpan. The resident stated .peed and pooped . on herself multiple times (exact dates unknown) and the last time was on 5/22/2022 (night shift). Resident #3 stated when she .pooped and peed .it did not make me feel good about myself .</p> <p>During an interview on 5/24/2022 at 4:50 PM, CNA #9 stated she worked day shift on the 100-hallway. She stated she observed Resident #3 soaked in urine on multiple occasions (exact dates unknown) and had to change bed linens due to saturation.</p> <p>Resident #4 was admitted to the facility on [DATE] with diagnoses to include Fracture of Right Lower Leg, Hemiplegia (paralysis on one side of the body) and Hemiparesis (weakness on one side of the body) Following Cerebral Infarction affecting Right Dominant Side, and Morbid Obesity.</p> <p>Review of a quarterly MDS assessment dated [DATE] showed Resident #4 had a BIMS score of 15, indicating the resident was cognitively intact. The resident required extensive assistance of 1 person for bed mobility and toilet use and was always incontinent of urine and bowel.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/23/2022 at 2:10 PM, Resident #4 stated staff on both shifts do not respond to her call light, but it was worse on night shift. She stated she was supposed to be changed (brief changed) every 2 hours and has had to wait up to 4 to 6 hours to be changed. The resident stated night shift would answer her call light, turn the light off, say they would return, and then did not return to the room. The resident stated when she would wake up, day shift was on duty, and she had gone all night without assistance (brief changed). Resident #4 stated she would be saturated with urine, sometimes feces, and it had happened multiple times recently (exact dates unknown). Resident #4 stated, .it is hard enough to have to have someone care for me and when I don't get the care I need, it is very upsetting. When I am left in urine and poop for hours, I don't feel human .</p> <p>During an interview on 5/23/2022 at 10:08 PM, LPN #2 stated Resident #4 had complained of laying in urine and feces for hours (exact dates unknown).</p> <p>During an interview on 5/24/2022 at 12:11 PM, CNA #7 stated she worked day shift on the 200-hallway. She stated the facility .had a big problem . The CNA stated she had observed residents saturated with urine and/or feces who required a complete bed linen change. She stated Resident #4 was saturated with urine this morning from the middle of her back to below her knees. The resident informed CNA #7 she had been checked and changed 1 time last night on 5/23/2022.</p> <p>During an interview on 5/25/2022 at 10:48 AM, the Licensed Clinical Social Worker (Talk Therapist) stated Resident #4 was very distressed last week. She stated the resident was very frustrated, angry, and the resident stated she could get better care at home. The Talk Therapist stated the resident informed her she laid for several hours in urine and feces because her call light had not been answered timely on night shift. The Talk Therapist stated the incident caused Resident #4 mental distress.</p> <p>During an interview on 5/25/2022 at 11:45 AM, the Nurse Practitioner (NP) stated Resident #4 had complained staff did not answer her call light timely (exact shift unknown), and she would lay for long periods of time in a urine-soaked brief before getting assistance.</p> <p>Resident #5 was admitted to the facility on [DATE] with diagnoses to include Fracture of Left Femur, Fracture of Left Radius and Left Ulna (arm bones), Atrial Fibrillation, and Difficulty in Walking.</p> <p>Review of an Admission/Readmission Nursing Evaluation dated 5/19/2022, showed the resident was always continent of urine.</p> <p>Review of a Speech Language Pathologist (SLP) Screen/MDS Worksheet undated, showed Resident #5 had a BIMS of 13, indicating the resident was cognitively intact. Resident #5's 5-Day MDS assessment was in progress and had not been completed.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/24/2022 at 9:20 AM, Resident #5 stated she was a new resident at the facility (admitted [DATE]). She stated she was continent of bladder and bowel, and she had not received toileting needs at the facility. She stated staff did not answer her call light timely on both shifts, but especially at night. Resident #5 stated the staff came in her room, turned the call light off, say they will return, and did not return for hours. The resident stated she used her call light at 7:15 PM on 5/23/2022, for toileting assistance. Someone came in (staff member unknown), turned her call light off, informed the resident there was only 1 CNA working, and the CNA would get to her as soon as they could. Resident #5 stated she did not receive toileting needs until approximately 10:00 PM (2 hours and 45 mins later). The resident stated she needed assistance with the bedpan and had to urinate on herself because she did not receive assistance timely. She also stated since her admission to the facility on [DATE], she had urinated on herself 3-4 times because staff had not responded to her call light timely. Resident #5 stated there had been 1 time a staff member told her to use her diaper and they would clean her up (exact date and staff member unknown). The resident stated, . it didn't make me feel good to sit in my own urine for a long time .</p> <p>Resident #6 was admitted to the facility on [DATE] with diagnoses to include Hemiplegia and Hemiparesis following Cerebrovascular Disease Affecting Left Dominant Side, Anxiety Disorder, Congestive Heart Failure, and Type 2 Diabetes.</p> <p>Review of an admission MDS assessment dated [DATE], showed Resident #6 had a BIMS score of 12, indicating the resident had moderate cognitive impairment. The resident was total dependence of 1 person for bed mobility and toilet use, and always incontinent of urine and bowel.</p> <p>During an observation and interview on 5/24/2022 at 4:33 PM, Resident #6 yelled out for someone to help him. The resident stated he needed to be .changed . He stated he had his call light on for a long time, staff turned it off, the resident informed the staff he needed to be changed, and he was informed a CNA would be with him shortly. Resident #6 stated he had been laying in a urine-soaked brief for over 2 hours. The resident appeared upset and frustrated. CNA #4 and CNA #9 entered the room to provide assistance, and the resident's brief and under pad were soaked with urine with a strong urine odor present. Resident #6 stated he had not been checked or changed since 10:00 AM on 5/24/2022.</p> <p>During an interview on 5/24/2022 at 4:45 PM, CNA #4 confirmed Resident #6 had not been changed since 10:00 AM (the resident's brief was changed at 4:33 PM, 6 hours and 33 minutes later).</p> <p>During an interview on 5/24/2022 at 5:32 PM, Resident #6 stated he had been at the facility for about 2 weeks and was incontinent of urine and bowel prior to admission to the facility. He stated since his admission to the facility he had been left laying multiple times in a wet brief for long periods of time (exact dates unknown). Resident #6 stated .I don't like laying in my pee .</p> <p>During an interview on 5/25/2022 at 11:45 AM, the NP stated Resident #6 had complained of staff not answering his call light timely (exact shift unknown), and he would lay for long periods of time in a brief soaked in urine and/or feces before he received assistance.</p> <p>Resident #7 was admitted to the facility on [DATE] with diagnoses to include Major Depressive Disorder, Absence of Right and Left Leg Above the Knee, and Chronic Pain Syndrome.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of an admission MDS assessment dated [DATE], showed Resident #7 had a BIMS score of 15, indicating the resident was cognitively intact. The resident required limited assistance of 1 person for bed mobility and toilet use, was always continent of urine, and was occasionally incontinent of bowel.</p> <p>During an interview on 5/23/2022 at 10:05 PM, Resident #7 stated she had her .diaper . changed around 9:15 PM (5/23/2022), after she initially called for assistance with incontinence care around 6:00 PM. She stated, .I don't like sitting in my pee and poop .</p> <p>Resident #8 was admitted to the facility on [DATE] with diagnoses to include Multiple Fractures of Ribs, Right Side, Contusion of Lung, and Diverticulosis of Large Intestine without Perforation or Abscess.</p> <p>Review of an Admission/Readmission Nursing Evaluation dated 5/19/2022, showed the resident was occasionally incontinent of urine, frequently incontinent of bowel, and was alert to person, place, and time.</p> <p>Review of a SLP Screen/MDS Worksheet undated, showed Resident #8 had a BIMS of 13, indicating the resident was cognitively intact. Resident #8's 5-Day MDS assessment was in progress and had not been completed.</p> <p>During an observation and interview on 5/23/2022 at 8:46 PM, Resident #8 stated her call light had been on for a long time. She had a BM (bowel movement) and could not get assistance from the staff. Resident #8's room had a foul odor of feces upon entrance into the room.</p> <p>During an interview on 5/24/2022 at 6:36 PM, LPN #4 stated she worked day shift on the 200-hallway. She stated she had witnessed multiple residents laying in urine for long periods of time and the residents required a complete bed linen change on her shift due to saturated linen.</p> <p>During an interview on 6/1/2022 at 9:40 AM, the NP confirmed residents at the facility were not treated with dignity and respect when their toileting needs were not met.</p> <p>During an interview on 6/1/2022 at 9:55 AM, the ADON confirmed the residents had not been treated with dignity and respect if the residents felt inhuman, degraded, and horrible because they had to lay in urine and/or feces for hours.</p> <p>During an interview on 6/1/2022 at 10:20 AM, the Talk Therapist confirmed when the residents laid in urine and/or feces for hours, they had not been treated with dignity and respect.</p> <p>During a telephone interview on 6/1/2022 at 11:30 AM, the Medical Director confirmed residents at the facility were not treated with dignity and respect. The Medical Director confirmed the facility's dignity policy was not followed.</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38810</p> <p>Based on facility policy review, medical record review, review of facility grievances, interview, and observation, the facility failed to prevent neglect for 8 dependent residents (#1, #2, #3, #4, #5, #6, #7, and #8) of 10 dependent residents reviewed for abuse. The facility's failure resulted in psychosocial harm for Residents #1, #2, #3, #4, and #6.</p> <p>The facility was cited F-600 at a scope and severity of H, which constitutes Substandard Quality of Care.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Recognizing Signs and Symptoms of Abuse/Neglect, revised 1/2011, showed, .Our facility will not condone any form of resident abuse or neglect .Neglect' is defined as failure to provide .services necessary to avoid .mental anguish .Signs of Actual .Neglect .Poor hygiene .Inadequate .care .</p> <p>Review of the facility policy titled, Activities of Daily Living (ADLs), Supporting, undated, showed .Policy Statement .Residents will be provided with care .to maintain or improve their ability to carry out .(ADLs) . Appropriate care and services will be provided for residents who are unable to carry out ADLs independently . including .assistance with .elimination (toileting) .</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses to include Displaced Bimalleolar (ankle) Fracture of Left Lower Leg, Fracture of Upper End of Left Humerus (arm), Fracture of Shaft of Unspecified Tibia (lower leg), and Rheumatoid Arthritis.</p> <p>Review of Resident #1's Comprehensive Care Plan dated 4/11/2022, showed .ADL [Activity of Daily Living] Care Plan .TOILET USE .The resident requires assistance by 1 staff for toileting .The resident is on diuretic therapy .At risk for altered bladder elimination related to impaired mobility .Check and change monitor for incontinence .</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE] showed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. The resident required extensive assistance of 1 person for bed mobility, was totally dependent on 1 person for toilet use, was always incontinent of bladder, and frequently incontinent of bowel.</p> <p>Review of the April 2022 Grievance Log showed Resident #1 had filed a grievance on 4/28/2022 related to nurse staffing and call lights.</p> <p>Review of a Resident Grievance/Complaint form dated 4/28/2022, showed .Resident [Resident #1] states call light wait time was 2 hrs [hours] .nurse came in room .stated CNA [Certified Nursing Assistant] would be in and never came .She initially pressed her call light at 4 [4:00 PM] .She says she wasn't changed until 11pm .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/23/2022 at 11:10 AM, CNA #1 stated she worked the 6AM (6:00 AM)-6PM (6:00PM) day shift. She stated the night shift (6:00 PM-6:00 AM) staff .leave the residents in a mess . The CNA stated there had been multiple times when she arrived and would find multiple residents soaked with urine and required a complete bed linen change. CNA #1 stated approximately 2 weeks ago (exact date unknown), Resident #1 had her call light on, and she responded to the call light. The CNA stated Resident #1 was crying because she had not been assisted by the night shift staff for toileting needs. The resident was .soaked with urine . and required a full bed linen change.</p> <p>During an interview on 5/23/2022 at 11:23 AM, CNA #2 stated she worked day shift on the 100-hall where Resident #1 resided at the facility. She stated she cared for Resident #1 and was present when the resident became upset a couple of weeks ago (exact date unknown). CNA #2 had assisted CNA #1 with Resident #1, and Resident #1 was crying and stated her toileting needs had not been met on the night shift. Resident #1 was soaked with urine and had to have a complete bed linen change. Resident #1 was alert and oriented and able to make her needs known to staff. The CNA stated Resident #1 had urinated on herself because night shift staff could not answer the resident's call light timely. CNA #2 stated night shift staff had not been answering call lights timely, not assisting continent (able to control bladder and bowel) residents to the bathroom, and not changing the incontinent residents timely. CNA #2 stated she was responsible for 34 residents at times on her day shift. On the days she was responsible for 34 residents, CNA #2 was unable to meet all the resident needs and Resident #1 had urinated on herself because she (CNA #2) had not answered the resident's call light timely (on day shift, exact date unknown).</p> <p>During a telephone interview on 5/23/2022 at 3:17 PM, Resident #1 stated she had been a resident at the facility, had multiple fractures, was non-weight bearing on the left side, and received therapy services. The resident stated she was discharged from the facility on 5/17/2022 to her home. Resident #1 stated the facility had call lights in the rooms for residents to use when they needed assistance. She stated nurses and CNAs were supposed to respond to the residents' needs, but she had to wait 1 to 1 1/2 hours before staff would respond to her call light on night shift. She stated the facility had 1 CNA on night shift to care for the residents and she had to lay in her .own waste [urine and feces] . on night shift multiple times (exact dates unknown). She stated most of the nurses on night shift would not help the CNAs, .problem is the nurses want to sit around and the CNAs are over worked . The resident stated she made the Director of Nursing (DON) aware of her concerns and the DON informed the resident the facility was shorthanded and couldn't get anyone to work. She stated there were normally 2 CNAs on day shift. Resident #1 had problems with staff responding to her call light timely on day shift, depending on who was working, and she had been left in urine multiple times. Resident #1 stated .you can only hold your urine and bowels for so long when you are told you have to wait your turn. Lying in my pee and poop is definitely something I had never done before and don't want to experience it again. It made me cry and I felt totally degraded .</p> <p>During an interview on 5/23/2022 at 9:10 PM, Licensed Practical Nurse (LPN) #1 stated she was familiar with Resident #1 and had cared for the resident routinely. The LPN stated the resident was continent of her bowel and bladder. Resident #1 had complained about her call light not being answered timely and she had to urinate and have a BM (bowel movement) on herself because staff had not responded timely to assist her with her toileting needs (exact date unknown).</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/24/2022 at 9:56 AM, the Social Services Director stated Resident #1 had made a grievance (exact date unknown) regarding her call light not being answered timely and had to wait for an hour. Staff came in and said they would be back, staff did not come back to assist the resident, and it took several hours for the resident to get help. The Social Services Director reported the grievance to the DON on 4/28/2022.</p> <p>During an interview on 5/24/2022 at 10:36 AM, CNA #4 stated she worked day shift on the 100-hallway. She stated multiple residents had complained of having to lay in urine for hours at a time on night shift. CNA #4 was unable to name the residents .they come and go on the rehabilitation floor . but did recall Resident #1 complained staff would not answer her call light timely and provide toileting needs on night shift. CNA #4 stated she had arrived on shift multiple times and observed multiple residents on the 100-hallway saturated with urine and had to do a complete bed linen change because the linens were saturated. The CNA stated she reported the concerns to the DON (exact date unknown).</p> <p>During an interview on 5/24/2022 at 6:48 PM, CNA #10 stated he worked night shift on the 100-hallway. The CNA stated he had worked as the only CNA a hand full of times recently (exact dates unknown). He stated he witnessed residents saturated with urine and the residents required a complete bed linen change when he arrived on his shift. CNA #10 stated he cared for Resident #1 routinely, as the only CNA present in the facility on night shift. Resident #1 urinated on herself a couple of times because he was unable to answer her call light timely.</p> <p>During a telephone interview on 5/25/2022 at 10:28 AM, Registered Nurse (RN) #5 stated she worked day shift. She stated CNA staff reported multiple residents on multiple days (exact dates unknown) were observed saturated with urine. RN #5 had witnessed multiple residents saturated with urine and an odor that required a complete bed linen change. She stated CNA #2 reported a concern when Resident #1 (exact date unknown) was saturated with urine when she arrived on first shift. The DON was made aware of Resident #1's concerns. RN #5 stated night shift had been staffed with only 1 CNA multiple times recently and the residents had not received adequate care when only 1 CNA worked the shift.</p> <p>During an interview on 5/25/2022 at 10:48 AM, the Licensed Clinical Social Worker (Talk Therapist) stated multiple residents had complained during therapy sessions of inadequate care. Resident #1 informed the Talk Therapist she would turn her call light on, there would be no response from staff for hours, it happened multiple times, and the resident had to lay in urine and feces on night shift. The Talk Therapist stated it made Resident #1 feel inhuman, she felt degraded, and it caused her mental distress and psychosocial harm.</p> <p>During an interview on 5/25/2022 at 11:45 AM, the Nurse Practitioner (NP) stated Resident #1 had informed her the resident would use her call bell for assistance, the staff would either not answer the call bell for hours, or come in, turn the light off, say they would return, and staff would not return to assist the resident. The NP stated the resident required assistance with toileting needs. Resident #1 informed the NP she had to lay in a urine saturated brief, and sometimes feces, for hours before staff assisted her with toileting needs. The NP stated it happened more on the night shift but had happened on day shift as well.</p> <p>Resident #2 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses to include Multiple Sclerosis, Paraplegia (partial paralysis), Major Depressive Disorder, and Demyelinating Disease of Central Nervous System.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #2's Comprehensive Care Plan showed .bladder/bowel incontinence r/t [related to] impaired mobility . Further review showed .Check q [every] 2 hours and prn [as needed] as required for incontinence .revision .11/11/2021 .</p> <p>Review of a quarterly MDS assessment dated [DATE] showed Resident #2 had a BIMS score of 15, indicating the resident was cognitively intact. The resident required extensive assistance of 2 persons for bed mobility, extensive assistance of 1 person for toilet use, was occasionally incontinent of urine, and was frequently incontinent of bowel.</p> <p>During an interview on 5/23/2022 at 1:05 PM, Resident #2 stated night shift was not good, and the staff complained of being short staffed. The resident stated when she pushed her call light for assistance with the bedpan, she had to wait a long time for her call light to be answered .It happens on both shifts but worse on night shift. Six PM to midnight is bad and waited up to 2 hours for assistance .at times the CNAs will come in, turn the call light off, say they will come back, and do not return for several hours . Resident #2 stated she required a bedpan for urinating and having a BM (bowel movement) at times, and she was not always aware when her bowels moved. The resident stated she had been saturated with urine and feces on both shifts because staff had not answered her call light timely. The resident stated, .I hold it as long as I can. It makes me feel horrible, not human, and it is degrading to lay in urine and poop because I'm not receiving the care I need .</p> <p>During an observation on 5/23/2022 at 8:07 PM, the following staff were observed on night shift: RN #1, RN #2, LPN #1, LPN #2, and CNA #3. All staff were at the nurse's station and 12 call lights were observed sounding. CNA #3 immediately went to the 100 hallway and the 2 RNs and 2 LPNs remained at the nursing station eating until 8:35 PM.</p> <p>During an observation on 5/23/2022 at 8:07 PM, Resident #2's call light was sounding.</p> <p>During an observation and interview on 5/23/2022 at 8:17 PM, the call light to Resident #2's room was still sounding from when it was observed at 8:07 PM. Resident #2 stated her roommate, Resident #7, had called for assistance at 6:15 PM and staff had not responded to the call light. Resident #2 stated she needed assistance with the bedpan.</p> <p>During an interview on 5/23/2022 at 8:40 PM, Resident #2 stated RN #1 responded to her call light around 8:35 PM (1 hour and 20 minutes after the resident's roommate pressed the call light at 6:15 PM on 5/23/2022). The RN turned the call light off, informed the resident the facility was short staffed with only 1 CNA on the shift, and the CNA would get to her as soon as possible. Resident #2 stated, .why could the nurse not put me on the bed pan .</p> <p>During an interview on 5/23/2022 at 10:00 PM, Resident #2 stated RN #1 assisted her with toileting needs at 9:00 PM (2 hours and 45 minutes later), and the resident had urinated on herself. The resident stated she was very upset about having to urinate on herself.</p> <p>During an interview on 5/23/2022 at 10:08 PM, Licensed Practical Nurse (LPN) #2 stated Resident #2 had complained of laying in urine and feces for hours (exact dates unknown). LPN #2 stated she had observed multiple residents soaked in urine and feces in the past 3 months, .the residents are not cared for .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/24/2022 at 12:43 PM, CNA #8 stated she worked day shift on the 200-hallway. She stated she had multiple observations and multiple days of residents for the past couple of months (exact dates unknown) on the 200-hallway saturated with urine and/or feces which required a full bed linen change. She stated multiple alert residents had informed her night shift staff would not answer the call lights timely. The CNA stated it would take up to 2 hours for the staff to respond. The staff would turn the call light off, inform the residents they would return, and the residents would fall asleep waiting for assistance. The residents would wake up saturated with urine and sometimes feces. She also stated Resident #2 had incontinence of her bowels at times but would hold her urine as long as she could, and the resident would urinate on herself if the call light was not answered timely. She stated Resident #2 informed her .she feels dirty when she pees on herself . CNA #8 reported Resident #2's concerns and the CNAs concerns to several nurses and the DON (exact dates unknown).</p> <p>During an interview on 5/26/2022 at 3:16 PM, the Assistant Director of Nursing (ADON) stated he was made aware of concerns with multiple residents being left saturated in urine for hours. He stated staff had him do observations on several of the residents and he observed multiple residents in bed saturated with urine and requiring a full bed linen change (exact dates unknown). The ADON stated he did not think the residents had received the proper care needed for the past couple of months. He stated Resident #2 had complained of her call light not being answered timely when she needed the bedpan and the resident had urinated on herself.</p> <p>Resident #3 was admitted to the facility on [DATE] with diagnoses to include Fracture of Right Femur (upper leg), Anxiety Disorder, and Malignant Neoplasm of Left Kidney.</p> <p>Review of Resident #3's Comprehensive Care Plan dated 4/19/2022, showed .has an ADL self-care performance deficit r/t Fall .fracture of distal end of right femur . Further review showed .TOILET USE . incontinent and wears briefs. Check and change prn .uses the bedpan for bowel movements .Encourage the resident to use call bell for assistance .Date Initiated 04/20/2022 .</p> <p>Review of an admission MDS assessment dated [DATE], showed Resident #3 had a BIMS score of 15, indicating the resident was cognitively intact. The resident was total dependence of 2 persons for bed mobility, total dependence of 1 person for toilet use, occasionally incontinent of urine, and always incontinent of bowel.</p> <p>During an interview on 5/23/2022 at 11:23 AM, CNA #2 stated Resident #3 complained .not long ago . of night shift not answering her call light (exact date unknown). CNA #2 stated the resident told her the call light was on for hours and the staff had not changed her soiled brief. CNA #2 arrived on dayshift and observed Resident #3 saturated with urine and reported it to RN #5 (exact date unknown).</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/23/2022 at 12:00 PM, Resident #3 stated she was non-weight bearing and required assistance with toileting needs. The resident stated the night shift staff did not respond to her call light timely to be assisted with the bedpan. The resident stated .peed and pooped . on herself multiple times (exact dates unknown). The last time was on 5/22/2022 night shift. Resident #3 stated .there is not enough help at night to help us . Night shift is short staffed a lot of times with 1 CNA to care for all the residents. She stated when the staff did assist her with the bedpan, they left the room, waited for her to call for assistance to be removed from the bedpan, and she was left on the bedpan for a .long time . because staff do not respond to the call light. Resident #3 stated .pooped and peed .on myself it did not make me feel too good about myself .</p> <p>During an interview on 5/24/2022 at 4:50 PM, CNA #9 stated she worked day shift on the 100-hallway. She stated Resident #3 was incontinent of urine but could alert staff when her brief needed to be changed. CNA #9 stated she witnessed the resident soaked in urine on multiple occasions and had to change Resident #3's bed linens.</p> <p>During an interview on 5/25/2022 at 3:37 PM, RN #6 stated she worked day shift on the 100-hallway. She stated she has had complaints from day shift CNAs of multiple residents left saturated with urine when they arrived on shift at 6 AM. She stated she observed Resident #3 saturated with urine and required a full bed linen change (exact date unknown). The RN also stated she observed multiple other residents soaked with urine and reported the concerns to the DON. RN #6 stated night shift had worked with only 1 CNA multiple times. The residents were soaked with urine when only 1 CNA worked alone in the facility, and it would be impossible to meet the care needs of the residents with only 1 CNA on night shift.</p> <p>Resident #4 was admitted to the facility on [DATE] with diagnoses to include Fracture of Right Lower Leg, Hemiplegia (paralysis on one side of the body) and Hemiparesis (weakness on one side of the body) Following Cerebral Infarction affecting Right Dominant Side, and Morbid Obesity.</p> <p>Review of Resident #4's Comprehensive Care Plan dated 2/10/2022, showed .resident has bladder/bowel incontinence r/t impaired mobility r/t .CVA [Cerebral Vascular Accident] .hemiplegia .INCONTINENT .Check . Q [every] 2 [hours] and prn required for incontinence .</p> <p>Review of a quarterly MDS assessment dated [DATE], showed Resident #4 had a BIMS score of 15, indicating the resident was cognitively intact. The resident required extensive assistance of 1 person for bed mobility and toilet use and was always incontinent of urine and bowel.</p> <p>During an interview on 5/23/2022 at 2:10 PM, Resident #4 stated staff on both shifts did not respond to her call light, but it was worse on night shift. She stated she was supposed to be changed (brief changed) every 2 hours and has had to wait up to 4 to 6 hours to be changed. The resident stated night shift would answer her call light, turn the light off, say they would return, and then did not return to the room. The resident stated when she would wake up, day shift was on duty, and she had gone all night without assistance (brief changed). Resident #4 stated she had to wear briefs because she has had 2 strokes and had minimum movement in her hips and legs. She stated she had informed the head nurse on day shift with brown hair and wears glasses about her concerns. The resident stated .it is hard enough to have to have someone care for me and when I don't get the care I need, it is very upsetting. When I am left in urine and poop for hours, I don't feel human .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/23/2022 at 10:08 PM, LPN #2 stated Resident #4 complained of laying in urine and feces for hours (exact dates unknown).</p> <p>During an interview on 5/24/2022 at 12:11 PM, CNA #7 stated she worked day shift on the 200-hallway. She stated the facility .had a big problem . She stated night shift CNAs would come in late or never show up at all. Nurses sat at the desk, except for LPN #4. LPN #4 helped the CNAs, but the other nurses did not help answer call lights or assist with resident care needs. She stated Resident #4 was saturated with urine this morning from the middle of her back to below her knees. The resident informed CNA #7 she had been checked and changed one time last night on 5/23/2022 because there had been only 1 CNA on the shift. She stated the night shift had worked with only 1 CNA multiple times recently and CNA #7 had observed residents saturated with urine and/or feces and requiring a complete bed linen change.</p> <p>During an interview on 5/25/2022 at 10:48 AM, the Licensed Clinical Social Worker (Talk Therapist) stated Resident #4 was very distressed last week. She stated the resident was very frustrated and angry, and the resident stated she could get better care at home. She stated the resident laid for several hours in urine and feces because her call light had not been answered timely on night shift. The Talk Therapist stated the incident caused Resident #4 mental distress. She reported the incident to the charge nurse, the DON, and the ADON.</p> <p>During an interview on 5/25/2022 at 11:45 AM, the NP stated Resident #4 had complained staff did not answer her call light timely (exact date unknown), and she would lay for long periods of time in a urine-soaked brief before she received assistance from staff.</p> <p>Resident #5 was admitted to the facility on [DATE] with diagnoses to include Fracture of Left Femur, Fracture of Left Radius and Left Ulna (arm bones), Atrial Fibrillation, and Difficulty in Walking.</p> <p>Review of an Admission/Readmission Nursing Evaluation dated 5/19/2022, showed the resident was always continent of urine.</p> <p>Review of a Speech Language Pathologist (SLP) Screen/MDS Worksheet undated, showed Resident #5 had a BIMS of 13, indicating the resident was cognitively intact. Resident #5's 5-Day MDS assessment was in progress and had not been completed.</p> <p>Review of Resident #5's Interim Care Plan dated 5/23/2022, showed .broken left hip and broken left wrist .Be sure .resident's call light is within reach and encourage the resident to use it .The resident needs prompt response to all requests for assistance .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/24/2022 at 9:20 AM, Resident #5 stated she was a new resident at the facility (admitted [DATE]). She stated she was continent of bladder and bowel, and she had not received toileting needs at the facility. She stated staff did not answer her call light timely on both shifts, but especially at night. Resident #5 stated the staff came in her room, turned the call light off, say they will return, and then did not return for hours. The resident stated she used her call light at 7:15 PM on 5/23/2022, for toileting assistance. Someone came in, (staff member unknown), turned her call light off, and informed her there was only 1 CNA working and the CNA would get to her as soon as they could. Resident #5 stated she did not receive toileting needs until approximately 10:00 PM (2 hours and 45 mins later). The resident stated she needed assistance with the bedpan, did not receive assistance timely, and she urinated on herself. She stated since her admission to the facility on [DATE], she had urinated on herself 3-4 times because staff had not responded to her call light timely. Resident #5 stated there had been 1 time a staff member told her to use her diaper and they would clean her up (exact date and staff member unknown). The resident stated, .it didn't make me feel good to sit in my own urine for a long time .</p> <p>During an interview on 5/24/2022 at 4:50 PM, CNA #9 stated Resident #5 was a new resident at the facility, was continent of her urine and bowels, and the resident requested a bedpan for her toileting needs. CNA #9 stated she had observed multiple residents soaked in urine multiple times after she arrived on her shift, and it happened a lot (exact dates unknown).</p> <p>Resident #6 was admitted to the facility on [DATE] with diagnoses to include Hemiplegia and Hemiparesis following Cerebrovascular Disease Affecting Left Dominant Side, Anxiety Disorder, Congestive Heart Failure, and Type 2 Diabetes.</p> <p>Review of Resident #6's Comprehensive Care Plan dated 4/22/2022, showed .Incontinence Care Plan .At risk for altered bladder/bowel elimination related to Hemiplegia .Check and Change monitor for incontinence . Provide pericare after each episode of incontinence .</p> <p>Review of an admission MDS assessment dated [DATE], showed Resident #6 had a BIMS score of 12, indicating the resident had moderate cognitive impairment. The resident was total dependence of 1 person for bed mobility and toilet use and was always incontinent of urine and bowel.</p> <p>During an observation and interview on 5/24/2022 at 4:33 PM, Resident #6 yelled out for someone to help him. The resident stated he needed to be changed. He stated he had his call light on for a long time and staff turned off the call light. He informed the staff he needed to be changed and he was informed a CNA would be with him shortly. Resident #6 stated he had been laying in a urine-soaked brief for over 2 hours. CNA #4 and CNA #9 then entered the room to provide care and the resident's brief and under pad was soaked with urine with a strong urine odor present. Resident #6 stated he had not been checked or changed since 10:00 AM on 5/24/2022.</p> <p>During an interview on 5/24/2022 at 4:45 PM, CNA #4 confirmed Resident #4 had not been changed since 10:00 AM (the resident's brief was changed 6 hours and 33 minutes later at 4:33 PM) and stated, .it has been hectic today .</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/24/2022 at 5:32 PM, Resident #6 stated he had been at the facility for about 2 weeks. He was incontinent of urine and bowel and had been for some time. He stated since his admission to the facility, he had been left laying a lot of times in a wet brief for long periods of time. He was unable to recall the exact dates and times of each episode. Resident #6 yelled .I don't like laying in my pee</p> <p>During an interview on 5/25/2022 at 11:45 AM, the NP stated Resident #6 had complained staff had not answered his call light timely (exact date unknown). He would lay for long periods of time in a brief soaked in urine and/or feces before he received assistance from the staff. The NP stated she had multiple other residents complain at the facility as well, and she made the nurses and DON aware of the residents' complaints (exact dates unknown).</p> <p>Resident #7 was admitted to the facility on [DATE] with diagnoses to include Major Depressive Disorder, Absence of Right and Left Leg Above the Knee, and Chronic Pain Syndrome.</p> <p>Review of Resident #7's Comprehensive Care Plan dated 4/21/2022, showed .has an ADL self-care performance deficit r/t Bilateral AKA [Above the Knee Amputation] .TOILET USE .The resident requires assistance by 1 staff for toileting .Encourage the resident to use bell to call for assistance .</p> <p>Review of an admission MDS assessment dated [DATE], showed Resident #7 had a BIMS score of 15, indicating the resident was cognitively intact. The resident required limited assistance of 1 person for bed mobility and toilet use, was always continent of urine, and was occasionally incontinent of bowel.</p> <p>During an observation on 5/23/2022 at 8:07 PM, the following staff were observed working on night shift: RN #1, RN #2, LPN #1, LPN #2, and CNA #3. All staff were at the nurse's station and 12 call lights were observed sounding. CNA #3 immediately went to the 100 hallway and the 2 RNs and 2 LPNs remained at the nursing station eating until 8:35 PM.</p> <p>During an observation on 5/23/2022 at 8:07 PM, Resident #7's call light was sounding.</p> <p>During an observation and interview on 5/23/2022 at 8:17 PM, Resident #7's call light was still sounding (since 8:07 PM). The resident stated she needed assistance with incontinence care.</p> <p>During an observation and interview on 5/23/2022 at 8:25 PM, Resident #7 stated she had pushed her call light for assistance around 6:00 PM and staff had not responded yet. The resident stated she had a BM, was wet with urine, and needed her .diaper [incontinent brief] . changed. The call light remained sounding at 8:25 PM (first observed at 8:07 PM).</p> <p>During an interview on 5/23/2022 at 10:05 PM, Resident #7 stated she called for assistance for incontinence care around 6:00 PM and was not changed until approximately 9:15 PM (3 hours and 15 minutes after requesting assistance). She stated, .I don't like sitting in my pee and poop .</p> <p>Resident #8 was admitted to the facility on [DATE] with diagnoses to include Multiple Fractures of Ribs, Right Side, Contusion of Lung, and Diverticulosis of Large Intestine without Perforation or Abscess.</p> <p>(continued on next page)</p>		

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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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<p>F 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident #8's Interim Care Plan dated 5/20/2022, showed .Poor Balance .Unsteady Gait .call light . is within reach and encourage the resident to use it for assistance .resident needs prompt response to all requests for assistance .</p> <p>Review of a SLP Screen/MDS Worksheet undated, showed Resident #8 had a BIMS of 13, indicating the resident was cognitively intact. Resident #8's 5-Day MDS assessment was in progress and had not been completed.</p> <p>During an observation and interview on 5/23/2022 at 8:46 PM, Resident #8 stated her call light had been on for a long time. She had a BM and could not get assistance from the staff. Resident #8's room had a foul odor of feces upon entrance into the room.</p> <p>During an observation with the DON on 5/23/2022 at 9:00 PM, Resident #8, whose call light was initially observed sounding at 8:07 PM, was observed to have a brief in place with a large amount of loose feces. The brief was saturated, and the feces was dried around the edges of the resident's buttocks.</p> <p>During an interview on 5/23/2022 at 9:41 PM, CNA #3 stated she usually worked night shift. She stated multiple residents had complained to her in the past (exact dates unknown) of not being .changed timely . and had to sit in urine and feces because the call light had not been answered timely. She stated, .not good with names . and don't remember all of them (residents who complained). CNA #3 stated she had observed multiple residents wet at different times with urine from day shift when she arrived on shift at 6 PM (exact dates unknown). She stated in a 12-hour shift, if the facility was staffed with 3 CNAs on night shift, 3 dry rounds (check and provide residents with incontinence care and turn and reposition residents every 2 hours) could be completed to ensure residents were clean and dry. CNA #3 stated staff were unable to complete an adequate number of dry rounds when only 1 CNA worked the night shift and staff were unable to meet the residents' needs. The CNA stated she had not been able to complete a full dry round on 5/23/2022 as of 9:41 PM because there was only 1 CNA to care for 78 residents in the facility.</p> <p>During an interview on 5/23/2022 at 10:40 PM, RN #2 stated she worked night shift. She stated she had multiple residents complain day shift staff had not answered the</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38810</p> <p>Based on medical record review and interview, the facility failed to implement a bowel and bladder program for 7 residents (# 1, #2, #3, #4, #5, #7, and #8) of 10 residents reviewed for bowel and bladder function.</p> <p>The findings include:</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses to include Displaced Bimalleolar (ankle) Fracture of Left Lower Leg, Fracture of Upper End of Left Humerus (upper arm), Fracture of Shaft of Unspecified Tibia (lower leg), and Rheumatoid Arthritis.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], showed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. The resident required extensive assistance of 1 person for bed mobility, was totally dependent on 1 person for toilet use, was always incontinent of urine, was frequently incontinent of bowel, and was not on a toileting program.</p> <p>Review of a Bowel and Bladder Program Evaluation dated 5/15/2022, showed Resident #1 scored a 16, indicating the resident was a candidate for individual training (training to achieve and maintain bowel and bladder function).</p> <p>Review of a discharge MDS assessment dated [DATE], showed Resident #1 was always incontinent of urine, always incontinent of bowel, and was not on a toileting program.</p> <p>Resident #2 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses to include Multiple Sclerosis, Paraplegia (partial paralysis), Major Depressive Disorder, and Demyelinating Disease of Central Nervous System.</p> <p>Review of a discharge MDS assessment dated [DATE], showed Resident #2 was always continent of urine, occasionally incontinent of bowel, and was not on a toileting program.</p> <p>Review of a quarterly MDS assessment dated [DATE], showed Resident #2 was always continent of urine, always continent of bowel, and was not on a toileting program.</p> <p>Review of a quarterly MDS assessment dated [DATE], showed Resident #2 was occasionally incontinent of urine, frequently incontinent of bowel, and was not on toileting program.</p> <p>Review of a quarterly MDS assessment dated [DATE], showed Resident #2 had a BIMS score of 15, indicating the resident was cognitively intact. The resident required extensive assistance of 2 persons for bed mobility, extensive assistance of 1 person for toilet use, was occasionally incontinent of urine, frequently incontinent of bowel, and was not on a toileting program.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of a Bowel and Bladder Program Evaluation dated 5/25/2022, showed Resident #2 scored an 11, indicating the resident was a candidate for scheduled toileting (taking the resident to the toilet on a set schedule to prevent episodes of incontinence).</p> <p>Resident #3 was admitted to the facility on [DATE] with diagnoses to include Fracture of Right Femur (upper leg), Anxiety Disorder, and Malignant Neoplasm of Left Kidney.</p> <p>Review of an Admission/Readmission Nursing Evaluation dated 4/20/2022, showed Resident #3 scored a 17 on the urinary evaluation, indicating the resident was a candidate for scheduled toileting.</p> <p>Review of an admission MDS assessment dated [DATE], showed Resident #3 had a BIMS score of 15, indicating the resident was cognitively intact. The resident was total dependence of 2 persons for bed mobility, total dependence of 1 person for toilet use, occasionally incontinent of urine, always incontinent of bowel, and was not on a toileting program.</p> <p>Review of a Bowel and Bladder Program Evaluation dated 5/25/2022, showed Resident #3 scored a 17, indicating the resident was a candidate for scheduled toileting.</p> <p>Resident #4 was admitted to the facility on [DATE] with diagnoses to include Fracture of Right Lower Leg, Hemiplegia (paralysis on one side of the body) and Hemiparesis (weakness on one side of the body) Following Cerebral Infarction affecting Right Dominant Side, and Morbid Obesity.</p> <p>Review of a Bowel and Bladder Program Evaluation dated 1/28/2022, showed Resident #4 scored a 19, indicating the resident was a candidate for individual training.</p> <p>Review of a 5-day MDS assessment dated [DATE], showed Resident #4 was always incontinent of bowel and bladder and was not on a toileting program.</p> <p>Review of a quarterly MDS assessment dated [DATE], showed Resident #4 had a BIMS score of 15, indicating the resident was cognitively intact. The resident required extensive assistance of 1 person for bed mobility and toilet use, was always incontinent of urine and bowel, and was not on a toileting program.</p> <p>Review of a Bowel and Bladder Program Evaluation dated 5/25/2022, showed Resident #4 scored an 18, indicating the resident was a candidate for individual training.</p> <p>Resident #5 was admitted to the facility on [DATE] with diagnoses to include Fracture of Left Femur (upper leg), Fracture of Left Radius and Left Ulna (arm bones), Atrial Fibrillation, and Difficulty in Walking.</p> <p>Review of a Speech Language Pathologist (SLP) Screen/MDS Worksheet undated, showed Resident #5 had a BIMS of 13, indicating the resident was cognitively intact.</p> <p>Review of an Admission/Readmission Nursing Evaluation dated 5/19/2022 showed a score of 15 on the urinary evaluation, indicating the resident was a candidate for individual training.</p> <p>Review of a Bowel and Bladder Program Evaluation dated 5/25/2022, showed Resident #5 scored a 17, indicating the resident was a candidate for individual training.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #7 was admitted to the facility on [DATE] with diagnoses to include Major Depressive Disorder, Absence of Right and Left Leg Above the Knee, and Chronic Pain Syndrome.</p> <p>Review of an Admission/Readmission Nursing Evaluation dated 4/19/2022, showed Resident #7 scored a 16 on the urinary evaluation, indicating the resident was a candidate for individual training.</p> <p>Review of an admission MDS assessment dated [DATE], showed Resident #7 had a BIMS score of 15, indicating the resident was cognitively intact. The resident required limited assistance of 1 person for bed mobility and toilet use, was always continent of urine, occasionally incontinent of bowel, and was not on a toileting program.</p> <p>Resident #8 was admitted to the facility on [DATE] with diagnoses to include Multiple Fractures of Ribs, Right Side, Contusion of Lung, and Diverticulosis of Large Intestine without Perforation or Abscess.</p> <p>Review of a SLP Screen/MDS Worksheet undated, showed Resident #8 had a BIMS of 13, indicating the resident was cognitively intact.</p> <p>Review of an Admission/Readmission Nursing Evaluation dated 5/19/2022 showed Resident #8 scored a 15 on the urinary evaluation, indicating the resident was a candidate for individual training.</p> <p>During an interview on 5/26/2022 at 11:30 AM, Certified Nursing Assistant (CNA) #12 stated the therapy department decided which residents were placed on a bowel and bladder program. The CNA stated she worked the long-term care hallway (200-hallway) and there were currently no residents on a bowel and bladder program.</p> <p>During an interview on 5/26/2022 at 11:35 AM, Registered Nurse (RN) #5 stated she completed a bowel and bladder assessment on new residents upon admission. The RN stated residents were placed on a toileting program depending on the assessment score. RN #5 stated she was not responsible for initiating the toileting program, and she thought the Director of Nursing (DON) was responsible for initiating the toileting program for residents.</p> <p>During an interview on 5/26/2022 at 11:42 AM, the Rehabilitation Manager stated the therapy department was not involved with the bowel and bladder training program.</p> <p>During an interview on 5/26/2022 at 11:45 AM, RN #6 stated when residents were admitted to the facility, the admission nurse completed a bowel and bladder assessment. She stated the facility had a bowel and bladder program and the admission nurse who completed the assessment would initiate the toileting program. RN #6 stated there were no residents on a bowel and bladder training program on the 100-hallway.</p> <p>Interviews with RN #5 and RN #6 had indicated a bowel and bladder assessment was completed on admission.</p> <p>During an interview on 5/26/2022 at 11:50 AM, Licensed Practical Nurse (LPN) #7 stated the facility did not have a bowel and bladder training program. The LPN stated the CNAs asked the new admission residents about their continence status upon admission to the facility.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/26/2022 at 11:57 AM, the Nurse Practitioner confirmed the facility did not have a bowel and bladder training program for the residents in the facility.</p> <p>During an interview on 5/26/2022 at 12:05 PM, CNA #2 stated the facility did not have a bowel and bladder program. The CNA stated she interviewed the residents to identify their toileting needs upon admission.</p> <p>During an interview on 5/26/2022 at 1:02 PM, the MDS Coordinator confirmed the facility did not have a bowel and bladder training program for the residents in the facility.</p> <p>During an interview on 5/26/2022 at 3:16 PM, the Assistant Director of Nursing stated the facility's bowel and bladder training program was every 2-hour rounds (assisting residents with toileting every 2 hours).</p> <p>During an interview on 5/26/2022 at 3:49 PM, the Director of Nursing and the Regional Director of Clinical Services confirmed the facility did not have a bowel and bladder training program for the residents in the facility.</p>

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38810</p> <p>Based on facility policy review, review of the facility's Centers for Medicare and Medicaid Services CMS-672 Resident Census And Conditions of Residents form, review of the facility assessment tool, medical record review, interview, observation, and review of staffing schedules and time punches, the facility failed to ensure sufficient nurse staffing to provide toileting needs to 8 dependent residents (#1, #2, #3, #4, #5, #6, #7, and #8) of 10 dependent residents reviewed for toileting needs. The facility's failure resulted in psychosocial harm for Residents #1, #2, #3, #4, and #6.</p> <p>The findings include:</p> <p>Review of the facility policy titled, Staffing, revised 10/2017, showed, .facility provides sufficient numbers of staff .to provide care and services for all residents in accordance with .the facility assessment .Staffing numbers .are determined by the needs of the residents .</p> <p>Review of the facility's document titled, CMS-672 Resident Census and Conditions of Residents dated 5/23/2022, showed the facility had a census of 78 residents, 40 residents with occasional or frequent incontinence of bladder, and 27 residents with occasional or frequent incontinence of bowel. Three residents were independent with toilet use, 48 required assistance of one or two staff for toilet use, and 27 were dependent for toilet use.</p> <p>Review of the Facility Assessment Tool dated 11/2021 showed .Resident Level of Independence to Dependence .Toileting .Independent .7% .Assist of 1-2 .79% .Dependent .14% .Staffing Plan .Direct care staffing needs .are evaluated prior to or at the beginning of each shift and adjusted as needed to meet the care needs and acuity of the resident population .Position .CNA [Certified Nursing Assistant] .Daily Hrs [hours] .106.00 .</p> <p>Resident #1 was admitted to the facility on [DATE] with diagnoses to include Displaced Bimalleolar (ankle) Fracture of Left Lower Leg, Fracture of Upper End of Left Humerus (arm), Fracture of Shaft of Unspecified Tibia (lower leg), and Rheumatoid Arthritis.</p> <p>Review of an admission Minimum Data Set (MDS) assessment dated [DATE], showed Resident #1 had a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact.</p> <p>During an interview on 5/23/2022 at 11:23 AM, CNA #2 stated she worked the 6 AM (6:00 AM)-6 PM (6:00 PM) dayshift on the 100-hallway where Resident #1 resided while at the facility. Resident #1 had complained a couple of weeks ago night shift (6:00 PM-6:00 AM) staff had not answered her call light timely (unsure of the exact date). The resident stated her call light was on for hours and the staff had not changed her soiled brief. CNA #2 arrived on dayshift and observed Resident #1 saturated with urine. CNA #2 stated at times she had been responsible for 34 residents on dayshift, and she had been unable to meet all the resident needs.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During a telephone interview on 5/23/2022 at 3:17 PM, Resident #1 stated she had been a resident at the facility and was discharged to home on 5/17/2022. The resident had to wait 1 to 1 1/2 hours before staff would respond to her call light on night shift since her admission on 4/11/2022. The facility worked with 1 CNA on night shift to care for the residents and Resident #1 had to lay in her own waste (urine and feces) on night shift multiple times. The resident made the Director of Nursing (DON) aware of her concerns and the DON informed the resident the facility was shorthanded and couldn't get anyone to work. There were normally 2 CNAs on day shift, and the resident had problems with staff responding to her call light timely on day shift, depending on who was working, and she had been left in urine multiple times.</p> <p>During an interview on 5/24/2022 at 10:36 AM, CNA #4 stated she worked day shift on the 100-hallway. The CNA stated Resident #1 had complained staff would not answer her call light timely and provide toileting needs on night shift. CNA #4 stated she had arrived on shift multiple times and found multiple residents on the 100-hallway saturated with urine and had to do a complete bed linen change because the linens were saturated.</p> <p>Resident #2 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses to include Multiple Sclerosis, Paraplegia (partial paralysis), Major Depressive Disorder, and Demyelinating Disease of Central Nervous System.</p> <p>Review of a quarterly MDS assessment dated [DATE], showed Resident #2 had a BIMS score of 15, indicating the resident was cognitively intact.</p> <p>During an interview on 5/23/2022 at 1:05 PM, Resident #2 stated night shift was not good, and the staff complained of being short staffed. When the resident pushed her call light for assistance with the bedpan, she had to wait for up to 2 hours for her call light to be answered. The resident stated it happened on both shifts but was worse on night shift, from 6 PM to midnight. The resident stated she had been saturated with urine and feces on both shifts because staff had not answered her call light timely.</p> <p>During an interview on 5/23/2022 at 8:17 PM, Resident #2 stated her roommate, Resident #7, had called for assistance at 6:15 PM (call light was observed sounding since 8:07 PM and remained sounding during the interview) and staff had not responded to the call light. Resident #2 stated she needed assistance with the bedpan.</p> <p>During an interview on 5/23/2022 at 8:40 PM, Resident #2 stated Registered Nurse (RN) #1 responded to her call light around 8:35 PM (2 hours and 20 minutes later). The RN turned the call light off, informed the resident the facility was short staffed and only had 1 CNA on the shift, and the CNA would get to her as soon as possible.</p> <p>During an interview on 5/23/2022 at 10:08 PM, Licensed Practical Nurse (LPN) #2 stated she worked night shift routinely. She stated approximately 25% of the time there were 3 CNAs on shift. There had been multiple times the facility only had 1 CNA on the shift because of staff call ins. LPN #2 stated she received multiple complaints from residents about call lights not being answered timely. She stated multiple residents had complained of laying in urine and feces for hours including Resident #2. LPN #2 stated she had observed multiple residents soaked in urine and feces in the past 3 months, and the residents were not cared for properly in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #3 was admitted to the facility on [DATE] with diagnoses to include Fracture of Right Femur (upper leg), Anxiety Disorder, and Malignant Neoplasm of Left Kidney.</p> <p>Review of an admission MDS assessment dated [DATE], showed Resident #3 had a BIMS score of 15, indicating the resident was cognitively intact.</p> <p>During an interview on 5/23/2022 at 12:00 PM, Resident #3 stated she had peed and pooped on herself multiple times (not sure of the exact dates) but the last time was on 5/22/2022 on night shift. Resident #3 stated .there is not enough help at night to help us .1 CNA to take care of all of us .</p> <p>Resident #4 was admitted to the facility on [DATE] with diagnoses to include Fracture of Right Lower Leg, Hemiplegia (paralysis on one side of the body) and Hemiparesis (weakness on one side of the body) Following Cerebral Infarction affecting Right Dominant Side, and Morbid Obesity.</p> <p>Review of a quarterly MDS assessment dated [DATE], showed the Resident #4 had a BIMS score of 15, indicating the resident was cognitively intact.</p> <p>During an interview on 5/24/2022 at 12:11 PM, CNA #7 stated she worked day shift on the 200-hallway. She stated the facility .had a big problem . Night shift CNAs would come in late or never show up at all. The CNA stated night shift had worked with only 1 CNA multiple times recently and CNA #7 had observed residents saturated with urine and/or feces (unsure of the exact dates), requiring a complete bed linen change. She stated Resident #4 was saturated with urine this morning from the middle of her back to below her knees. The resident informed CNA #7 she had been checked and changed 1 time last night on 5/23/2022 because there had been only 1 CNA on the shift.</p> <p>Resident #5 was admitted to the facility on [DATE] with diagnoses to include Fracture of Left Femur (upper leg), Fracture of Left Radius and Left Ulna (arm bones), Atrial Fibrillation, and Difficulty in Walking.</p> <p>Review of a Speech Language Pathologist (SLP) Screen/MDS Worksheet undated, showed Resident #5 had a BIMS of 13, indicating the resident was cognitively intact. Resident #5's 5-Day MDS assessment was in progress and had not been completed.</p> <p>During an interview on 5/24/2022 at 9:20 AM, Resident #5 stated she used her call light at 7:15 PM on 5/23/2022, for toileting assistance. Someone came in (unknown staff member), turned her call light off, informed her there was only 1 CNA working, and the CNA would get to her as soon as they could. Resident #5 stated she did not receive toileting assistance until approximately 10:00 PM (2 hours and 45 mins later). The resident stated she needed assistance with the bedpan, and she had urinated on herself because she had not received assistance.</p> <p>Resident #6 was admitted to the facility on [DATE] with diagnoses to include Hemiplegia and Hemiparesis following Cerebrovascular Disease Affecting Left Dominant Side, Anxiety Disorder, Congestive Heart Failure, and Type 2 Diabetes.</p> <p>Review of an admission MDS assessment dated [DATE], showed Resident #6 had a BIMS score of 12, indicating the resident had moderate cognitive impairment.</p> <p>(continued on next page)</p>		

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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 contact the nursing home or the state survey agency.			
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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation and interview on 5/24/2022 at 4:33 PM, Resident #6 yelled out for someone to help him. Resident #6 stated he had been laying in a urine-soaked brief for over 2 hours. CNA #4 and CNA #9 assisted the resident and the resident's brief and under pad was soaked with urine and had a strong urine odor. The resident stated he had not been checked or changed since 10:00 AM on 5/24/2022.</p> <p>During an interview on 5/24/2022 at 4:45 PM, CNA #4 confirmed Resident #6 had not been changed since 10:00 AM, (6 hours and 33 minutes) and stated, .it has been hectic today .</p> <p>Resident #7 was admitted to the facility on [DATE] with diagnoses to include Major Depressive Disorder, Absence of Right and Left Leg Above the Knee, and Chronic Pain Syndrome.</p> <p>Review of an admission MDS assessment dated [DATE], showed Resident #7 had a BIMS score of 15, indicating the resident was cognitively intact.</p> <p>During an observation and interview on 5/23/2022 at 8:25 PM, Resident #7 stated she had pushed her call light for assistance around 6:00 PM (on 5/23/2022) and staff had not responded. The resident stated she had a BM (bowel movement), was currently wet with urine, and needed her .diaper [incontinence brief] . changed.</p> <p>Resident #8 was admitted to the facility on [DATE] with diagnoses to include Multiple Fractures of Ribs, Right Side, Contusion of Lung, and Diverticulosis of Large Intestine without Perforation or Abscess.</p> <p>Review of a SLP Screen/MDS Worksheet undated, showed Resident #8 had a BIMS of 13, indicating the resident was cognitively intact. Resident #8's 5-Day MDS assessment was in progress and had not been completed.</p> <p>During an interview on 5/23/2022 at 8:46 PM, Resident #8 stated her call light had been on for a long time, and she had a BM and could not get assistance from the staff. Resident #8's room had a foul odor of BM upon entrance into the room.</p> <p>During an observation on 5/23/2022 at 8:07 PM, there was 2 RNs, 2 LPNs, and 1 CNA working. All the staff were at the nurse's station and there were 12 call lights sounding.</p> <p>During an interview on 5/23/2022 at 9:41 PM, CNA #3 stated she worked the night shift. CNA #3 stated staff were unable to complete an adequate number of rounds (check and provide residents with incontinence care and turn and reposition residents every 2 hours) to meet the residents' needs when only 1 CNA worked the night shift. She stated she had not been able to complete a full round on 5/23/2022 as of 9:41 PM (she arrived at 6:00 PM) because there was only 1 CNA to care for 78 residents.</p> <p>During an interview on 5/23/2022 at 10:23 PM, RN #1 confirmed there was 1 CNA was on night shift (5/23/2022) for 78 residents on the census.</p> <p>During an interview on 5/24/2022 at 12:43 PM, CNA #8 stated she worked day shift on the 200-hallway. She stated multiple alert and oriented residents had informed her night shift staff would not answer the call lights timely and it would take up to 2 hours for the staff to respond to the resident's needs.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/24/2022 at 4:50 PM, CNA #9 stated she worked the day shift on the 100-hallway. She stated she observed multiple residents soaked in urine multiple times after she arrived on her shift, and it happened 2-3 times a week at least.</p> <p>During an interview on 5/24/2022 at 6:21 PM, RN #4 stated she worked the night shift and .lucky to have 2 [CNAs] and lot of times have 1 [CNA] . She stated the staff were unable to keep the residents clean and dry when only 1 CNA was on the shift. RN #4 confirmed she had witnessed incontinent residents lay in urine for up to an hour and not receive the care they needed because call lights had not been answered timely to assist the residents with their needs because there was not enough staff.</p> <p>During an interview on 5/24/2022 at 6:36 PM, LPN #4 stated she worked night shift on the 200-hallway and most of the time there were 1 to 2 CNAs on the shift. She stated when there was only 1 to 2 CNAs on the shift, it was impossible to complete rounds every 2 hours. LPN #4 stated she witnessed multiple residents lay in urine for long periods of time and required a complete bed linen change.</p> <p>During an interview on 5/24/2022 at 7:04 PM, CNA #11 stated she worked night shift on the 200-hallway. She stated night shift was staffed with only 1 CNA multiple times. The CNA stated she had worked multiple times by herself on night shift and had been unable to meet the care needs of the residents. She stated the residents laid in urine and/or feces up to 2 hours before she could provide incontinence care due to staffing.</p> <p>During a telephone interview on 5/25/2022 at 10:28 AM, RN #5 stated night shift had been staffed with only 1 CNA multiple times recently and the residents had not received adequate care when only 1 CNA worked the shift (6 PM - 6 AM).</p> <p>During an interview on 5/25/2022 at 3:37 PM, RN #6 stated she worked day shift on the 100-hallway. She stated night shift had worked with only 1 CNA multiple times. The residents were soaked with urine when only 1 CNA had worked alone, and it was impossible to meet the care needs of the residents with only 1 CNA on night shift.</p> <p>During an interview on 5/26/2022 at 3:16 PM, the Assistant Director of Nursing (ADON) stated the facility had worked short staffed, night shift had worked with only 1 CNA multiple times, and it was not feasible for rounds to be completed every 2 hours.</p> <p>During an interview on 5/26/2022 at 5:57 PM, the DON stated the complaints started about 3-4 weeks ago when the facility census .grew . and the acuity of the patients changed. The DON was responsible for staffing in the facility.</p> <p>During observation and interview on 5/26/2022 at 6:05 PM, the DON reviewed the staffing schedules and compared the punch detail report. The DON confirmed the facility's assessment showed the daily hours for CNAs were 106.00 hours daily and the facility failed to maintain 106.00 hours on 5/9, 5/11, 5/17, and 5/21/2022. Interview revealed the facility assessment for resident care needs from CNAs was not followed.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/26/2022 at 6:29 PM, the Administrator stated he was not aware some of the residents had concerns because the residents had not complained in the resident council meetings. He stated concerns could have been reported as a grievance but . nursing takes care of the grievances . He stated the DON or ADON had not made him aware of any concerns regarding call lights not being answered, resident care issues, or staff complaints. The Administrator was aware night shift worked with only 1 CNA multiple times recently. He stated the facility currently had a high acuity on the 100-hallway, and the plan was for the rehabilitation residents on the 100-hallway to be mixed with the long-term care residents on the 200 hallway to .balance things out .</p> <p>Refer to F-550 and F-600</p>		