Printed: 06/30/2024 Form Approved OMB 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		P CODE		
For information on the nursing home's	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 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	SUMMARY STATEMENT OF DEFICIENCIES		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 in on unit, locomotion off unit, essant medications. e resident has impaired cognitive isturbances .Interventions . ing Disorder of Central Nervous in), Type II Diabetes Mellitus, and as discharged home on 11/7/2022. ent had a Brief Interview for Mental esident #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: 445174

If continuation sheet Page 1 of 40

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A Building 8, Wing 9, Wing 102092023 STREET ADDRESS, CITY, STATE, ZIP CODE 2039 Stonebrook Place Kingsport, TN 37860 For information an the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Fermior and the nursing home's plan to correct this deficiency please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Review of Resident #6's comprehensive care plan dated 10/25/2022, showed. The resident has alteration in enceded. Review of the facility's investigation documentation, a witness statement by CNA #9 showed. At approximately 7pm while heading down 100 hallway, I heart yelling coming from a pt [patient] from. Once it retired the room is awy [Resident #5's] amm with [Resident #5's] into patience from the water down and masturating while holding commade (Pleasident #6's) progress note dated 11/5/2022 at 3.41 PM, showed. The resident is disoriented an confused is continued to time, place makes own decisions. Behaviors. makes negative statements. Review of Resident #6's progress note dated 11/5/2022 at 3.41 PM, showed. The resident is disoriented and modified to the place makes own decisions. Behaviors makes negative statements. Review of Resident #6's progress note dated 11/5/2022 at 7.40 PM, showed. CNA entered room and found the service of the patient is disoriented and modified progress. Review of Resident #6's progress note dated 11/5/2022 at 3.41 PM, showed. CNA entered room and found the service of the patient is disoriented and modified cognitive impairment. During an interview on 11/10/2023 at 12.34 PM, cNA birded of Name and patient progress. The DON stated Resident #6's near the resident #6's aim name and an ordinary and pati				No. 0938-0391
Orchard View Post-Acute and Rehabilitation Center (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Review of Resident #6's comprehensive care plan dated 10/25/2022, showed .The resident has alteration in neurological status r/t [related to] idiopathic normal hydrocephalus .Interventions .Cueing, reorientation as needed the room is an William (Resident #6's parts). Review of the facility's investigation documentation, a witness statement by CNA #9 showed, At approximately 7pm while heading down 100 hallway, I heard yelling coming from a pt [patient] room. Once I entered the room I saw [Resident #6's] arm with [Resident #5] hitting [Resident #6] in attempt to free himself from [Resident #5's] grasp. Review of Resident #6's progress note dated 11/5/2022 at 3.41 PM, showed .The resident is disoriented an confused .is oriented to time .place .makes own decisions .Behaviors .makes negative statements . Behaviors are not new . Review of Resident #6's progress note dated 11/5/2022 at 7:00 PM, showed .CNA entered room and found that resident was masturbating with right hand and was holding another resident [roommate, Resident #5] b the arm. The other resident [Resident #5] was trying to get him to let go and was smacking him . During an interview on 1/10/2023 at 19:23 AM, Resident #5 was unable to complete an interview due to moderate cognitive impairment. During an interview on 1/10/2023 at 10:58 AM, the Director of Nursing (DON) stated she was notified of an altercation between Resident #5 and Resident #6 was masturbating, Resident #6 and grabbed Resident #5 rolled to Resident #6's arm as to release his grip and voiced Let go. The CNA's separated the residents. The DON confirmed Resident #5 was in arms reach and was grabbed by Resident #5 and Resident #6's arm as to release his grip and voiced Let go. The CNA's separated the residents. The DON confirmed Resident #6's arm as to release his grip and voiced Let go. The CNA's		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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40606		arm in his grasp and Resident #5 w	as hitting Resident #6's arm to get free	e. The Administrator stated .unsure
		40606		

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 0656 Level of Harm - Actual harm Residents Affected - Some	that can be measured. **NOTE- TERMS IN BRACKETS H Based on facility policy review, med implement the comprehensive care #22, #26, #28, #31, #36, #37, #40, #32, #33, and #39) and failed to en bathing preferences for 6 residents facility's failure resulted in psychosof #40, and #41). The findings include: Review of the facility policy titled, Coresident's person-centered, compre who have knowledge of the resider and revised based on preferences. Resident #9 was admitted to the famellitus, Schizophrenia, Fusion of	cility on [DATE] with diagnoses including Spine, and Intraspinal Abscess. plan dated 9/9/2022 showed, Residen with an intervention including .shower as Set (MDS) assessment dated [DATE ssing, personal hygiene, and was total grand Skin Alert documentation shower	Servations, the facility failed to aths for 28 residents (#9, #13, #20, #18, #19, #21, #23, #24, #25, #27, sperson centered for shower and 2 care plans reviewed. The 0, #22, #26, #28, #31, #36, #37, 8/2022, showed .To ensure .each vised by the interdisciplinary team .eviewed after each assessment . By Paraplegia, Type 2 Diabetes If #9 had an Activities of Daily Living as 2xs [times] .week . By showed Resident #9 required by dependent on 2 staff assistance as a parts) routinely and he was unsure eared greasy. #7 stated Resident #9 had and felt nasty. ATE] with diagnoses including mentia. 18/2022, showed Resident #13 had

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Orchard View Post-Acute and Reh		2035 Stonebrook Place Kingsport, TN 37660	. 6052
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F 0656 Level of Harm - Actual harm Residents Affected - Some	Review of a quarterly MDS assessing help for dressing, personal hygiened. 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 you hair was greasy, and he stated here. During an interview on 2/9/2023 at shower. Resident #20 was admitted to the find Depressive Disorders, Diabetes Melbipolar Disorder Disease. Review of the comprehensive care performance deficit with an interver and 3 bed baths from 11/1/2022-2/2/3. During an interview on 2/6/2023 at her feel crappy when she had not refusion of Spine Cervical Region, Melbipolar Review of the comprehensive care performance deficit with an interver and the feel crappy when she had not refusion of Spine Cervical Region, Melbipolar Review of the comprehensive care performance deficit with an interver assistance for dressing, personal her seview of the facility's ADL-Bathing assistance for dressing, personal her 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.	ment dated [DATE], showed Resident and the activity of bathing had not only and Skin Alert documentation showed (2023). What on 1/9/2023 at 3:44 PM, Resident #1 is must be joking. I have not had a show would like to have a shower. 7:40 AM, Resident #13 stated he felt is active to plan dated 9/9/2022, showed Resident and the activity of bathing had grand Skin Alert documentation showed (2023). 9:05 AM, Resident #20 stated she had eceived the scheduled showers. Facility on [DATE] and readmitted on [Date of the scheduled showers. Facility on [DATE] and readmitted on [Date of the scheduled showers. Facility on [DATE] and readmitted on [Date of the scheduled showers. Facility on [DATE] and readmitted on [Date of the scheduled showers. Facility on [DATE] and readmitted on [Date of the scheduled showers. Facility on [DATE] and readmitted on [Date of the scheduled showers. Facility on [DATE] and readmitted on [Date of the scheduled showers. Facility on [DATE] and readmitted on [Date of the scheduled showers. Facility on [DATE] showed Resident and the scheduled showers. Facility on [DATE] showed Resident and the scheduled showers. Facility on [DATE] showed Resident and the scheduled showers. Facility on [DATE] showed Resident and the scheduled showers. Facility on [DATE] showed Resident and the scheduled showers. Facility on [DATE] with diagnoses included the scheduled showers.	#13 was independent with set up curred. d Resident #13 received 4 showers 3 was asked if he had received a ver in over a month. The resident's unclean. when he did not receive a ATE] with diagnoses including ider, Chronic Pain Syndrome, and #20 had an ADL self-care in week and prin. #20 required extensive 1 staff not occurred. d Resident #20 received 3 showers not received showers and it made ATE] with diagnoses including in Syndrome, and Dementia. #22 had an ADL self-care in prin. #22 required extensive 1 staff in staff assistance for bathing. d Resident #22 received 11 rers] was a problem. I felt bad
	(continued on next page)		

			NO. 0936-0391
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F 0656 Level of Harm - Actual harm Residents Affected - Some			er week . #26 required limited 1 staff not occurred. d Resident #26 received 9 showers not received scheduled showers. want to be clean . ling Hemiplegia and Hemiparesis, der. t #28 had an ADL self-care er week .Assist with shower/bed #28 required extensive 1 staff staff for bathing. d Resident #28 received 9 showers not received the scheduled ATE] with diagnoses including nt #31 had an ADL self-care per week . #31 required extensive 1 staff d Resident #31 had received 15 not received scheduled showersterrible and yucky .I wiped myself DATE], and readmitted on [DATE]

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F 0656 Level of Harm - Actual harm Residents Affected - Some	performance deficit with an interver Review of a quarterly MDS assession assistance with dressing, personal Review of the facility's ADL-Bathing shower and 6 bed baths between 1 1/1/2023-1/6/2023). During an interview on 2/6/2023 at 1 don't want to get in trouble for tellic Resident #37 was admitted to the formal Coordination, Major Depressive Distriction Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assession assistance with dressing, personal Review of the facility's ADL-Bathing and no bed baths between 11/1/20 During an interview on 1/9/2023 at 1 During an interview on 2/6/2022 at 1 it made her feel dirty. Resident #40 was admitted to the foliagnoses including Osteomyelitis Pulmonary Disease, Depression, EReview of the comprehensive care performance deficit with an interver Review of a quarterly MDS assession assistance with dressing, personal Review of the facility's ADL-Bathing and 6 bed baths between 11/1/202 During an interview on 2/6/2023 at 11/1/202	facility on [DATE] with diagnoses includes order, and Seizures. plan dated 9/11/2022, showed Residention including .showers offered 2xs .w. ment dated [DATE], showed Resident # hygiene, and the activity of bathing had g and Skin Alert documentation showed	#36 required extensive 2 staff son assistance with bathing. d Resident #36 had received 1 out of the facility from to feel clean .I don't like to be dirty . ling Parkinson's Disease, Lack of the facility of the facility from #37 had an ADL self-care eek and PRN . #37 required limited 1 staff don't occurred. d Resident #37 received 4 showers on't give me a shower . I not received routine showers and E] and readmitted [DATE] with labetes, Chronic Obstructive driey Disease. Int #40 had an ADL self-care and prin . #40 required extensive 1 staff aff assistance with bathing. d Resident #40 received 8 showers 3. I not received the scheduled

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.		
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
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. 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 staff assistance with bathing. Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #41 received 14 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 shower and they [the facility staff] said they couldn't get to me .I went 12 days without a shower .I felt nasty .I didn't get a shower .I like to maintain my appearance . Resident #2 was admitted to the facility on [DATE] with diagnoses including Lack of Coordination, Diabetes Mellitus. Henatic Failure, Cirrhosis of the Liver Acute Henatics C. and Rheumatic Heart Disease		
assistance with dressing, personal Review of a quarterly MDS assessr	hygiene, and was totally dependent on ment dated [DATE], showed Resident #	staff for bathing. #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. Resident #5 was admitted to the facility on [DATE] and 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 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 . Review of a quarterly MDS assessment dated [DATE], showed Resident #5 required extensive assistance of 2 staff members for dressing, personal hygiene, and was totally dependent on 1 staff assistance for bathing. 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)		
	Resident #41 was admitted to the facility staff] said they couldn't get to like to maintain my appearance. Resident #2 was admitted to the facility staff] said they couldn't get to like to maintain my appearance. Resident #2 was admitted to the facility staff] said they couldn't get to like to maintain my appearance. Review of a quarterly MDS assess assistance with dressing, personal heview of a quarterly MDS assess assistance with bathing. Review of the facility's ADL-Bathing showers and no bed baths between During an interview on 2/6/2023 at facility staff] said they couldn't get to like to maintain my appearance. Resident #2 was admitted to the facilities, Hepatic Failure, Cirrhosis Review of a quarterly MDS assess assistance with dressing, personal heview of the comprehensive care Living (ADL) self-care performance. Review of the facility's ADL-Bathing from 11/1/2022-2/5/2023. Resident #5 was admitted to the facility of the comprehensive care performance deficit with an interver Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assessing a said of the comprehensive care performance deficit with an interver Review of the facility's ADL-Bathing from 11/1/2022-2/4/2023.	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174 STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660 Dain to correct this deficiency, please contact the nursing home or the state survey. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information of the province of the comprehensive care plan dated 9/19/2022 showed Resident Abvolar Hypoventilation, Depression, Congestive Heart Failure, and Anxi Review of the comprehensive care plan dated 9/19/2022 showed Resident assistance with bathing. Review of a quarterly MDS assessment dated [DATE], showed Resident assistance with bathing. Review of the facility's ADL-Bathing and Skin Alert documentation showed 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 at facility staff] said they couldn't get to me .I went 12 days without a shower like to maintain my appearance. Resident #2 was admitted to the facility on [DATE] with diagnoses including Mellitus, Hepatic Failure, Cirrhosis of the Liver, Acute Hepatitis C, and Rh. Review of a quarterly MDS assessment dated [DATE], showed Resident assistance with dressing, personal hygiene, and was totally dependent on Review of a quarterly MDS assessment dated [DATE], showed Resident assistance for dressing, personal hygiene, and the activity of bathing had Dislocation of other Internal Joint Prosthesis, Repeated Falls, Lack of Cocand Dementia with Severe Psychotic Disturbance. Review of the facility's ADL-Bathing and Skin Alert documentation shower from 11/1/2022-2/5/2023. Resident #5 was admitted to the facility on [DATE] and readmitted on [DA Dislocation of other Internal Joint Prosthesis, Repeated Falls, Lack of Cocand Dementia with Severe Psychotic Disturbance. Review of the comprehensive care plan revised 12/21/2022, showed Resident 2 staff members for dressing, personal hygiene, and was totally dependent of the facility of the facility of the facility of

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 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 assessistaff assistance for dressing, person Review of the facility's ADL-Bathing showers and 14 bed baths from 11. Resident #12 was admitted to the f Chronic Obstructive Pulmonary Dis Protein-Calorie Malnutrition, Schizo Disorder, and Dementia. Review of a comprehensive care plan ADL self-care deficit with an interverse of the facility's ADL-Bathing and 2 bed baths between 11/1/202 Resident #14 was admitted to the f Disease, Dementia, Diabetes Mellit Interstitial Pulmonary Disease. Review of a comprehensive care planterstitial Pulmonary Disease. Review of a quarterly MDS assessing assistance for dressing, personal had a comprehensive care planterstitial Pulmonary Disease. Review of a quarterly MDS assessing assistance for dressing, personal had review of the facility's ADL-Bathing showers and 2 bed baths between Review of the facility's ADL-Bathing showers and 2 bed baths between Resident #15 was admitted to the formal the review of the facility's ADL-Bathing showers and 2 bed baths between Resident #15 was admitted to the formal the review of the facility was admitted to the formal the review of the facility was admitted to the formal the review of the facility was admitted to the formal the review of the facility was admitted to the formal the review of the facility was admitted to the formal the review of the facility.	g and Skin Alert documentation showed /1/2022-2/5/2023. Facility on [DATE] and readmitted on [Date asse, Muscle Weakness, Chronic Pair paffective Disorder, Recurrent Depression and Alert dated 11/11/2020 and revised 12/8, ervention including .May have showers ment dated [DATE], showed Resident and Skin Alert documentation showed 2-2/5/2023. Facility on [DATE] with diagnoses includitus, Stage 3 Chronic Kidney Disease, Mandated 4/24/2022, showed Resident and the dated [DATE], showed Resident and the dated [DATE], showed Resident and the dated [DATE], showed Resident and Skin Alert documentation showed 11/1/2022-2/5/2023. Facility on [DATE] with diagnoses included the dated 9/9/2022, showed Resident and Skin Alert documentation showed 11/1/2022-2/5/2023. Facility on [DATE] with diagnoses included the dated 9/9/2022, showed Resident and dated 9/9	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 #14 required extensive Disorder, and #14 had an ADL self-care #14 required extensive 1 staff staff assistance for bathing. If Resident #14 received 12 If Resident #14 received 12

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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		STREET ADDRESS, CITY, STATE, ZI	P CODE
Orchard View Post-Acute and Reha	abilitation Center	2035 Stonebrook Place Kingsport, TN 37660	
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 DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Actual harm		ment dated [DATE], showed Resident as 1 staff assistance with personal hygie	
Residents Affected - Some	Review of the facility's ADL-Bathing and 8 bed baths between 11/1/202	g and Skin Alert documentation showed 2-2/5/2023.	d Resident #15 received 6 showers
	Resident #17 was admitted to the facility on [DATE] with diagnoses including Cognitive Communica Deficit, Chronic Pain Syndrome, Cirrhosis of the Liver, and Generalized Anxiety Disorder. The resid discharged from the facility on 1/23/2023.		
		lan dated 8/26/2022, showed Resident ntion including .showers 2xs per week	
	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.		
		acility on [DATE], discharged on [DATE tion, Anxiety Disorder, Chronic Obstru	
		plan revised 12/29/2022, showed Resintion including .showers 2xs per week	
		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 facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis, Bipolar Disorder, and Schizoaffective Disorder.		
	Review of the comprehensive care plan dated 9/9/2022, showed Resident #19 had an ADL self-care performance deficit with an intervention including .showers offered 2xs per week .		
		ment dated [DATE], showed Resident and tastification and tastifica	•
	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)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED 02/09/2023	
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		B. Wing STREET ADDRESS, CITY, STATE, ZI 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 DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0656 Level of Harm - Actual harm Residents Affected - Some	Resident #21 was admitted to the form Disorder, Bipolar Disorder, and Add Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assession assistance for dressing, personal homeometric Review of the facility's ADL-Bathing showers and 7 bed baths from 11/1/1 Resident #23 was admitted to the form the Nontraumatic Subdural Hemorrhag Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assession 2 staff members for dressing, personal Review of the facility's ADL-Bathing and 1 bed bath from 11/1/2022-2/5/2 Resident #24 was admitted to the form the Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assession staff member for dressing, personal Review of the facility's ADL-Bathing and 1 bed bath from 11/1/2022-2/5/2 Resident #25 was admitted to the form the facility with an interver for the facility with an interver for the comprehensive care performance deficit with an interver for the comprehensive care performance deficit with an interver form and a quarterly MDS assessing the comprehensive care performance deficit with an interver for the comprehensive care performance deficit with an interver form and a quarterly MDS assessing the comprehensive care performance deficit with an interver formance formance formance formanc	acility on [DATE] with diagnoses included the failure to Thrive. plan dated 9/9/2022, showed Resident for including showers offered 2xs with ment dated [DATE], showed Resident for grand Skin Alert documentation showed 1/2022-2/5/2023. acility on [DATE] and readmitted on [Date, Atrial Fibrillation, and Dementia. plan revised 9/10/2022, showed Resident for including showers x [times] ment dated [DATE], showed Resident for and Skin Alert documentation showed 2023. acility on [DATE] with diagnoses includentia. plan dated 9/11/2022, showed Resident for an acility on [DATE] with diagnoses includentia. plan dated 9/11/2022, showed Resident for a diagnose includentia. plan dated 9/11/2022, showed Residentia. plan dated 9/11/2022, showed Residentia. ment dated [DATE], showed Residentia including showers 2xs week and ment dated [DATE], showed Residentia including showers 2xs week and ment dated [DATE], showed Residential in hygiene, and the activity of bathing has grand Skin Alert documentation showed and Skin Alert documen	ing Dementia, Major Depressive It #21 had an ADL self-care eek and PRN. #21 required extensive 2 staff 2 staff assistance for bathing. If Resident #21 received 10 ATE] with diagnoses including It #23 had an ADL self-care 2 .week. #23 required extensive assistance in had not occurred. If Resident #23 received 5 showers If Resident #23 received 5 showers If Resident #24 received 1 shower If PRN. #24 required limited assistance of 1 and not occurred. If Resident #24 received 1 shower If with diagnoses including If the series of the	

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		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 0656	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.	d Resident #25 received 9 showers	
Level of Harm - Actual harm Residents Affected - Some		acility on [DATE], discharged from the g Muscle Weakness, Chronic Obstructi		
		plan dated 11/30/2022, showed Resid ntion including .Showers offered 2xs pe		
	Review of an admission MDS asse bathing.	ssment dated [DATE], showed Resider	nt #27 required total assistance for	
	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #27 received 9 showers and 2 bed baths between 11/28/2022-2/5/2023.			
	Resident #32 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses including Hemiplegia and Hemiparesis, Traumatic Brain Injury, and Dementia.			
	Review of the comprehensive care plan revised 7/31/2022, showed Resident #32 had an ADL self-care performance deficit with an intervention in place including .Showers/bed bath offered 2xs per week per his preference .			
	Review of a quarterly MDS assessment dated [DATE], showed Resident #32 required extensive 2 staff assistance with dressing, extensive 1 staff assistance with personal hygiene, and required 2 staff assistance with bathing.			
	Review of the facility's ADL-Bathing and 10 bed baths between 11/1/20	g and Skin Alert documentation showed 22-2/5/2023	d Resident #32 received 5 showers	
	Resident #33 was admitted to the f and Type 2 Diabetes Mellitus.	acility on [DATE] with diagnoses includ	ling Cerebral Infarction, Dementia,	
		plan dated 6/17/2022, showed Reside ntion including .showers offered 2xs pe		
	Review of a quarterly MDS assessi assistance with dressing, personal	ment dated [DATE], showed Resident a hygiene, and bathing.	#33 required extensive 1 staff	
	Review of the facility's ADL-Bathing showers and 1 bed bath between 1	g and Skin Alert documentation showed 1/1/2022-2/5/2023.	d Resident #33 received 14	
	Resident #39 was admitted to the facility on [DATE] and readmitted [DATE] with diagnoses including Hemiparesis and Hemiplegia following Cerebral Infarction, Dementia without Behavior Disturbance, Coordination, Depression, Essential Hypertension, and Gangrene.			
	Review of the comprehensive care performance deficit with an interver	plan dated 9/9/2022, showed Residen ntion of .showers 2xs .week .	t #39 had an ADL self-care	
	(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	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 0656 Level of Harm - Actual harm Residents Affected - Some	staff assistance with dressing, person Review of the facility's ADL-Bathing showers and 2 bed baths between Resident #1 was admitted to the fan 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 facility of a quarterly MDS assessing assistance for dressing, limited 1 stansistance for dressing, limited 1 stansistance for bathing. Review of a comprehensive care plant with an intervention including. Assistance for bathing assistance for bathing. Review of the facility's ADL-Bathing Resident #16 had received 1 show. Resident #30 was admitted to the facility of the fac	g and Skin Alert documentation shower 11/1/2022-2/5/2023. cility on [DATE] with diagnoses including Edema, Respiratory Failure with Hyment dated [DATE], showed Resident hygiene, and was totally dependent or plan dated 11/14/2022, showed Residentions to address a schedule for showed a period of 94 days. Cacility on [DATE] with diagnoses included and Anxiety Disorder. The ment dated [DATE], showed Resident at the fast assistance for personal hygiene, and lan revised 11/4/2022, showed Resident staff assistance for personal hygiene, and the fast with ADLs as needed by providing out scheduled shower days or the residence of and Skin Alert documentation dated 20 and Skin A	d Resident #39 had received 13 Ing Polyneuropathy, Type 2 /poxia, and Alzheimer's Disease. #1 required extensive 1 staff

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 SUDDILL	NAME OF PROVIDER OR SUPPLIER		P CODE	
Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place	F CODE	
Oronard view i ost / toute and rem	Ordinary view i ost-Acute and ivenabilitation center			
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)		on)	
F 0656	Review of the facility's ADL-Bathing Resident #30 had received 1 show	g and Skin Alert documentation dated 1	2/21/2022-1/27/2023 showed	
Level of Harm - Actual harm				
Residents Affected - Some		acility on [DATE] and readmitted on [D/d d Hemiparesis, Heart Failure, and Hype		
		plan dated 6/29/2022, showed Residention to address a schedule for showers		
		ment dated [DATE], showed Resident # e 1 person assistance with personal hyg		
	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, Dementi Anxiety Disorder, Hemiparesis and Hemiplegia.			
		plan dated 12/2/2022, showed Residention 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	
		at 3:32 PM, the Director of Nursing (DO times a week according to their care p		
		at 3:53 PM, the MDS Coordinator stated colaced on the resident's care plan. She 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 of bathing had not occurred during the MDS assessments on several of the residents, she notified the The MDS Coordinator stated she informed the DON the staff had not documented the showers.			
	Refer to tags F-677			

			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	Provide care and assistance to per	form activities of daily living for any res	sident who is unable.	
Level of Harm - Actual harm	**NOTE- TERMS IN BRACKETS H	HAVE 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 sc Care.	ope and severity of H (Harm) which co	nstitutes Substandard Quality of	
	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 fa Mellitus, Schizophrenia, Fusion of	cility on [DATE] with diagnoses includions Spine, and Intraspinal Abscess.	ng Paraplegia, Type 2 Diabetes	
		plan dated 9/9/2022 showed Resident t with an intervention including .shower		
	on the Brief Interview for Mental St	Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], showed Resident #9 scored a 7 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, sh Resident #9 had received 1 shower on 12/4/2022 and 1 bed bath for the period. The documentation 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)			

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 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	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 ADL-Bathing and Skin Alert documentation showed Resident #9 had received 2 showers 4 bed baths from 11/1/2022-2/5/2023, a period of 97 days.			
Residents Affected - Some	Medical record review showed Res	ident #9 had not refused any baths or	showers.	
Residents Affected - Some	shower. The staff provide peri-care	n on 1/10/2023 at 2:40 PM, Resident # (perineal care - cleaning of the private uled showers. The resident's hair appe	parts) routinely and he was unsure	
		9:56 AM, Resident #9 stated he had no ad under arm odor, and I didn't smell to		
	During an interview on 2/6/2023 at 10:35 AM, Certified Nurse Aide (CNA) #7 stated Resident #9 had reported to her (unsure of the exact date) he had not received showers and felt nasty. Resident #10 was admitted to the facility on [DATE] with diagnoses including Atrial Fibrillation, Adult F to Thrive, and Repeated Falls. Review of the comprehensive care plan dated 9/11/2022, showed Resident #10 had severe cognitive impairment, and an ADL self-care performance deficit with an intervention including .showers 2xs per and PRN [as needed] .has bowel/bladder incontinence r/t [related to] dementia, impaired mobility .Charesident every 2 hours and assist with toileting .			
	indicating cognitive impairment, and	ment dated [DATE], showed Resident and required total dependence of 2 staff and was always incontinent of bladder and	assistance for dressing, personal	
	Resident #10 had received 4 show The documentation showed a period	g and Skin Alert documentation dated 1 ers, on 11/1/2022, 11/5/2022, 11/13/20 od of 7 days between 11/5/2022-11/13/ of had not received showers or baths.	22, 11/19/2022, and 2 bed baths.	
	Resident #10 had received 5 show bed baths. The documentation sho	g and Skin Alert documentation dated 1 ers on 12/3/2022, 12/17/2022, 2/24/202 wed a period of 14 days between 11/19 eresident had not received showers or	22, 12/28/2022, 12/30/2022 and 4 9/2022-12/3/2022 and 14 days	
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 1/1/2023-1/31/2023, showed Resident #10 had received 2 showers and 6 bed baths. The documentation showed a period of 14 days between 12/28/2022-1/11/2023, and a period of 13 days between, 1/18/2023-1/31/2023 the resident had not received showers or baths.			
Review of the facility's ADL-Bathing and Skin Alert documentation dated 2/1/2023-2/5/2020 Resident #10 had not received a shower and received 2 bed baths. The documentation so 18 days between 1/18/2023-2/5/2023 the resident had not received showers or baths.				
	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #10 received 11 showers and 14 bed baths from 11/1/2022-2/5/2023, a period of 97 days.			
	(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 SUPPLII			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	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0677	Medical record review showed Resident #10 had not refused any baths or showers.			
Level of Harm - Actual harm		w in the resident's room with the Direct		
Residents Affected - Some	on 1/11/2023 at 6:10 AM, Resident #10 was lying in bed with her eyes closed and the bed linens and gown was saturated with urine, a brown ring was on the resident's incontinence pad, and a strong odor of urine was noted. CNA #2 confirmed Resident #10 was saturated with urine. The DON stated her expectation was for residents to be provided incontinence care every 2 hours.			
	Resident #10 was unable to be into	erviewed on 1/11/2023 due to her sever	re cognitive impairment.	
	During an observation and interview on 2/6/2023 at 4:30 AM, with CNA #11 and Licensed Practical Nurse (LPN) #4, Resident #10 was lying in bed with eyes closed, the bed linen and gown was saturated with urine the incontinence pad had a brown ring, and the room smelled of urine. CNA #11 stated she had provided incontinence care around 3:00 AM. CNA #11 and LPN #4 confirmed Resident #10 was saturated with urine the incontinence pad had a brown ring, and the room smelled of urine.			
	During an interview on 2/6/2023 at 8:28 AM, CNA #5 stated she had witnessed Resident #10 saturated with urine multiple times (unable to recall the exact dates) and had reported it to the nurses and DON.			
	During an interview on 2/7/2023 at saturated with urine when she arriv	10:43 AM, CNA #16 stated she had offed on shift.	ten observed Resident #10	
	I .	acility on [DATE] and readmitted on [Dader, Chronic Pain Syndrome, and Dem	, 0	
	Review of the comprehensive care plan dated 6/5/2021 and revised on 3/18/2022, showed Resident #13 h an ADL self-care performance deficit and did not reflect a shower schedule or the resident's preference for bathing.			
		ment dated [DATE], showed Resident a firment. The resident was independent of bathing had not occurred.		
	resident had received 1 shower on	g and Skin Alert documentation dated 1 11/29/2022 and 1 bed bath. The docur 22 the resident had not received showe	mentation showed a period of 28	
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 12/1/2022-12/31/2022, show Resident #13 had received 1 shower on 12/16/2022 and no bed baths. The documentation showed of 16 days between 11/29/2022-12/16/2022 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 #13 had received 1 shower on 1/20/2023 and no bed baths. The documentation showed a peri 34 days between 12/16/2022-1/20/2023 the resident had not received showers or baths.			
	Review of the facility's ADL-Bathing Resident #13 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	
	(continued on next page)			

			10. 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		STREET ADDRESS, CITY, STATE, Z 2035 Stonebrook Place Kingsport, TN 37660	IP 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)		ion)
F 0677 Level of Harm - Actual harm Residents Affected - Some	bed bath from 11/1/2022-2/5/2023, Medical record review showed Res During an observation and interview shower and the resident stated .yo hair was greasy, and he stated her During an interview on 2/9/2023 at scheduled showers. The resident shower. Resident #14 was admitted to the f Disease, Dementia, Diabetes Mellis Interstitial Pulmonary Disease. Review of a comprehensive care p performance deficit with an interver requires assistance .for toileting ne Review of a quarterly MDS assessindicated the resident was cognitive personal hygiene, and was totally of dependent on 2 staff assistance for Review of the facility's ADL-Bathing Resident #14 had received 3 show The documentation showed a period of showers or baths. Review of the facility's ADL-Bathing Resident #14 received 4 showers of documentation showed a period of showers or baths. Review of the facility's ADL-Bathing Resident #14 had received 3 show documentation showed a period of showers or baths.	w on 1/9/2023 at 3:44 PM, Resident #2 u must be joking .I have not had a sho would like to have a shower. 7:40 AM, Resident #13 stated prior to tated he wanted a shower and felt .undated he wanted a shower shower a shower	r showers. 13 was asked if he had received a wer in over a month . The resident's 2 weeks ago, he had not received clean . when he did not receive a ding Chronic Obstructive Pulmonary Major Depressive Disorder, and 1 #14 had an ADL self-care . TOILET USE .The resident nd change monitor for incontinence . #14 scored a 14 on the BIMS which sive 1 staff assistance for dressing, hing. The resident was totally 11/1/2022-11/30/2022, showed 2022, and had received 1 bed bath. 22 the resident had not received 12/1/2022-12/31/2022, showed 12/20/2022, and no bed baths. The 22 the resident had not received 1/1/2023-1/31/2023, showed 3, and 1 bed bath. The 23 the resident had not received

			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 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 chan the second she was upset because she hadn't been chan the second she was admitted to the four pressive Disorders, Diabetes Me Bipolar Disorder Disease. Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assessing indicated moderate cognitive impair personal hygiene, and the activity of Review of the facility's ADL-Bathing Resident #20 received 1 shower or days between 11/2/2022-11/30/2022. Review of the facility's ADL-Bathing Resident #20 had not received a should be showed a period of 70 days between Review of the facility's ADL-Bathing Resident #20 had not received a show showed a period of 70 days between Review of the facility's ADL-Bathing Resident #20 had not received a show showed a period of 70 days between Review of the ADL-Bathing and Sk bed baths from 11/1/2022-2/5/2023. Medical record review showed Resident Record review showed	w 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 acility on [DATE] and readmitted on [Dellitus, Morbid Obesity, Overactive Black plan dated 9/9/2022, showed Resident into including .Showers offered 2xs perment dated [DATE], showed Resident rement. The resident required extensive of bathing had not occurred. If and Skin Alert documentation dated and 11/11/2022 and 1 bed bath. The docured the resident had not received showers and received 1 bed bath. The drawer, and received 1 bed bath. The drawer of a bed bath and 1/2023, and 1 ben 11/2/2022-1/31/2023 the resident had not received shower or a bed bath. In Alert documentation showed Resides a period of 97 days. In Alert documentation showed Resides a period of 97 days. In Alert documentation showed Resides a period of 97 days.	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 if stated Resident #14 .seemed it. ATE] with diagnoses including ider, 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 ocumentation showed a period of powers or baths. 1/1/2023-1/31/2023, showed ed bath. The documentation ad not received showers or baths. 2/1/2023-2/5/2023, showed ant #20 received 3 showers and 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 SUPPLI	NAME OF PROVIDED OR SURPLIED		P CODE	
Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place	PCODE	
		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	I .	acility on [DATE] and readmitted on [D. lajor Depressive Disorder, Chronic Pai		
Level of Harm - Actual harm		•	•	
Residents Affected - Some		plan dated 9/9/2022, showed Resident ntion including .Showers 2xs .week and		
	Review of a quarterly MDS assessment dated [DATE], showed Resident #22 scored a 14 on the BIMS whi indicted the resident was cognitively intact. The resident required extensive 1 staff assistance for dressing and personal hygiene and was totally dependent on 1 staff assistance for bathing.			
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 11/1/2022-11/30/2022, showed Resident #22 had received 3 showers on 11/5/2022, 11/6/2022, 11/30/2022, and 1 bed bath. The documentation showed a period of 23 days between 11/6/2022-11/30/2022 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, she Resident #22 had received 3 showers on 12/16/2022, 12/22/2022, 12/28/2022, and no bed baths. documentation showed a period of 15 days between 11/30/2022-12/16/2022 the resident had not a showers or baths.			
	Resident #22 had received 3 show	g and Skin Alert documentation dated 1 ers on 1/6/2023, 1/11/2023, 1/20/2023, 8 days between 12/28/2022-1/6/2023, and not received showers or baths.	and no bed baths. The	
	Resident #22 had received 2 show	g and Skin Alert documentation dated 2 ers on 2/1/2023, 2/4/2023, and no bed 2023-2/1/2023 the resident had not rece	baths. The documentation showed	
	Review of the ADL-Bathing and Sk bed bath between 11/1/2022-2/5/20	in Alert documentation showed Reside 023, a period of 97 days.	nt #22 received 11 showers and 1	
	Medical record review showed Res	ident #22 had not refused any baths or	showers.	
		2:25 PM, Resident #22 stated she recepblem .I felt bad because I was not get		
	Resident #26 was admitted to the f Chronic Obstructive Pulmonary Dis	acility on [DATE] with diagnoses includesease, and Depression.	ing Muscle Wasting and Atrophy,	
	Review of the comprehensive care plan dated 7/23/2022 showed Resident #26 had an ADL self-care performance deficit with an intervention including .Showers offered 2xs per week .			
	Resident #26 had received 1 show	g and Skin Alert documentation dated 1 er on 11/13/2022 and no bed baths. Th /30/2022 the resident had not received	e documentation showed a period	
	(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			#26 scored a 14 on the BIMS which 1 staff assistance for dressing, #27/1/2022-12/31/2022, showed bed baths. The documentation etween 12/16/2022-12/31/2022 the #17/1/2023-1/31/2023, showed 1/21/2023, 1/24/2023, and no bed 22-1/4/2023 the resident had not 2/1/2023-2/5/2023, showed dresident #26 received 9 showers or showers. #28 had an ADL self-care ear week .Assist with shower/bed at ASSIST with shower/bed at ASSIST with shower and was totally are ived showers or baths. #28 had a BIMS of 13, indicating and hygiene, and was totally are ived showers or baths. #27/1/2022-11/30/2022, showed are ived showers or baths.

			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, 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	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.			
		n Alert documentation dated 2/1/2023-2 th and refused a shower on 2/3/2023.	1/5/2023, 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	
	1	4:40 AM, Resident #28 stated prior to a mad .I was not getting my showers .	the past 2 weeks, she had not	
	Resident #31 was admitted to the 1 Parkinson's Disease, Diabetes Me	facility on [DATE] and readmitted on [Dallitus, and Depression.	ATE] with diagnoses including	
	Review of the comprehensive care plan dated 7/15/2022, showed Resident #31 had an ADL self-care performance deficit with an intervention including .May have showers 2xs per week .			
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 11/1/2022-11/30/2022, showed Resident #31 received a total of 4 showers on 11/13/2022, 11/14/2022, 11/23/2022, 11/27/2022, and had received 2 bed baths. The documentation showed a period of 12 days between 11/1/2022-11/12/2022 and 8 days between 11/14/2022-11/23/2022 the resident had not received showers or baths.			
		ment dated [DATE], showed Resident a learning in the resident required extens		
	Resident #31 received 3 showers of	g and Skin Alert documentation dated 1 on 12/4/2022, 12/6/2022, 12/24/2022, a en 12/4/2022-12/24/2022 the resident d	and 1 bed bath. The documentation	
	Resident #31 had received 3 show	g and Skin Alert documentation dated 1 ers on 1/6/2023, 1/18/2023, 1/25/2023, 12 days between 12/24/2022-1/6/2023 ad not received showers or baths.	and no bed baths. The	
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 2/1/2023-2/5/202 Resident #31 had received 1 shower on 2/4/2023 and no bed baths. The documentation s 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	sident #31 had not refused any baths or	showers.	
	(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 SUPPLIE	NAME OF DROVIDED OR SURDIJED		P CODE	
Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place	PCODE	
		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 0677	During an interview on 1/10/2023 a showers.	t 2:31 PM, CNA #5 stated Resident #3	1 had not received scheduled	
Level of Harm - Actual harm	During an interview on 2/6/2023 at	8:05 AM Posidont #31 stated prior to t	the nast 2 weeks she had not	
Residents Affected - Some	During an interview on 2/6/2023 at 8:05 AM, Resident #31 stated prior to the past 2 weeks she had not received scheduled showers. The resident 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 stated the staff had informed her there was not enough staff to assist her with a shower.			
		acility on [DATE], discharged on [DATE es Mellitus, Chronic Kidney Disease, D		
	Review of the comprehensive care plan dated 4/5/2022, showed Resident #36 had an ADL self-care performance deficit with an intervention including .showers 2xs per week .			
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 11/1/2022-11/30/2022, showed Resident #36 had not received a shower and received 3 bed baths. The documentation showed a period of 30 days between 11/1/2022-11/30/2022 the resident did not receive showers or baths.			
	Review of a quarterly MDS assessment dated [DATE], showed Resident #36 scored an 11 on the BIMS which indicated moderate cognitive impairment. The resident required extensive 2 staff assistance with dressing and personal hygiene and required extensive 1 person assistance with bathing.			
	Resident #36 had not received a sh	g and Skin Alert documentation dated 1 nower and received 2 bed baths. The d 2022 the resident did not receive show	ocumentation showed a period of	
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 1/1/2023-1/31/2023, showed Resident #36 had received no showers and 1 bed bath. The documentation showed a period of 87 date between 11/1/2022-1/31/2023 the resident had not received showers or baths (the resident was out of facility from 1/1/2023-1/6/2023).			
	Review of the facility's ADL-Bathing resident had a shower on 2/4/2023	g and Skin Alert documentation dated 2 and no bed baths.	2/1/2023-2/5/2023, showed the	
	Review of the facility's ADL-Bathing baths between 11/1/2022-1/11/202	g and Skin Alert showed Resident #36 3, a period of 92 days.	had received 1 shower and 6 bed	
	Medical record review showed Res	ident #36 had not refused any baths or	showers.	
	During an interview on 2/6/2023 at 12:00 PM, Resident #36 stated she had a .glorious shower on Satur [2/4/2023] . Resident #36 stated prior to 2/4/2023, she had not received scheduled showers .I want to fe clean .I don't like to be dirty .I don't want to get in trouble for telling you this . Resident #37 was admitted to the facility on [DATE] with diagnosis including Parkinson's Disease, Lack Coordination, Major Depressive Disorder, and Seizures. (continued on next page)			

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, 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	performance deficit with an interver Review of the facility's ADL-Bathing Resident #37 had not received a sl between 11/1/2022-11/30/2022 the Review of a quarterly MDS assess which indicated moderate cognitive dressing, personal hygiene, and the Review of the facility's ADL-Bathing Resident #37 had received 1 show 38 days between 11/1/2022-12/9/2 Review of the facility's ADL-Bathing Resident #37 had received 3 show documentation showed a period of Review of the facility's ADL-Bathing Resident #37 had not received a sl Review of the facility's ADL-Bathing and no bed baths between 11/1/20 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 freadmitted [DATE] with diagnoses Depression. Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assession	g and Skin Alert documentation showed 22-2/5/2023, a period of 97 days. ident #37 had not refused any baths of 2:15 PM, Resident #37 stated .they .dd 9:22 AM, Resident #37 stated she rece showers prior to the past couple of we acility on [DATE], discharged from the including Type 2 Diabetes, Chronic Ob plan dated 9/19/2022, showed Residention of .may have showers 2xs .week ment dated [DATE], showed Resident ely intact. The resident required extens	eek and PRN . 11/1/2022-11/30/2022, showed on 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 evers or baths. 1/1/2023-1/31/2023, showed and no bed baths. The showers or baths. 1/1/2023-2/5/2023 showed, 1/1/2023-1/2022, 1/1/2023-1/2022, 1/1/2023-1/2022, 1/1/2023-1/2022, 1/1/2023-1/2022, 1/1/2023-1/2022, 1/1/2023-1/2022, 1/1/2023-1/2022, 1/1/2023-1/2022, 1/1/2023-1/2022, 1/1/2023-1

			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		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 p	plan to correct this deficiency, please conf	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)		on)
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 sho a period of 13 days between 12/23/2022-1/6/2023 and 14 days between 1/17/2023-1/31/2023 the reside had not received showers or baths.		
	Review of the facility's ADL-Bathing Resident #40 received 1 shower on	g and Skin Alert documentation dated 2 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 or	showers.
		5:15 AM, Resident #40 stated she had #40 stated .when I didn't get a shower	
		acility on [DATE] with diagnoses include epression, and Congestive Heart Failur	
	•	plan dated 10/6/2022 showed Resider tition of .showers offered 2xs .week .	it #41 had an ADL self-care
	Review of the facility's ADL-Bathing Resident #[TRUNCATED]	g and Skin Alert documentation dated 1	1/1/2022-11/30/2022, showed

	.a.a 50.7.665		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 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 H Based on review of the Facility Ass Center for Medicare and Medicaid sobservations, interviews, and review sufficient staffing levels to meet Act #14, #20, #22, #26, #28, #31, #36, #25, #27, #30, #32, #33, #34, #38, sufficient staffing levels to meet the #11, #14, and #32) of 13 residents psychosocial harm to 13 residents The findings include: Review of the document titled, Faci daily census .65 [residents] .Staffin support .overall number of facility s meet each resident's needs .Positic Needed .13-15 a day [penciled in a Review of the facility's document tit 1/9/2023, showed the facility had a incontinence of bladder, and 37 res showed 24 residents required assis for bathing. Review of the facility's document tit 2/6/2023, showed the facility had a incontinence of bladder, and 44 res showed 24 residents required assis for bathing. Review of the facility document title showed .Essential Functions .Provi meet psychosocial needs and phys specific to the standard of care .Ma Coordinate .patient care under the assignments .in a timely manner . Review of the facility document title showed .Under supervision of a rec care to patients .that meet psychos	day to meet the needs of every reside day to meet the needs of the needs and physical needs . Ensure needs needs . Provide emotional supports needs and physical needs . Ensure needs and physical needs . Ensure needs . Provide emotional supports needs . Provide emotional supp	CONFIDENTIALITY** 38810 and Conditions of Residents Form scriptions, medical record review, les, the facility failed to ensure is of 33 residents (#9, #10, #13, #16, #17, #18, #19, #21, #23, #24, bathing. The facility failed to ensure re for 4 dependent residents (#10, cility's failure resulted in in in its failure resulted in its failure result

			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, 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	and Skin Care Alert documentation do r. g and Skin Care Alert documentation dated 2/1/2 5:09 AM, Certified Nurse Aide (CNA) #2 geeks (unsure of the exact dates). 9:56 AM, Resident #9 stated .I wasn't go at the state of the schedul	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.

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 SUPPLIE	NAME OF PROVIDED OR SUPPLIED		P CODE
	Orchard View Post-Acute and Rehabilitation Center		1 6052
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 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 of Resident #10 was saturated with urincontinence care every 2 hours. Review of the facility's ADL-Bathing Resident #10 had not received a slouring an observation and intervier (LPN) #4, Resident #10 was lying in urine, and a brown ring was observed and the room smelled of urine. During an interview on 2/6/2023 at urine multiple times (unable to recall buring an interview on 2/6/2023 at urine multiple times (unable to recall burine multiple times when she CNAs with resident care. Resident #13 was admitted to the form Parkinson's Disease, Anxiety Disork 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 Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL-Bathing Resident #13 had received 1 show Review of the facility's ADL	g and Skin Care Alert documentation days and Skin Care Alert documentation days are seen. We in the resident's room with the Director of the seen. We in the resident's room with the Director of the seen of th	ated 12/1/2022-12/31/2022, ated 1/1/2022-12/31/2022, ated 1/1/2022-12/31/2023, showed 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 at 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, assed Resident #10 saturated with exerved Resident #10 saturated aurses did not routinely assist the ATE] with diagnoses including mentia. #13 had moderate cognitive ene, and the activity of bathing had ated 11/1/2022-11/30/2022, ated 12/1/2022-12/31/2022, ated 1/1/2023-1/31/2023, showed
	(continued on next page)		

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 SUPPLII	- n	STREET ADDRESS CITY STATE 71	D 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 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 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		7:40 AM, Resident #13 stated prior to 2 nt stated he wanted a shower and felt		
	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.			
Review of a quarterly MDS assessment dated [DATE], showed Resident #14 had modera impairment, required extensive 1 staff assistance for dressing, personal hygiene, and was on 2 staff assistance for bathing and toilet use.				
	Review of the facility's ADL-Bathing showed Resident #14 had received	g and Skin Care Alert documentation da I 3 showers.	ated 11/1/2022-11/30/2022,	
	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 Resident #14 had received 3 show	g and Skin Care Alert documentation da ers and refused 1.	ated 1/1/2023-1/31/2023, showed	
	Review of the facility's ADL-Bathing Resident #14 had received 1 show	g and Skin Care Alert documentation da er.	ated 2/1/2023-2/5/2023, showed	
	was lying in bed with eyes closed,	w with Registered Nurse (RN) #2 on 1/ bed linens, gown, and brief were satura 2 stated .yeah that one is pretty wet .lt	ated with urine, and a brown ring	
	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 diagnoses including Depressive Disorders, Diabetes Mellitus, Morbid Obesity, Overactive Bladder, Chronic Pain Syndrome Bipolar			
	Disorder Disease.			
	(continued on post secs)			
	(continued on next page)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA (IDENTIFICATION NUMBER: 445174 STREET ADDRESS, CITY, STATE, ZIP CODE 2005 Stonebrook Place Kingsport, TN 37660 For information on the nursing homes 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) For reformation on the nursing homes plan to correct this deficiency, please contact the nursing home or the state survey agency. FO725 Level of Harm - Actual harm Residents Affected - Some Review of a quarterly MDS assessment dated [DATE], showed Resident #20 had moderate cognitive impairment, required extensive 1 staff assistance for dressing and personal hygiene, and the activity of bathing had not occurred. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #20 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/31/2023, showed Resident #20 had not received a shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/31/2023, showed Resident #20 had not received a shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/31/2023, showed Resident #20 had not received a shower. Providence of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/31/2023, showed Resident #20 had not received a shower. Providence of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/31/2023, showed Resident #20 had not received a shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/31/2023, showed Resident #20 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 #20 had received 2 showers				No. 0936-0391
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. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) F 0725 Review of a quarterly MDS assessment dated [DATE], showed Resident #20 had moderate cognitive impairment, required extensive 1 staff assistance for dressing and personal hygiene, and the activity of bathing had not occurred. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #20 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-11/31/2023, showed Resident #20 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 #20 had not received a shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/31/2023, showed Resident #20 had not received a shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 21/1/2023-2/5/2023, showed Resident #20 had not received a shower. During an interview on 2/6/2023 at 9:05 AM, Resident #20 stated she had not received showers, there was not enough staff, and it made her feel crappy when she had not received showers, there was not enough staff, and it made her feel crappy when she had not received showers, there was not enough staff, and it made her feel crappy when she had not received showers, there was not enough staff, and it made her feel crappy when she had not received showers, there was not enough staff, and it made her feel crappy when she had not received showers, there was not enough staff, and it made her feel crappy when she had not received showers, and the scheduled showers. Resident #20 had created and the facility's ADL-Bathing and Skin Care Aler		IDENTIFICATION NUMBER:	A. Building	COMPLETED
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 cognitive impairment, required extensive 1 staff assistance for dressing and personal hygiene, and the activity of bathing had not occurred. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #20 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed 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, showed Resident #20 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 #20 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 #20 had not received a shower. During an interview on 2/6/2023 at 9:05 AM, Resident #20 stated she had not received showers, there was 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 Depressive Disorder, Chronic Pain Syndrome, and Dementia. Review of a quarterly MDS assessment dated (DATE), showed Resident #22 was cognitively intact, required extensive 1 staff assistance for dressing and personal hygiene, and was totally dependent on 1 staff assistance for bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #22 had received 3 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/31/2023, showed Resident #22 had received 2 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/31/2023, showed Resident #22 had received 2 showers. During an interview on			2035 Stonebrook Place	P CODE
F 0725 Level of Harm - Actual harm Residents Affected - Some Review of a quarterly MDS assessment dated [DATE], showed Resident #20 had moderate cognitive impairment, required extensive 1 staff assistance for dressing and personal hygiene, and the activity of bathing had not occurred. Residents Affected - Some Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #20 had not received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #20 had not received a shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/31/2023, showed Resident #20 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 #20 had received 2 showers. Puring an interview on 2/6/2023 at 9.05 AM, Resident #20 stated she had not received showers, there was 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 ensymborian, and Dementia. Review of a quarterly MDS assessment dated [DATE], showed Resident #22 was cognitively intact, required extensive 1 staff assistance for dressing and personal hygiene, and was totally dependent on 1 staff assistance for bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #22 had received 3 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/31/2023, showed Resident #22 had received 3 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-1/31/2023, showed Resident #22 had received 2 showers. Puring an interview on 2/6/2023 at 2:25 PM, Resident #22 stated .it [showers] was a problem .I felt bad because I was not getting a shower. Review of the facility's ADL-Bathing and Skin	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
impairment, required extensive 1 staff assistance for dressing and personal hygiene, and the activity of bathing had not occurred. Residents Affected - Some Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #20 had received 1 shower. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, 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, showed Resident #20 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 #20 had received 2 showers. Puring an interview on 2/6/2023 at 9.05 AM, Resident #20 stated she had not received showers, there was 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 including Fusion of Spine Cervical Region, Major Depressive Disorder, Chronic Pain Syndrome, and Dementia. Review of a quarterly MDS assessment dated [DATE], showed Resident #22 was cognitively intact, required extensive 1 staff assistance for dressing and personal hygiene, and was totally dependent on 1 staff assistance for bathing. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #22 had received 3 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2023-12/31/2023, showed Resident #22 had received 2 showers. Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2023-13/1/2023, showed Resident #22 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 #22 had received 2 showers. During an interview on 2/6/2023 at 2-25 PM, Resident #22 stated .it [showers] was a problem .I felt bad because	(X4) ID PREFIX TAG			
	Level of Harm - Actual harm	impairment, required extensive 1 si bathing had not occurred. Review of the facility's ADL-Bathing showed Resident #20 had received. Review of the facility's ADL-Bathing showed Resident #20 had not received 2 show. Review of the facility's ADL-Bathing Resident #20 had received 2 show. Review of the facility's ADL-Bathing Resident #20 had not received a sl. During an interview on 2/6/2023 at not enough staff, and it made her for the facility and it made her formal for the facility is ADL-Bathing. Review of a quarterly MDS assessive extensive 1 staff assistance for dreassistance for bathing. Review of the facility's ADL-Bathing showed Resident #22 had received. Review of the facility's ADL-Bathing showed Resident #22 had received 2 show. Review of the facility's ADL-Bathing Resident #22 had received 2 show. Review of the facility's ADL-Bathing Resident #22 had received 2 show. During an interview on 2/6/2023 at because I was not getting a showe. Resident #26 was admitted to the formal control of the facility's ADL-Bathing Resident #26 was admitted to the formal control of the facility's ADL-Bathing Resident #26 was admitted to the formal control of the facility's ADL-Bathing Resident #26 was admitted to the formal control of the facility's ADL-Bathing Resident #26 was admitted to the formal control of the facility's ADL-Bathing showed Resident #26 had received the facility's ADL-Bathing showed Resident #26 had re	g and Skin Care Alert documentation of ers. g and personal from the electronic Pair electroni	al hygiene, and the activity of 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 I not received showers, there was the 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 12/1/2023-1/31/2023, showed ated 2/1/2023-2/5/2023, showed ated 2/1/2023-2/5/2023, showed wers] was a problem .I felt bad ling Muscle Wasting and Atrophy,

			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	limited 1 staff assistance for dressis. Review of the facility's ADL-Bathing showed Resident #26 had received Review of the facility's ADL-Bathing Resident #26 had received 5 show. 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 Tyles 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 #28 had received Review of the facility's ADL-Bathing showed Resident #28 had received 3 show Review of the facility's ADL-Bathing Resident #28 had received 3 show Review of the facility's ADL-Bathing Resident #28 had not received a sl During an interview on 2/6/2023 at received scheduled showers. I was Resident #31 was admitted to the f Parkinson's Disease, Diabetes Mel Review of the facility's ADL-Bathing showed Resident #31 had received Review of the facility's ADL-Bathing showed Resident #31 had received Review of a quarterly MDS assessing the received Review of a quarterly MDS assessing Review of the facility RDS assessing Review of the facility RDS assessing Review of the facility RDS assessing R	g and Skin Care Alert documentation ders. in Care Alert documentation dated 2/1/ 5:30 AM, Resident #26 stated she had a she did not receive the showers .it up facility on [DATE] with diagnoses including 2 Diabetes. ment dated [DATE], showed Resident at taff assistance for dressing and person g and Skin Care Alert documentation dat 2 showers and 4 bed baths. g and Skin Care Alert documentation dat 4 showers and 1 bed bath. g and Skin Care Alert documentation ders and 2 bed baths. The resident had g and Skin Care Alert documentation ders and 2 bed bath and had refused 1 4:40 AM, Resident #28 stated prior to 6 mad .I was not getting my showers . facility on [DATE] and readmitted on [Date] and Skin Care Alert documentation ders and Depression.	ated 12/1/2022-12/31/2022, ated 1/1/2023-1/10/2023, showed (2023-2/5/2023 showed Resident In not received the scheduled sets me .I want to be clean . Iting Hemiplegia and Hemiparesis (428 had moderate cognitive all hygiene, and was totally ated 11/1/2022-11/30/2022, ated 12/1/2022-12/31/2022, ated 1/1/2023-1/31/2023, showed refused 1 shower. ated 2/1/2023-2/5/2023, showed shower. ATE] with diagnoses including ated 11/1/2022-11/30/2022, which is a short of the past 2 weeks, she had not the past 2 weeks, she had not ated 11/1/2022-11/30/2022, which is a shower of the past 2 weeks, she had not ated 11/1/2022-11/30/2022, which is a shower of the past 2 weeks, she had not the past 2 weeks, sh

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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 PROMPTS OF SUPPLIES		CTDEET ADDRESS CITY STATE 71	D CODE	
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	PCODE	
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	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.			
Residents Affected - Some	Review of the facility's ADL-Bathing Resident #31 had received 3 show	g and Skin Care Alert documentation deers.	ated 1/1/2023-1/31/2023, showed	
	Review of the facility's ADL-Bathing Resident #31 had received 2 show	g and Skin Care Alert documentation deers.	ated 2/1/2023-2/5/2023, showed	
	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.			
	made her feel .terrible and yucky .l	8:05 AM, Resident #31 stated when sh wiped myself off, but it was not doing t as not enough staff to assist her with a	he job . The resident further stated	
	Resident #36 was admitted to the f diagnoses including Type 2 Diabet Obesity.	acility on [DATE], discharged on [DATE es Mellitus, Chronic Kidney Disease, D	E] and readmitted on [DATE] with epression, and Morbid (Severe)	
	Review of the facility's shower door received a shower.	umentation dated 11/1/2022-11/30/202	2, showed Resident #36 had not	
		ment dated [DATE], showed Resident a taff assistance with dressing and perso athing.		
	Review of the facility's ADL-Bathing and Skin Care Alert shower documentation dated 12/1/2022-12/31/2022, 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.			
	During an interview on 2/6/2023 at 12:00 PM, Resident #36 stated she had not received scheduled showers 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, I Coordination, Major Depressive Disorder, and Seizures.			
Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11 showed Resident #37 had not received a shower.				
	(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 SUPPLIE	NAME OF PROVIDER OR SURPLIED		P CODE	
	Orchard View Post-Acute and Rehabilitation Center		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 0725 Level of Harm - Actual harm	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 bathing had not occurred.			
Residents Affected - Some	Review of the facility's ADL-Bathing showed Resident #37 had received	g and Skin Care Alert documentation da I 1 shower.	ated 12/1/2022-12/31/2022,	
	Review of the facility's ADL-Bathing Resident #37 had received 3 show	g and Skin Care Alert documentation deers.	ated 1/1/2023-1/31/2023, showed	
	Review of the facility's ADL-Bathing Resident #37 had not received a sh	g and Skin Care Alert documentation danower.	ated 2/1/2023-2/5/2023, showed	
	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 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, and Depression.			
	Review of a quarterly MDS assessment dated [DATE], showed Resident #40 was cognitively intact, required extensive 1 staff assistance with dressing and personal hygiene, and totally dependent on 1 staff assistance 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 showed Resident #40 had received	g and Skin Care Alert documentation da I 4 showers.	ated 12/1/2022-12/31/2022,	
	Review of the facility's ADL-Bathing Resident #40 had received 2 show	g and Skin Care Alert documentation da ers.	ated 1/1/2023-1/31/2023, showed	
	Revie of the facility's ADL-Bathing a shower.	and Skin Care Alert documentation sho	owed Resident #40 had received 1	
	During an interview on 2/6/2023 at angry .	5:15 AM, Resident #40 stated .when I	didn't get a shower .lt made me	
		acility on [DATE] and readmitted [DATI orbid Obesity, Depression, and Conge		
	Review of the facility's shower docureceived 4 showers.	umentation dated 11/1/2022-11/30/202	2, showed Resident #41 had	
	(continued on next page)			

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	G=/GG/=G=G	
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		
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 a quarterly MDS assess	ment dated [DATE], showed Resident	#41 was cognitively intact, required	
Level of Harm - Actual harm	extensive 1 staff assistance for dre dependent of 1 staff assistance wit	ssing, 1 staff supervision assistance with bathing.	ith personal hygiene, and totally	
Residents Affected - Some	Review of the facility's ADL-Bathing showed Resident #41 had received	g and Skin Care Alert documentation d	ated 12/1/2022-12/31/2022,	
	Review of the facility's ADL-Bathing Resident #41 had received 4 show	g and Skin Care Alert documentation deers.	ated 1/1/2023-1/31/2023, showed	
	Review of the ADL-Bathing and Sk #41 had received 1 shower.	in Care Alert documentation dated 2/1/	2023-2/5/2023 showed Resident	
	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 .I 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.			
	Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], showed Resident #1 had moderate cognitive impairment. The resident required extensive 1 staff assistance with dressing and personal hygiene and was totally dependent on 1 staff assistance for bathing.			
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/4/2022-11/30/2022, showed Resident #1 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 #1 had received 2 showers.			
	Review of the facility's ADL-Bathing Resident #1 had received 3 showe	g and Skin Care Alert documentation dars.	ated 1/1/2023-1/31/2023, showed	
	Review of a Skin Alert sheet dated	1/30/2023, showed the resident refuse	ed a shower.	
	Review of the facility's ADL-Bathing Resident #1 had not received a sho	g and Skin Care Alert documentation doower.	ated 2/1/2023-2/5/2023, showed	
	1	cility on [DATE] with diagnoses includir of the Liver, Acute Hepatitis C, and Rh	~	
	Review of a quarterly MDS assessment dated [DATE], showed Resident #2 was cognitively intact, required limited 1 staff assistance with dressing and personal hygiene, and was totally dependent on staff for bathin			
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CTATE AFAIT OF SECTION	(M) PROMETE (2007)	(/0) / / / / / / / / / / / / / / / / / /	()(7) PATE ()(7)		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	445174	A. Building B. Wing	02/09/2023		
NAME OF PROVIDER OR SUPPLIE	NAME OF PROVIDER OR SUPPLIER		P CODE		
Orchard View Post-Acute and Reh	abilitation 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 0725 Level of Harm - Actual harm	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.				
Residents Affected - Some					
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2 showed Resident #2 had received 2 showers.				
	Review of the facility's ADL-Bathing Resident #2 had received 4 showe	g and Skin Care Alert documentation dars.	ated 1/1/2023-1/31/2023, showed		
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/20 Resident #2 had received a shower on 2/4/2023.				
	Review of a nursing note dated 2/2 refused.	2/2023, showed the resident was offered	d a shower on this date and		
	1	4:20 AM, Resident #2 stated he receive enough staff to supervise me in the sl			
	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 showed Resident #5 had received	g and Skin Care Alert documentation dans	ated 11/1/2022-11/30/2022,		
	Review of a quarterly MDS assessment dated [DATE], showed Resident #5 had moderate cognitive impairment. The resident required extensive assistance of 2 staff members for dressing and personal hygiene 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 diagnose Muscle Weakness, Chronic Pain Syndrome, Moderate Protein-Calorie Malnutrition, Schizoar Recurrent Depressive Disorders, Generalized Anxiety Disorder, and Dementia.				
Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022 showed Resident #12 had not received a shower. (continued on next page)					

			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 con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	EIENCIES full regulatory or LSC identifying informati	on)
F 0725 Level of Harm - Actual harm Residents Affected - Some	Review of a quarterly MDS assessing impairment, required extensive 1 ston 1 staff assistance for bathing. Review of the facility's ADL-Bathing showed Resident #12 had received Review of the facility's ADL-Bathing Resident #12 had received 1 showed Resident #15 was admitted to the facility had not received a showed Resident #15 was admitted to the facility had not received a showed region and Hemiparesis. Review of a quarterly MDS assessing himpairment, required extensive 2 sthygiene, and was totally dependent on 2 staff assistance for Review of the facility's ADL-Bathing showed Resident #15 had received Review of the facility's ADL-Bathing showed Resident #15 had received 1 showed Resident #15 had received 1 showed Resident #15 had not received a showed Resident #16 was admitted to the facility had not received a showed Resident #16 was admitted to the facility had not received a showed resident #16 was admitted to the facility had not received a showed resident #16 was admitted to the facility had not received a showed resident #16 was admitted to the facility had not received a showed resident #16 was admitted to the facility had not received a showed Resident #16 had received had received the facility had not received a showed Resident #16 had received had received the facility had received t	ment dated [DATE], showed Resident and assistance for dressing, personal has and Skin Care Alert documentation doesn. If and Skin Care Alert documentation doesn.	#12 had moderate cognitive ygiene and was totally dependent ated 12/1/2022-12/31/2022, ated 1/1/2023-2/5/2023, showed ated 2/1/2023-2/5/2023, showed ing Cerebral Infarction, Dementia, #15 had severe cognitive 1 staff assistance with personal ated 11/1/2022-11/30/2022, ated 12/1/2023-1/31/2022, ated 1/1/2023-1/31/2023, showed ated 2/1/2023-2/5/2023, showed ated 2/1/2023-2/5/2023, showed ing Muscle Weakness, Paranoid #16 required extensive 1 staff at was totally dependent on 1 staff ated 11/1/2022-11/30/2022,
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			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 grand Skin Care Alert documentation derived a Skin Care Alert documentation der and Skin Care Alert	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

AND PLAN OF CORRECTION AND PLAN OF CORRECTION IDENTIFY 445174 NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation (Corrections) For information on the nursing home's plan to corrections (X4) ID PREFIX TAG SUMMA (Each defended) F 0867 Level of Harm - Actual harm Residents Affected - Some Based of take act perform failed to cleanlin #2, #5, residenty		(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place	(X3) DATE SURVEY COMPLETED 02/09/2023 P CODE
Orchard View Post-Acute and Rehabilitation (For information on the nursing home's plan to correct (X4) ID PREFIX TAG SUMMA (Each de F 0867 Level of Harm - Actual harm Residents Affected - Some Based of take act perform failed to cleanlin #2, #5, resident	Center		P CODE
F 0867 Level of Harm - Actual harm Residents Affected - Some Based of take act perform failed to cleanlin #2, #5, resident		Kingsport, TN 37660	
F 0867 Level of Harm - Actual harm Residents Affected - Some Based of take act perform failed to cleanlin #2, #5, resident	rect this deficiency, please cor	ntact the nursing home or the state survey	agency.
Level of Harm - Actual harm Residents Affected - Some Based of take act perform failed to cleanlin #2, #5, residential resid	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
Review revised is focus and cor underly Monitor During: multiple know [F washed residen Resider During: complain she had buring: unable to proview to proview to proview the proview the proview to proview the proview to proview the proview to proview the proview	s plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.		and interview, the facility failed to of the intervention, and track needs in the facility. The facility baths, incontinence care, and #28, #31, #36, #37, #40, #41, #1, #33, #34, #38, and #39) of 64 social harm to 14 residents (#9, provement (QAPI) Program, ain an ongoing .QAPI Program that scribes the process for identifying iencies .Systematically analyzing menting corrective action .g as needed . sirector (SSD) stated she had a shower .I let the nurse know .I me she would like to get her hair ned she didn't feel like they [the d the Administrator and the DON of the Administrator and the DON of) stated the residents had g more unkempt. The NP stated not specified). CNA) #12 stated the CNAs were marge nurse when she was unable PN) #4 stated she had noticed a weeks on the night shift and she

STATEMENT OF DEFICIENCIES	(XI) 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).			
	received the scheduled showers ar	uring an interview on 2/6/2023 at 5:30 AM, Resident #26 stated prior to about 2-3 weeks ago, she had not eceived the scheduled showers and stated she had complained to the Social Worker (no longer employed 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 you [surveyors] came. Resident #9 stated he reported to multiple staff at the facility (unable to recall who) he did 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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND FLAN OF CORRECTION	445174	A. Building	02/09/2023		
	443174	B. Wing	02/03/2020		
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			
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	During an interview on 2/7/2023 at	8:42 AM, LPN #9 stated the facility did	not have enough staff to care for		
Level of Harm - Actual harm	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 w	rere saturated with urine and she repor	ted 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.				
		10:30 AM, the Minimum Data Set (MD			
	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.				
	During an interview on 2/9/2023 at 4:00 PM, the DON stated there was enough staff to meet the needs of the residents due to the number of nurses on each shift and incontinence care should be provided every 3 hours and as needed. She also stated she was not aware of the extent of the problems with showers until about 2 weeks ago when surveyors entered the building on 1/9/2023. The DON further stated she and the Administrator had met with the Ombudsman (did not give an exact date) about concerns related to the showers for Resident #2 and Resident #13. The DON stated it was a lack of shower documentation, she had interviewed the residents (#2 and #13) and .they did not have problems . The DON further stated she had not interviewed additional residents to determine if showers had been provided. She also stated the Medical Director and the NP had not reported a problem or issues with the resident showers .it was never brought up .				
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	.a.a 50.7.665		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		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 Residents Affected - Some	received the showers as scheduled of the extent of the problems with s residents, nor the staff had reported the DON had met with the Ombuds showers for Resident #2 and Resident eceived the showers like they [reschanged every 2 hours . He also st Improvement Plan (PIP) in place. Ta problem or issues with the reside	nowed the facility identified concerns re the PIP had not identified the actual ac	very moment [2/9/2023] .not aware The Administrator stated the tinence care. He also stated he and ther concerns related to the residents at the facility had not posed to .residents should be sed and there was a Performance rector and the NP had not reported related to the documentation of