Printed: 11/28/2024 Form Approved OMB No. 0938-0391

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

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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

Facility ID:

If continuation sheet Page 1 of 40

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Orchard View Post-Acute and Rehabilitation Center		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 0600 Level of Harm - Minimal harm or potential for actual harm	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 . 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] lying in bed undressed from the waist down and masturbating while holding roommate [Resident #5's] arm with [Resident #5] hitting [Resident #6] in attempt to free himself from [Resident #5's] grasp.			
Residents Affected - Few				
	Review of Resident #6's progress note dated 11/5/2022 at 3:41 PM, showed .The resident is disoriented and 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] by 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 a moderate cognitive impairment.	t 9:23 AM, Resident #5 was unable to	complete an interview due to	
	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 (roommates). The DON stated Resident #5 rolled to Resident #6's bedside while Resident #6 was masturbating. Resident #6 had grabbed Resident #5's arm, Resident #5 was hitting 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 #6. No injury was observed to the residents.			
	During an interview on 1/10/2023 at 12:34 PM, CNA #9 stated she heard yelling, went into Resident #5 at Resident #6's room, found Resident #6 holding Resident #5's arm, and Resident #5 was hitting Resident arm to get free from his grasp. CNA #9 stated with the help of another CNA, they were able to separate the residents and relocate Resident #5 to another room.			
	During an interview on 1/10/2023 at 3:21 PM, the Administrator confirmed Resident #6 had Resident #5's arm in his grasp and Resident #5 was hitting Resident #6's arm to get free. The Administrator stated .unsur of what Resident #6's intent was when he grabbed Resident #5 by the arm .but it did happen .			
	40606			

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NAME OF PROVIDED OR CURRULED		STREET ADDRESS CITY STATE 71	D CODE
Oraberd View Boat Acute and Bob		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place	PCODE
Orchard View Post-Acute and Reh	adilitation 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 0656	Develop and implement a complete that can be measured.	e care plan that meets all the resident's	needs, with timetables and actions
Level of Harm - Actual harm		IAVE BEEN EDITED TO PROTECT CO	ONFIDENTIALITY** 39794
Residents Affected - Some	Based on facility policy review, medical record review, interviews, and observations, the facility failed to implement the comprehensive care plan for providing showers and bed baths for 28 residents (#9, #13, #20, #22, #26, #28, #31, #36, #37, #40, #41, #2, #5, #10, #12, #14, #15, #17, #18, #19, #21, #23, #24, #25, #27, #32, #33, and #39) and failed to ensure the comprehensive care plan was person centered for shower and bathing preferences for 6 residents (#13, #1, #16, #30, #34, and #38) of 42 care plans reviewed. The facility's failure resulted in psychosocial harm to 11 residents (#9, #13, #20, #22, #26, #28, #31, #36, #37, #40, and #41).		
The findings include:			
	care Plan Comprehensive, Revised 11/ chensive care plan .is reviewed and rev nt and .needs .The care plan must be re and needs of the resident .	rised by the interdisciplinary team .	
	Resident #9 was admitted to the fa Mellitus, Schizophrenia, Fusion of	cility on [DATE] with diagnoses includir Spine, and Intraspinal Abscess.	ng Paraplegia, Type 2 Diabetes
		plan dated 9/9/2022 showed, Resident with an intervention including .showers	
	Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], showed Resident #9 required extensive 2 staff assistance for dressing, personal hygiene, and was totally dependent on 2 staff assistance for bathing.		
	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #9 had received 2 showers and 4 bed baths from 11/1/2022-2/5/2023.		
	During an interview and observation on 1/10/2023 at 2:40 PM, Resident #9 stated he had not received a shower. The staff provide peri-care (perineal care - cleaning of the private parts) routinely and he was unsure why he had not received the scheduled showers. The resident's hair appeared greasy.		
	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 #13 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Parkinson's Disease, Anxiety Disorder, Chronic Pain Syndrome, and Dementia.		
	Review of the comprehensive care plan dated 6/5/2021 and revised on 3/18/2022, showed Resident #13 had an ADL self-care performance deficit and the resident's shower schedule and preference for bathing was not indicated.		
	(continued on next page)		

			NO. 0936-0391
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0656 Level of Harm - Actual harm Residents Affected - Some	help for dressing, personal hygiener Review of the facility's ADL-Bathing and 1 bed bath from 11/1/2022-2/5 During an observation and interview shower and the resident stated .yo hair was greasy, and he stated here. During an interview on 2/9/2023 at shower. Resident #20 was admitted to the final Depressive Disorders, Diabetes Merside Disorder Disease. Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assession assistance for dressing, personal himself of the facility's ADL-Bathing and 3 bed baths from 11/1/2022-2/10. During an interview on 2/6/2023 at her feel crappy when she had not resident #22 was admitted to the final Fusion of Spine Cervical Region, Microscopic Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assession assistance for dressing, personal himself Review of the facility's ADL-Bathing showers and 1 bed bath between 10 During an interview on 2/6/2023 at because I was not getting a showers.	w on 1/9/2023 at 3:44 PM, Resident #1 u must be joking .I have not had a show would like to have a shower. 7:40 AM, Resident #13 stated he felt .u acility on [DATE] and readmitted on [Datellitus, Morbid Obesity, Overactive Black plan dated 9/9/2022, showed Resident and the state of the showers offered 2xs perment dated [DATE], showed Resident and the activity of bathing had grand Skin Alert documentation showers for persent dated the scheduled showers. 9:05 AM, Resident #20 stated she had eceived the scheduled showers. Facility on [DATE] and readmitted on [Date of the scheduled showers are plan dated 9/9/2022, showed Resident plan dated 9/9/2022, showed Resident plan dated [DATE], showed Resident and the scheduled showers and was totally dependent on a grand Skin Alert documentation shower 1/1/2022-2/5/2023. 2:25 PM, Resident #22 stated .it [show resident and the scheduled state of the scheduled state	d Resident #13 received 4 showers 3 was asked if he had received a wer in over a month. The resident's unclean. when he did not receive a ATE] with diagnoses including dder, Chronic Pain Syndrome, and t #20 had an ADL self-care er week and prn. #20 required extensive 1 staff not occurred. d Resident #20 received 3 showers I not received showers and it made ATE] with diagnoses including in Syndrome, and Dementia. t #22 had an ADL self-care d prn. #22 required extensive 1 staff in staff assistance for bathing. d Resident #22 received 11 vers] was a problem. I felt bad

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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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC	' STATEMENT OF DEFICIENCIES ency must be preceded by full regulatory or LSC identifying information)	
F 0656 Level of Harm - Actual harm Residents Affected - Some	performance deficit with an interver Review of a quarterly MDS assessr 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 I don't want to get in trouble for telli Resident #37 was admitted to the factorial coordination, Major Depressive Dis Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assessr assistance with dressing, personal Review of the facility's ADL-Bathing and no bed baths between 11/1/202 During an interview on 1/9/2023 at it made her .feel dirty. Resident #40 was admitted to the fa diagnoses including Osteomyelitis of Pulmonary Disease, Depression, E Review of the comprehensive care performance deficit with an interver Review of a quarterly MDS assessr assistance with dressing, personal Review of the facility's ADL-Bathing and 6 bed baths between 11/1/2022 During an interview on 2/6/2023 at	is the preceded by full regulatory or LSC identifying information) mprehensive care plan dated 4/5/2022, showed Resident #36 had an ADL self-care cit with an intervention including .showers 2xs per week. erly MDS assessment dated [DATE], showed Resident #36 required extensive 2 staff ressing, personal hygiene, and required extensive 1 person assistance with bathing. illity's ADL-Bathing and Skin Alert documentation showed Resident #36 had received 1 baths between 11/1/2022-2/5/2023 (Resident #36 was out of the facility from 3). iv on 2/6/2023 at 12:00 PM, Resident #36 stated .I want to feel clean .I don't like to be of the introuble for telling you this. is admitted to the facility on [DATE] with diagnoses including Parkinson's Disease, Lack of or Depressive Disorder, and Seizures. Increhensive care plan dated 9/11/2022, showed Resident #37 had an ADL self-care cit with an intervention including .showers offered 2xs .week and PRN . erly MDS assessment dated [DATE], showed Resident #37 required limited 1 staff ressing, personal hygiene, and the activity of bathing had not occurred. illity's ADL-Bathing and Skin Alert documentation showed Resident #37 received 4 show between 11/1/2022-2/5/2023. iv on 1/9/2023 at 2:15 PM, Resident #37 stated .they .don't give me a shower . iv on 2/6/2022 at 9:22 AM, Resident #37 stated she had not received routine showers a dirty . is admitted to the facility on [DATE], discharged on [DATE] and readmitted [DATE] with ng Osteomyelitis of Vertebra, Lumbar Region, Type 2 Diabetes, Chronic Obstructive se, Depression, Essential Hypertension, and Chronic Kidney Disease. Imprehensive care plan dated 9/19/2022, showed Resident #40 had an ADL self-care cit with an intervention of .may have showers 2xs .week and prn . erly MDS assessment dated [DATE], showed Resident #40 required extensive 1 staff ressing, personal hygiene, and totally dependent on 1 staff assistance with bathing. illity's ADL-Bathing and Skin Alert documentation showed Resident #40 received 8 show between 11/	

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NAME OF PROVIDER OR SUPPLIE	NAME OF DROVIDED OR SUDDIJED		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	l 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 0656	Respiratory Failure with Hypoxia, F	acility on [DATE] and readmitted [DATE Repeated Falls, Systemic Lupus Erythe	matosus, Morbid Obesity with	
Level of Harm - Actual harm	Alveolar Hypoventilation, Depression	on, Congestive Heart Failure, and Anxid	ety Disorder.	
Residents Affected - Some		plan dated 9/19/2022 showed Residention of .showers offered 2xs .week .	nt #41 had an ADL self-care	
	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 showers and no bed baths between	g and Skin Alert documentation showed n 11/1/2022-2/5/2023.	d Resident #41 received 14	
	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 .			
		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 required limited 1 staff assistance with dressing, personal hygiene, and was totally dependent on staff for bathing.			
	Review of a quarterly MDS assessment dated [DATE], showed Resident #2 required limited 1 staff assistance for dressing, personal hygiene, and the activity of bathing had not occurred.			
	Review of the comprehensive care plan revised 12/21/2022, showed Resident #2 had an Activities of Daily Living (ADL) self-care performance deficit with an intervention including .Showers offered 2xs .week and prn			
	Review of the facility's ADL-Bathing from 11/1/2022-2/5/2023.	g and Skin Alert documentation showed	d Resident #2 received 4 showers	
	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.			
		plan dated 9/9/2022, showed Resident ntion including .May have showers 2xs		
	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)			

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F 0656 Level of Harm - Actual harm Residents Affected - Some	ne's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		Int #10 had an ADL self-care and PRN [as needed]. #10 required total dependence of 2 If Resident #10 received 10 ATE] with diagnoses including a Syndrome, Moderate ive Disorders, Generalized Anxiety #2022, showed Resident #12 had 2 x .week and prn . #12 required extensive 1 staff 1 staff assistance for bathing. If Resident #12 received 2 showers Ing Chronic Obstructive Pulmonary Major Depressive Disorder, and #14 had an ADL self-care #14 required extensive 1 staff staff assistance for bathing. If Resident #14 received 12 Ing Cerebral Infarction (Stroke),

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F 0656 Level of Harm - Actual harm	Review of a quarterly MDS assessment dated [DATE], showed Resident #15 required extensive 2 staff assistance with dressing, extensive 1 staff assistance with personal hygiene, and was totally dependent on 2 staff assistance for bathing.			
Residents Affected - Some	Review of the facility's ADL-Bathing and 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 Communication Deficit, Chronic Pain Syndrome, Cirrhosis of the Liver, and Generalized Anxiety Disorder. The resident was discharged from the facility on 1/23/2023.			
	Review of a comprehensive care plan dated 8/26/2022, showed Resident #17 had an ADL self-care performance deficit with an intervention including .showers 2xs per week and prn .			
	Review of a quarterly MDS assessment dated [DATE], showed Resident #17 had moderate cognitive impairment, required limited 1 staff assistance for dressing, extensive 1 staff assistance with personal hygiene, and was totally dependent on 2 staff assistance for bathing.			
	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #17 received 7 showers and no bed baths between 11/1/2022-1/23/2023.			
	Resident #18 was admitted to the facility on [DATE], discharged on [DATE], and readmitted on [DATE] with diagnoses including Cerebral Infarction, Anxiety Disorder, Chronic Obstructive Pulmonary Disease, and Gastrostomy Status.			
	Review of the comprehensive care plan revised 12/29/2022, showed Resident #18 had an ADL self-care performance deficit with an intervention including .showers 2xs per week and prn .			
		sment dated [DATE], showed Resident I was totally dependent on staff for batt		
	Review of the facility's ADL-Bathing shower and 2 bed baths between 1	g and Skin Alert documentation showed 1/12/2022-2/5/2023.	d Resident #18 had received 1	
	Resident #19 was admitted to the f Bipolar Disorder, and Schizoaffecti	acility on [DATE] with diagnoses includ ve Disorder.	ling Hemiplegia and Hemiparesis,	
		plan dated 9/9/2022, showed Residen ntion including .showers offered 2xs pe		
	Review of a quarterly MDS assessment dated [DATE], showed Resident #19 required limited 1 staff assistance for dressing, extensive 1 staff assistance for personal hygiene, and was totally dependent of 1 staff assistance for bathing.			
	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #19 received 11 showers and no bed baths between 11/1/2022-2/5/2023.			
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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 (2022-2/5/2023). acility on [DATE] and readmitted on [Date, Atrial Fibrillation, and Dementia. plan revised 9/10/2022, showed Resident for including offer 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 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 grand Skin Alert documentation showed	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

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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 0656 Level of Harm - Actual harm	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #25 received 9 showers and no bed baths between 11/1/2022-2/5/2023.			
Residents Affected - Some	Resident #27 was admitted to the facility on [DATE], discharged from the facility 12/17/2022, and readmitted on [DATE] with diagnoses including Muscle Weakness, Chronic Obstructive Pulmonary Disease, and Depression.			
		plan dated 11/30/2022, showed Residention 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 shown and 2 bed baths between 11/28/2022-2/5/2023.			
	Resident #32 was admitted to the f Hemiplegia and Hemiparesis, Trau	acility on [DATE] and readmitted [DATI matic Brain Injury, and Dementia.	E] with diagnoses including	
		plan revised 7/31/2022, showed Resid ntion in place including .Showers/bed b		
	Review of a quarterly MDS assessment dated [DATE], showed Resident #32 required extensive 2 sassistance with dressing, extensive 1 staff assistance with personal hygiene, and required 2 staff as 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	ing Cerebral Infarction, Dementia,	
		plan dated 6/17/2022, showed Residention including .showers offered 2xs pe		
	Review of a quarterly MDS assessi assistance with dressing, personal	ment dated [DATE], showed Resident # 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 included Hemiparesis and Hemiplegia following Cerebral Infarction, Dementia without Behavior Disturbation, Coordination, Depression, Essential Hypertension, and Gangrene.			
Review of the comprehensive care plan dated 9/9/2022, showed Resident #39 had an A performance deficit with an intervention of .showers 2xs .week .				
	(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	ne's plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		d Resident #39 had received 13 Ing Polyneuropathy, Type 2 /poxia, and Alzheimer's Disease. #1 required extensive 1 staff

	1	1			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023		
	440174	B. Wing	1-7.171-1		
NAME OF PROVIDER OR SUPPLIE	ER	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 0656	Review of the facility's ADL-Bathing and Skin Alert documentation dated 12/21/2022-1/27/2023 showed Resident #30 had received 1 shower and no bed baths.				
Level of Harm - Actual harm Residents Affected - Some	Resident #34 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Cerebral Infarction, Hemiplegia and Hemiparesis, Heart Failure, and Hyperlipidemia.				
		plan dated 6/29/2022, showed Residention to address a schedule for shower			
	Review of a quarterly MDS assessment dated [DATE], showed Resident #34 required extensive 2 staff assistance with dressing, extensive 1 person assistance with personal hygiene, and 2 staff total dependence for bathing.				
	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #34 received 1 shower and no bed baths between 11/1/2022-2/5/2023.				
	Resident #38 was admitted to the facility on [DATE] with diagnoses including, Cerebral Infarction, Dementia, Anxiety Disorder, Hemiparesis and Hemiplegia.				
		plan dated 12/2/2022, showed 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 et times a week according to their care p			
	1	at 3:53 PM, the MDS Coordinator stated olaced on the resident's care plan. She the care plan] but missed some.	<u> </u>		
	During an interview on 2/7/2023 at 10:30 AM, the MDS Coordinator stated after she had identified the act of bathing had not occurred during the MDS assessments on several of the residents, she notified the DC 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, 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	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 facility on [DATE] with diagnoses including Paraplegia, Type 2 Diabetes Mellitus, Schizophrenia, Fusion of Spine, and Intraspinal Abscess.			
	Review of the comprehensive care plan dated 9/9/2022 showed Resident #9 had an Activities of Daily Living (ADL) self-care performance deficit with an intervention including .showers 2xs [2 times] .week .			
	on the Brief Interview for Mental St	of a quarterly Minimum Data Set (MDS) assessment dated [DATE], showed Resident #9 scored a 15 ief Interview for Mental Status (BIMS), indicating the resident was cognitively intact, required a 2 staff assistance for dressing, and personal hygiene, and was totally dependent on 2 staff the for bathing.		
	,	g and Skin Alert documentation dated fower or bed bath for the 30-day period.	•	
	Resident #9 had received 1 showe	g and Skin Alert documentation dated or r on 12/4/2022 and 1 bed bath for the p 2022-12/4/2022 the resident had not re	period. The documentation showed	
	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)			

Printed: 11/28/2024 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023	
NAME OF PROVIDER OR SUPPLII	-D	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Orchard View Post-Acute and Reh		2035 Stonebrook Place	PCODE	
Ordinary view Post-Acute and Nen	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	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0677	Review of the ADL-Bathing and Sk 4 bed baths from 11/1/2022-2/5/20	in Alert documentation showed Reside 23, a period of 97 days.	nt #9 had received 2 showers and	
Level of Harm - Actual harm		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	
	During an interview on 2/6/2023 at 9:56 AM, Resident #9 stated he had not received the scheduled showers and it made him feel .dirty .I have bad under arm odor, and I didn't smell too good .			
	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 Failure to Thrive, and Repeated Falls.			
	Review of the comprehensive care plan dated 9/11/2022, showed Resident #10 had severe cog impairment, and an ADL self-care performance deficit with an intervention including .showers 29 and PRN [as needed] .has bowel/bladder incontinence r/t [related to] dementia, impaired mobilit resident every 2 hours and assist with toileting .			
	Review of a quarterly MDS assessment dated [DATE], showed Resident #10 scored a 6 on the BIMS, indicating cognitive impairment, and required total dependence of 2 staff assistance for dressing, personal hygiene, and bathing. The resident was always incontinent of bladder and bowel.			
	Resident #10 had received 4 show The documentation showed a period	w of the facility's ADL-Bathing and Skin Alert documentation dated 11/1/2022-11/30/2022, showed ent #10 had received 4 showers, on 11/1/2022, 11/5/2022, 11/13/2022, 11/19/2022, and 2 bed baths. ocumentation showed a period of 7 days between 11/5/2022-11/13/2022 and 10 days between /2022-11/30/2022 the resident had not received showers or baths.		
	Resident #10 had received 5 show bed baths. The documentation sho	Review of the facility's ADL-Bathing and Skin Alert documentation dated 12/1/2022-12/31/2022, showed Resident #10 had received 5 showers on 12/3/2022, 12/17/2022, 2/24/2022, 12/28/2022, 12/30/2022 and 4 led baths. The documentation showed a period of 14 days between 11/19/2022-12/3/2022 and 14 days letween 12/3/2022-12/17/2022 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 #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 2/1/2023-2/5/2023, showed Resident #10 had not received a shower and received 2 bed baths. The documentation showed a period of 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.			
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FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID:

If continuation sheet Page 15 of 40

STATEMENT OF CORRECTION IN OR IN OR THE STATE ALL PRODUCT OF COMMENTS AND ADDRESS. CITY, STATE, ZIP CODE 2035 Stonebrook Place In Ordinary Ordinary Splan to correct this deficiency, please contact the nursing home or the state survey agency. IN ORDINARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Fe 0877 Medical record review showed Resident #10 had not refused any baths or showers. Level of Harm - Actual harm Residents Affected - Some Medical record review showed Resident #10 had not refused any baths or showers. During an observation and interview in the resident's room with the Director of Nursing (DON) and CNA #2 In 11/12/23 at 61-00 AM, Resident #10 was bying in bed with the precise codes 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 bying in bed with perse closed, the bed linen and gown was saturated with urine, the incontinence pad had a brown (ag, and the room amelied of urine. CMA #11 stated by urine, the incontinence pad had a brown (ag, and the room amelied of urine. CMA #11 stated with urine, the incontinence pad had a brown (ag, and the room amelied of urine.) During an interview on 28/2023 at 828 AM, CNA #3 stated she had without any assistanted with urine when she arrived and buth and the protein of the nurses and DON. During an interview on 28/2023 at 18.28 AM, CNA #16 stated she had often observed Resident #10 saturated with urine when she arrived and the exert details and had reported it to the nurses and DON. During an interview on 28/2023 at 18.28 AM, CNA #16 stated she had often observed Resident					
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center STREET ADDRESS, CITY, STATE, ZIP CODE 2035 Stonebrook Place Kingsport, TN 37660 For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Medical record review showed Resident #10 had not refused any baths or showers. During an observation and interview in the resident's room with the Director of Nursing (DON) and CNA #2 on 11/12023 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 fing was on the resident's incominence pad, and a storing odor of urine was noted. CNA #2 confirmed Resident #10 was sturated with urine. The DON stated her expectation was for residents be be provided incominence care every? Hours. Resident #10 was unable to be interviewed on 11/11/2023 due to her severe cognitive impairment. During an observation and interview on 26/2023 at 4:30 AM, with CNA #11 and Licensed Practical Nurse (LPN) #4, Resident #10 was unable and a brown ring, and the room smelled of urine. CNA #11 stated she had provided incominence pad had a brown ring, and the room smelled of urine. During an interview on 27/2023 at 10:43 AM, CNA #16 stated she had witheressed 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 27/2023 at 10:43 AM, CNA #16 stated she had often observed 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 27/2023 at 10:43 AM, CNA #16 stated she had often observed Resident #13 was admitted to the facility on IDATE] and readmitted on IDATE] with diagnoses including Parlinson's Disease, Anxiety Disorder, Chronic Pain Syndrome, and Dementia.		` '	(X2) MULTIPLE CONSTRUCTION		
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center STREET ADDRESS, CITY, STATE, ZIP CODE 2035 Shonebrook Place Kingsport, TN 37660 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 Residents Affected - Some During an observation and interview in the resident's room with the Director of Nursing (DON) and CNA #2 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. ONA #2 confirmed resident's 10 was sustrated with urine. The DON state her expectation was for residents to be provided incontinence care every 2 hours. Resident #10 was unable to be interviewed on 1/11/2023 due to her severe cognitive impairment. During an observation and interview on 2/8/2023 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 state her provided incontinence care around 3:00 AM. CNA #11 and LPN #4 confirmed Resident #10 saturated with urine, the incontinence pad had a brown ring, and the room smelled of urine. CNA #11 state with urine the incontinence pad had a brown ring, and the room smelled of urine. During an interview on 2/8/2023 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 2/8/2023 at 10:43 AM, CNA #16 stated she had often observed Resident #13 had an ADL self-care performance deficit and did not reflect a shower schedule or the resident #10 saturated with urine when she arrived on shift. Review of the comprehensive	AND PLAN OF CORRECTION		A. Building		
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 centact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Medical record review showed Resident #10 had not refused any baths or showers. Level of Harm - Actual harm Residents Affected - Some During an observation and intentiew in the resident's room with the Director of Nursing (DON) and CNA #2 on 111/12023 at 6:10 AM. Resident #10 was lying in bed with her eyes closed and the bed lines and gown was saturated with urine. Brown ring was on the resident's continence pad and a strong odor of urine was noted. CNA #2 confirmed Resident #10 was sturated with urine. The DON stated her expectation was for residents to be provided incontinence care every 2 hours. Resident #10 was unable to be interviewed on 1/11/2023 due to her severe 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 privided incontinence are around 3:00 AM. CNA #11 and LPN #4 continend Resident #10 was saturated with urine, the incontinence pad had a brown ring, and the room smelled of urine. During an interview on 2/7/2023 at 10:43 AM, CNA #6 stated she had often observed Resident #10 saturated with urine when she arrived on shift. Resident #13 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Parkinson's Disease, Anxiety Disorder, Chronic Pain Syndrome, and Dementia. Review of the comprehensive care plan dated 6/5/2021 and revised on 3/18/2022, showed Resident #13 had an ADL self-care performance deficit and did not reflect a shower schedule or the resi		445174	B. Wing	02/09/2023	
Kingsport, TN 37660 [X4] ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Medical record review showed Resident #10 had not refused any baths or showers. During an observation and interview in the resident's room with the Director of Nursing (DON) and CNA #2 and 11/1/2023 at 6110 AM. Resident #10 was pluging in bed with her very colosed 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 interviewed on 1/11/2023 due to her severe cognitive impairment. During an observation and interview on 2/5/2023 at 4:30 AM, with CNA #11 stated she had provided incontinence care revery 2 hours. Resident #10 was pluging 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 300 AM. CNA #11 and Licensed Practical Nurse (LPN) #4. Resident #10 was hip 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. During an interview on 2/6/2023 at 8:28 AM, CNA #5 stated she had witnessed Resident #10 saturated with urine melliple times (unable to recall the exact dates) and had reported it to the nurses and DON. During an interview on 2/6/2023 at 8:28 AM, CNA #16 stated she had often observed Resident #10 saturated with urine when she arrived on shift. Resident #13 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Parkinson's Disease, Anxiety Disorder, Chronic Pain Syndrome, and Dementia. Review of the comprehensive care plan dated 6/6/2021 and revised on 3/18/2022, showed Resident #13 had received 1 show	NAME OF PROVIDER OR SUPPLII	NAME OF PROVIDER OR SUPPLIER		P CODE	
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) Medical record review showed Resident #10 had not refused any baths or showers. During an observation and interview in the resident's room with the Director of Nursing (DON) and CNA #2 on 1/11/20/23 at 6:10 AM, Resident #10 was lying in bed with her eyes closed and the bed liners and gown was saturated with urine, a brown ring was on the resident's continence 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 ever every 2 hours. Resident #10 was unable to be interview on 2/8/20/23 at 4.8/3 AM, with CNA #11 and Licensed Precided Nurse (LPN) #4. Resident #10 was interview on 2/8/20/23 at 8.3/3 AM, with CNA #11 and Licensed Precided Nurse (LPN) #4. Resident #10 was interview on 2/8/20/23 at 8.3/8 AM, CNA #3 stated she had vinitenessed Resident #10 was saturated with urine, the incontinence pad had a brown ring, and the room smelled of urine. CNA #1 stated she had provided incontinence cera enumal 3/30 AM. With #1 and Licensed Precided Nurse (LPN) #4. Resident #10 was saturated with urine, the incontinence pad had a brown ring, and the room smelled of urine. During an interview on 2/8/20/23 at 8.3/8 AM, CNA #5 stated she had often observed 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 2/7/20/23 at 10.43 AM, CNA #16 stated she had often observed Resident #10 saturated with urine when she arrived on shift. Resident #10 saturated with urine when she arrived on shift. Resident #10 saturated with urine when she arrived on shift. Resident #10 saturated with urine when she arrived on shift. Resident #10 saturated with urine when she arrived o	Orchard View Post-Acute and Rehabilitation Center				
SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) Medical record review showed Resident #10 had not refused any baths or showers. During an observation and interview in the resident's room with the Director of Nursing (DON) and CNA #2 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 subtrated with urine. The DON stated her expectation was for residents to be provided incontinence care every 2 hours. Resident #10 was unable to be interviewed on 1/11/2023 due to her severe 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. ON Attitude the incontinence pad had a brown ring, and the room smelled of urine. On Attitude 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 10:43 AM, CNA #16 stated she had often observed Resident #13 saturated with urine when she arrived on shift. Resident #13 was admitted to the facility on (DATE) and readmitted on (DATE) with diagnoses including Parkinson's Disease, Anxiety Disorder, Chronic Pain Syndrome, and Dementia. Review of the comprehensive care plan dated 6/5/2021 and revised on 3/18/2022, showed Resident #13 had an ADL self-care performance deficil and did not reflect a shower schedule or the resident's preference for bathing. Review of the facility's ADL-Bathing and Skin Alert documentatio			Kingsport, TN 37660		
Each deficiency must be preceded by full regulatory or LSC identifying information	For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
During an observation and interview in the resident's room with the Director of Nursing (DON) and CNA #2 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 interviewed on 1/11/2023 due to her severe 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 pare ad a brown ring, and the room smelled of urine. CNA #11 stated she had provided incontinence pare 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 10:43 AM, CNA #16 stated she had often observed Resident #10 saturated with urine when she arrived on shift. Resident #13 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Parkinson's Disease, Anxiety Disorder, Chronic Pain Syndrome, and Dementia. Review of the comprehensive care plan dated 6/5/2021 and revised on 3/18/2022, showed Resident #13 had an ADL self-care performance deficit and did not reflect a shower schedule or the resident's preference for bathing. Review of a quarterly MDS assessment dated [DATE], showed Resident #13 scored a 12 on the BIMS, indicating moderate cognitive impairment. The resident was independent with set up help for dressing, personal hygiene, and the activity of bathing had not occurred. Review of the facility's ADL-Bathing and Skin Alert documentation dated 11/1/20	(X4) ID PREFIX TAG				
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Resident #13 received 1 shower on 2/3/2023 and no bed baths.		Resident #13 had received 1 show	er on 1/20/2023 and no bed baths. The	e documentation showed a period of	
(continued on next page)					
		(continued on next page)			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. Building	(X3) DATE SURVEY COMPLETED	
	445174	B. Wing	02/09/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Orchard View Post-Acute and Rehabilitation Center 2035 Stonebrook Place Kingsport, TN 37660				
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 #13 received 4 showers and 1 bed bath from 11/1/2022-2/5/2023, a period of 97 days.			
Residents Affected - Some	Medical record review showed Res	ident #13 had not refused any baths or	r showers.	
Nesidento Allected - Some		w on 1/9/2023 at 3:44 PM, Resident #1 u must be joking .I have not had a show would like to have a shower.		
		7:40 AM, Resident #13 stated prior to a tated he wanted a shower and felt .unc		
	Resident #14 was admitted to the facility on [DATE] with diagnoses including Chronic Obstructive Pulmonary Disease, Dementia, Diabetes Mellitus, Stage 3 Chronic Kidney Disease, Major Depressive Disorder, and Interstitial Pulmonary			
	Disease.			
	performance deficit with an interver	lan dated 4/24/2022, showed Resident ntion including .showers 2xs per week . eds .lncontinence Care Plan .Check ar	. TOILET USE .The resident	
	indicated the resident was cognitive	ment dated [DATE], showed Resident and play intact. The resident required extens dependent on 2 staff assistance for bather toilet use.	ive 1 staff assistance for dressing,	
	Resident #14 had received 3 show	g and Skin Alert documentation dated 1 ers on 11/20/2022, 11/27/2022, 11/29/2 od of 19 days from 11/1/2022-11/20/202	2022, and had received 1 bed bath.	
	Resident #14 received 4 showers of	g and Skin Alert documentation dated 1 on 12/9/2022, 12/13/2022, 12/16/2022, 10 days between 12/20/2022-12/31/20	12/20/2022, and no bed baths. The	
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 1/1/2023-1/31/2023, show Resident #14 had received 3 showers on 1/11/2023, 1/17/2023, 1/31/2023, and 1 bed bath. The documentation showed a period of 21 days between 12/20/2022-1/11/2023 the resident had not recishowers or baths.			
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 2/1/2023-2/5/2023, showed Resident #14 had received 1 shower on 2/1/2023 and no bed baths.			
	(continued on next page)			

			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 0677 Level of Harm - Actual harm Residents Affected - Some	bed baths between 11/1/2022-2/5/2 Medical record review showed Res During an observation and interview was lying in bed with eyes closed a ring on the incontinence pad. RN # and pad. its brown ringed. During an interview on 2/6/2023 at when she arrived on shift and was upset because she hadn't been changed because S	with Registered Nurse (RN) #2 on 1/ and bed linens, gown, and brief were sa 2 stated .yeah that one is pretty wet .lt' 5:05 AM, LPN #4 stated she observed unable to recall the exact dates. LPN # anged and was left wet during the night facility on [DATE] and readmitted on [D allitus, Morbid Obesity, Overactive Blace plan dated 9/9/2022, showed Resident intion including .Showers offered 2xs per ment dated [DATE], showed Resident rement. The resident required extensive of bathing had not occurred. g and Skin Alert documentation dated and 11/1/2022 and 1 bed bath. The docur 22 the resident had not received shower and received 1 bed bath. The dr 2022 the resident had not received shower and Skin Alert documentation dated and Skin Alert documenta	r showers. 11/2023 at 5:02 AM, Resident #14 aturated with urine, with a brown is saturated with urine both the brief. Resident #14 saturated with urine beth stated Resident #14 .seemed it. ATE] with diagnoses including adder, Chronic Pain Syndrome, and it #20 had an ADL self-care er week and prn. #20 scored a 12 on the BIMS which is 1 staff assistance for dressing, 11/1/2022-11/30/2022, showed mentation showed a period of 29 ers or baths. 12/1/2022-12/31/2022, showed powers or baths. 13/1/2023-1/31/2023, showed end bath. The documentation ad not received showers or baths. 12/1/2023-2/5/2023, showed 13/1/2023-2/5/2023, showed 14/1/2023-2/5/2023, showed 15/1/2023-2/5/2023, showed 16/1/2023-2/5/2023, showed

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	Fusion of Spine Cervical Region, Mareview of the comprehensive care performance deficit with an interver Review of a quarterly MDS assessing indicted the resident was cognitivel and personal hygiene and was total Review of the facility's ADL-Bathing Resident #22 had received 3 shown documentation showed a period of showers or baths. Review of the facility's ADL-Bathing Resident #22 had received 3 shown documentation showed a period of showers or baths. Review of the facility's ADL-Bathing Resident #22 had received 3 shown documentation showed a period of 1/11/2023-1/20/2023 the resident had received 2 shown a period of 1/11/2023-1/20/2023 the resident #22 had received 2 shown a period of 11 days between 1/20/2 Review of the ADL-Bathing and Sk bed bath between 11/1/2022-2/5/20 Medical record review showed Resident #26 was admitted to the final Chronic Obstructive Pulmonary Dising Review of the comprehensive care performance deficit with an interver Review of the facility's ADL-Bathing Resident #26 had received 1 shown Resident #26 had received	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 recin Alert documentation showed Reside 023, a period of 97 days. ident #22 had not refused any baths of 2:25 PM, Resident #22 stated she recoblem .I felt bad because I was not get acility on [DATE] with diagnoses included.	In Syndrome, and Dementia. It #22 had an ADL self-care of prn . If #22 scored a 14 on the BIMS which we 1 staff assistance for dressing bathing. In 1/1/2022-11/30/2022, showed 22, and 1 bed bath. The 22 the resident had not received 12/1/2022-12/31/2022, showed 2022, and no bed baths. The 2022 the resident had not received 1/1/2023-1/31/2023, showed 2022, and no bed baths. The 2022 the resident had not received 1/1/2023-1/31/2023, showed 2023, and no bed baths. The 2024 and no bed baths. The 2025 and 1/1/2023-1/31/2023, showed 2024, and no bed baths. The 2025 and 1/1/2023-1/31/2023, showed 2026 baths. The documentation showed 2026 elived showers or baths. Int #22 received 11 showers and 1 ar showers. In 1/1/2022-1/30/2022, showed 2026 and Atrophy, and 1/1/2022-1/30/2022, showed 2026 are documentation showed a period 2026 and 2026 an

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 PROVIDER OF CURRULE		P CODE		
	Orchard View Post-Acute and Rehabilitation Center		1 6052		
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 0677 Level of Harm - Actual harm	Review of a quarterly MDS assessment dated [DATE], showed Resident #26 scored a 14 on the BIMS which indicated the resident was cognitively intact. The resident required limited 1 staff assistance for dressing,				
Residents Affected - Some	personal hygiene, and the activity of bathing had not occurred. Review of the facility's ADL-Bathing and Skin Alert documentation dated 12/1/2022-12/31/2022, showed Resident #26 had received 2 showers on 12/6/2022, 12/16/2022, and no bed baths. The documentation showed a period of 9 days between 12/6/2022-12/16/2022 and 14 days between 12/16/2022-12/31/2022 the resident had not received showers or baths.				
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 1/1/2023-1/31/2023, showed Resident #26 had received 5 showers on 1/4/2023, 1/11/2023, 1/20/2023, 1/21/2023, 1/24/2023, and no bed baths. The documentation showed a period of 18 days between 12/16/2022-1/4/2023 the resident had not received showers or baths.				
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 2/1/2023-2/5/2023, showed Resident #26 had received 1 shower on 2/3/2023 and no bed baths.				
	Review of the facility's ADL-Bathing and Skin Alert documentation showed Resident #26 received 9 showers and no bed baths between 11/1/2022-2/5/2023, a period of 97 days.				
	Medical record review showed Resident #26 had not refused any baths or showers.				
	During an interview on 2/6/2023 at 5:30 AM, Resident #26 stated prior to 2-3 weeks ago, she had not received scheduled showers. The resident stated when she did not receive the showers .it upsets me .I want to be clean .				
	Resident #28 was admitted to the facility on [DATE] with diagnoses including Hemiplegia and Hemiparesis following Cerebral Infarction, Type 2 Diabetes Mellitus, and Chronic Pain Syndrome.				
	Review of the comprehensive care plan dated 6/8/2021, showed Resident #28 had an ADL self-care performance deficit with an intervention including .Showers offered 2xs per week .Assist with shower/bed bath per residents preference as scheduled 2xs per week .PRN .				
	Review of a quarterly MDS assessment dated [DATE], showed Resident #28 had a BIMS of 13, indicating cognitively intact, required extensive 1 staff assistance for dressing, personal hygiene, and was totally dependent on staff for bathing.				
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 11/1/2022-11/30/2022, showed Resident #28 received 2 showers on 11/4/2022, 11/29/2022, and 4 bed baths. The documentation showed a period of 24 days between 11/4/2022-11/29/2022 the resident had not received showers or baths.				
	Resident #28 had received 4 show	g and Skin Alert documentation dated 1 ers on 12/9/2022, 12/13/2022, 12/16/20 owed a period of 7 days between 11/29	022, 12/23/2022, and had received		
	(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		
	445174	B. Wing	02/09/2023		
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE		
Orchard View Post-Acute and Reh	Orchard View Post-Acute and Rehabilitation Center				
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.				
rosidente / mosted Gome		Alert documentation dated 2/1/2023-2 h and refused a shower on 2/3/2023.	2/5/2023, showed Resident #28 had		
	Review of the facility's ADL-Bathing and 7 bed baths between 11/1/202	g and Skin Alert documentation shower 2-2/5/2023, a period of 97 days.	d Resident #28 received 9 showers		
	During an interview on 2/6/2023 at 4:40 AM, Resident #28 stated prior to the past 2 weeks, she had not received scheduled showers .I was mad .I was not getting my showers .				
	Resident #31 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses including Parkinson's Disease, Diabetes Mellitus, and Depression.				
	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 and interest self interest and interest self interest extens			
	Resident #31 received 3 showers of	g and Skin Alert documentation dated on 12/4/2022, 12/6/2022, 12/24/2022, and 12/4/2022-12/24/2022 the resident of	and 1 bed bath. The documentation		
	Resident #31 had received 3 show	g and Skin Alert documentation dated of ers on 1/6/2023, 1/18/2023, 1/25/2023 12 days between 12/24/2022-1/6/2023 d not received showers or baths.	, and no bed baths. The		
	Review of the facility's ADL-Bathing and Skin Alert documentation dated 2/1/2023-2/5/2023, showed Resident #31 had received 1 shower on 2/4/2023 and no bed baths. The documentation showed a period 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			
		ident #31 had not refused any baths or	r showers.		
	(continued on next page)				

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0677 Level of Harm - Actual harm Residents Affected - Some	showers. During an interview on 2/6/2023 at received scheduled showers. The received scheduled showers. The reterrible and yucky .I wiped myself cher there was not enough staff to a Resident #36 was admitted to the fidiagnoses including Type 2 Diabetrobesity. Review of the comprehensive care performance deficit with an interverse Review of the facility's ADL-Bathing Resident #36 had not received a stage and a stage and personal hygiene and Review of a quarterly MDS assess which indicated moderate cognitive dressing and personal hygiene and Review of the facility's ADL-Bathing Resident #36 had not received a stage and the facility's ADL-Bathing Resident #36 had received no shown between 11/1/2022-1/31/2023 the facility from 1/1/2022-1/31/2023 the facility from 1/1/2023-1/6/2023). Review of the facility's ADL-Bathing resident had a shower on 2/4/2023 Review of the facility's ADL-Bathing baths between 11/1/2022-1/11/202 Medical record review showed Resident and interview on 2/6/2023 at [2/4/2023]. Resident #36 stated proclean .I don't like to be dirty .I don't	plan dated 4/5/2022, showed Residention including showers 2xs per week and a shower and received 3 bed baths. The dated 1 person assistance impairment. The resident required extensive 1 person assistance and Skin Alert documentation dated 1 person assistance impairment. The resident required extensive 1 person assistance and received 2 bed baths. The dated 2022 the resident did not receive show a ment dated [DATE], showed Resident and required extensive 1 person assistance and Skin Alert documentation dated 1 person assistance and 1 bed baths. The date 2022 the resident did not receive show and 3 and 5kin Alert documentation dated 1 person and 1 bed bath. The documentation dated 2 person and 1 bed baths and 1 person assistance and 1 bed bath. The documentation dated 2 person and 1 person and 1 person assistance and 2 person assistance and 3 person assistance	the past 2 weeks she had not yed a shower, it made her feel . sident stated the staff had informed sident stated the staff had informed [Part of the staff had informed of the staff had informed of the staff had informed of the staff had an ADL self-care

			NO. 0930-0391
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 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 f readmitted [DATE] with diagnoses Depression. Review of the comprehensive care performance deficit with an intervent	g and Skin Alert documentation shower 22-2/5/2023, a period of 97 days. Sident #37 had not refused any baths of 2:15 PM, Resident #37 stated they are showers prior to the past couple of we facility on [DATE], discharged from the including Type 2 Diabetes, Chronic Object of the past couple of we plan dated 9/19/2022, showed Residention of may have showers 2xs week ment dated [DATE], showed Residential the plantage of the resident required extensions.	reek 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 wers or baths. 1/1/2023-1/31/2023, showed and no bed baths. The showers or baths. 1/1/2023-2/5/2023 showed, 1/1/2024-2/5/2023 showed, 1/1/2025-2/5/2023 showed, 1

			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, 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 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 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 shower a period of 13 days between 12/23/2022-1/6/2023 and 14 days between 1/17/2023-1/31/2023 the resident had not received showers or baths.		
	Review of the facility's ADL-Bathing Resident #40 received 1 shower or	g and Skin Alert documentation dated 2 n 2/3/2023 and no bed baths.	2/1/2023-2/5/2023, showed
	The shower documentation shower 11/1/2022-11/19/2023 and 11/30/2	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.
	During an interview on 2/6/2023 at 5:15 AM, Resident #40 stated she had not received scheduled showers prior to the past 2 weeks. Resident #40 stated .when I didn't get a shower .lt made me angry .		
		acility on [DATE] with diagnoses include pression, and Congestive Heart Failur	
		plan dated 10/6/2022 showed Resider ntion of .showers offered 2xs .week .	nt #41 had an ADL self-care
	Review of the facility's ADL-Bathing Resident #[TRUNCATED]	g and Skin Alert documentation dated ²	1/1/2022-11/30/2022, showed

Printed: 11/28/2024 Form Approved OMB No. 0938-0391

			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0725 Level of Harm - Actual harm Residents Affected - Some	charge on each shift. **NOTE- TERMS IN BRACKETS H Based on review of the Facility Ass Center for Medicare and Medicaid observations, interviews, and revie sufficient staffing levels to meet Ac #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, Fac daily census .65 [residents] .Staffin support .overall number of facility s meet each resident's needs .Positi 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 .Prov 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	AVE BEEN EDITED TO PROTECT Consessment, review of Resident Census and Services (CMS)-672, review of Job Deriv of staffing schedules and time punch it vitities of Daily Living (ADL) care needs #37, #40, #41, #1, #2, #5, #12, #15, #12, and #39) of 64 residents reviewed for learneeds related to incontinence can reviewed for incontinence	on Considerations of Residents Form scriptions, medical record review, les, the facility failed to ensure s of 33 residents (#9, #10, #13, 16, #17, #18, #19, #21, #23, #24, bathing. The facility failed to ensure re for 4 dependent residents (#10, cility's failure resulted in , #31, #36, #37, #40 and #41). wed .Our Resident Profile .average and their needs for care and over of qualified staff are available to stants] [CNA] .Total Number conditions of Residents, dated with occasional or frequent stantinence of bowel. The form residents were dependent on staff conditions of Residents, dated with occasional or frequent residents were dependent on staff conditions of Residents, dated with occasional or frequent residents were dependent on staff conditions of Residents, dated with occasional or frequent residents were dependent on staff conditions of Residents, dated with occasional or frequent residents were dependent on staff conditions. The form residents were dependent on staff conditions that includes actions that responsibilities considering needs geriatric .patient population . d Nurse] .Ability to complete work

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

Facility ID:

If continuation sheet Page 25 of 40

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023	
NAME OF DROVIDED OD SUDDIU	MANE OF PROMPER OR SUPPLIED		D CODE	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place	PCODE	
Orchard View Post-Acute and Reh	adilitation 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	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0725	Review of the facility document title	ed Registered Nurse (RN) Job Descript	ion, Updated 9/4/2020, showed .	
Level of Harm - Actual harm		at the Skilled Nursing Facility provide di		
Level of Haim - Actual Haim		rsing care to patients .that meet psycho nursing care .under the supervision of t		
Residents Affected - Some	patient advocate and ensuring that resident's care plan and personal v	other health care team members are pvishes .	providing care according to the	
	Resident #9 was admitted to the fa Mellitus, Schizophrenia, Fusion of S	cility on [DATE] with diagnoses includir Spine, and Intraspinal Abscess.	ng Paraplegia, Type 2 Diabetes	
	Review of a quarterly Minimum Data Set (MDS) assessment dated [DATE], showed Resident #9 was cognitively intact, required extensive 2 staff assistance for dressing, personal hygiene, and was totally dependent on 2 staff assistance for bathing.			
	Review of the facility's ADL (Activities of Daily Living)-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #9 had not received a shower.			
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/31/2022, showed Resident #9 had received 1 shower.			
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #9 had received 1 shower.			
	Review of the ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023 showed Resident #9 had not received a shower.			
	During an interview on 2/6/2022 at 5:09 AM, Certified Nurse Aide (CNA) #11 stated Resident #9 had not received a shower in a couple of weeks (unsure of the exact dates).			
	During an interview on 2/6/2023 at 9:56 AM, Resident #9 stated .I wasn't getting them [showers] before you [surveyors] came . The resident stated when he had not received the scheduled showers, it made him feel dirty .I have bad under arm odor, and I didn't smell too good .			
	During an interview on 2/6/2023 at 10:35 AM, CNA #7 stated Resident #9 had reported to her (unsure o exact date) he had not been receiving showers and felt nasty. The CNA stated the nurses did not assist CNAs with resident care.			
	Resident #10 was admitted to the f to Thrive, and Repeated Falls.	acility on [DATE] with diagnoses includ	ling Atrial Fibrillation, Adult Failure	
	Review of a quarterly MDS assessment dated [DATE], showed Resident #10 had severe cognitive impairment, required total dependence of 2 staff assistance for dressing and toilet use, total dependence of staff assistance for personal hygiene, and was always incontinent of bladder and bowel.			
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #10 had received 4 showers.			
	(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	NAME OF PROVIDED OF SUPPLIED		P CODE
	Orchard View Post-Acute and Rehabilitation Center		. 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. g and Skin Care Alert documentation days are seen. w in the resident's room with the Director of the seen of the resident's room with her eyes closing was observed on the resident's incomine. The DON stated her expectation was and Skin Care Alert documentation days and Skin Care Alert documentation days are done the resident's incontinence pad. NA #11 stated she had provided incominated that was saturated with urine, the incominated was saturated with urine, the incominated and the exact dates). 10:43 AM, CNA #5 stated she had without all the exact dates). 10:43 AM, CNA #16 stated she had obtained and the exact dates are done on the set up help for dressing, personal hygical grand Skin Care Alert documentation days and Skin Care Aler	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 I1 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 esserved 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)		

			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	in over a month . The resident's had During an interview on 2/9/2023 at the scheduled showers. The reside a shower. Resident #14 was admitted to the f Disease, Dementia, Diabetes Melli Interstitial Pulmonary Disease. Review of a quarterly MDS assess impairment, required extensive 1 s on 2 staff assistance for bathing and Review of the facility's ADL-Bathing showed Resident #14 had received Review of the facility's ADL-Bathing showed Resident #14 had received Review of the facility's ADL-Bathing Resident #14 had received 3 show Review of the facility's ADL-Bathing Resident #14 had received 1 show During an observation and interview was lying in bed with eyes closed, was on the incontinence pad. RN # brief 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 challowed to sleep . when saturated with urine whet to sleep . when saturated with urine Resident #20 was admitted to the feed of the showes a showes a sturated with urine when to sleep . when saturated to the feed of the showes a sturated with urine when the sleep . When saturated to the feed of the showes a sturated with urine when the sleep . When saturated to the feed of the showes a sturated with urine when the sleep . When saturated to the feed of the showes a sturated with urine when the sleep .	7:40 AM, Resident #13 stated prior to ant stated he wanted a shower and felt facility on [DATE] with diagnoses includitus, Stage 3 Chronic Kidney Disease, Menent dated [DATE], showed Resident at taff assistance for dressing, personal hid toilet use. If and Skin Care Alert documentation data showers. If and Skin Care Alert documentation data showers. If and Skin Care Alert documentation data showers. If and Skin Care Alert documentation ders and refused 1. If and Skin Care Alert documentation ders and refused 1. If and Skin Care Alert documentation ders and refused 1. If and Skin Care Alert documentation ders. If and Skin Care Alert documentation ders and refused 1. If and Skin Care Alert documentation ders and refused 1. If and Skin Care Alert documentation ders and refused 1. If and Skin Care Alert documentation ders and refused 1. If and Skin Care Alert documentation ders and refused 1. If and Skin Care Alert documentation ders and skin Care Alert documentation de	2 weeks ago he had not received unclean when he did not receive ling Chronic Obstructive Pulmonary Major Depressive Disorder, and #14 had moderate cognitive ygiene, and was totally dependent 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 11/2023 at 5:02 AM, Resident #14 ated with urine, and a brown ring 's saturated with urine both the Resident #14 saturated with urine 44 stated Resident #14 .seemed t . and Resident #14 were often ints] would feel bad and not be able ATE] with diagnoses including

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZI	P CODE	
Orchard View Post-Acute and Rehabilitation Center		2035 Stonebrook Place Kingsport, TN 37660	. 6052	
For information on the nursing home's	plan to correct this deficiency, please con	l 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 Level of Harm - Actual harm	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 showed Resident #20 had received	g and Skin Care Alert documentation da I 1 shower.	ated 11/1/2022-11/30/2022,	
	Review of the facility's ADL-Bathing showed Resident #20 had not rece	g and Skin Care Alert documentation da ived a shower.	ated 12/1/2022-12/31/2022,	
	Review of the facility's ADL-Bathing Resident #20 had received 2 show	g and Skin Care Alert documentation da ers.	ated 1/1/2023-1/31/2023, showed	
	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 [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 showed Resident #22 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 showed Resident #22 had received	g and Skin Care Alert documentation da I 3 showers.	ated 12/1/2022-12/31/2022,	
	Review of the facility's ADL-Bathing Resident #22 had received 2 show	g and Skin Care Alert documentation da ers.	ated 1/1/2023-1/31/2023, showed	
	Review of the facility's ADL-Bathing Resident #22 had received 2 show	g and Skin Care Alert documentation da ers.	ated 2/1/2023-2/5/2023, showed	
	During 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 .			
	Resident #26 was admitted to the f Chronic Obstructive Pulmonary Dis	acility on [DATE] with diagnoses includ lease, and Depression.	ing Muscle Wasting and Atrophy,	
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/11/2022-11/30/2022, showed Resident #26 had received 1 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 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)		
F 0725 Level of Harm - Actual harm Residents Affected - Some			ated 12/1/2022-12/31/2022, ated 1/1/2023-1/10/2023, showed 2023-2/5/2023 showed Resident Inot received the scheduled sets me .I want to be clean . Iling Hemiplegia and Hemiparesis #28 had moderate cognitive all hygiene, and was totally ated 11/1/2022-11/30/2022, ated 12/1/2023-1/31/2023, 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 ATE] with diagnoses including ated 11/1/2022-11/30/2022, #31 had moderate cognitive

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 pl	lan to correct this deficiency, please cont	act 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 Level of Harm - Actual harm Residents Affected - Some	Review of the facility's ADL-Bathing showed Resident #31 had received Review of the facility's ADL-Bathing Resident #31 had received 3 showed Review of the facility's ADL-Bathing Resident #31 had received 2 showed During an interview on 1/10/2023 at showers and Resident #31 had stat scheduled for showers on Wednesd shower. During an interview on 2/6/2023 at made her feel .terrible and yucky .I the staff had informed her there was Resident #36 was admitted to the fadiagnoses including Type 2 Diabeted Obesity. Review of the facility's shower docureceived a shower. Review of a quarterly MDS assessr impairment, required extensive 2 st extensive 1 staff assistance with bath Review of the facility's ADL-Bathing showed Resident #36 had not received a shower. Review of the facility's ADL-Bathing Resident #36 had received 1 showed Resident #37 was admitted to the facility are here .there is more Resident #37 was admitted to the facility and Depressive Discondination, Major	g and Skin Care Alert documentation days and Skin Care Alert documentation days. g and Skin Care Alert documentation days and Saturdays and night shift was alea and saturdays and night shift was shown as a saturdays and night shift was not doing the same and saturdays and night shift was not enough staff to assist her with a sea actility on [DATE], discharged on [DATE] as Mellitus, Chronic Kidney Disease, Days Mellitus, Chronic Ki	ated 12/1/2022-12/31/2022, ated 1/1/2023-2/5/2023, showed ated 2/1/2023-2/5/2023, showed 1 had not received the scheduled eduled showers. The resident was a responsible for the resident's the had not received a shower, it he job. The resident further stated shower. E] and readmitted on [DATE] with epression, and Morbid (Severe) 2, showed Resident #36 had not #36 had moderate cognitive nal hygiene, and required tation dated 12/1/2022-12/31/2022, ated 1/1/2023-1/31/2023, showed ated 2/1/2023-2/5/2023 showed d not received scheduled showers e for telling you this .when you all tall . Ing Parkinson's Disease, Lack of

			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, Z 2035 Stonebrook Place	IP CODE	
Orchard view Post-Acute and Ren	adilitation 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	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 of I 1 shower.	lated 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 of ers.	ated 1/1/2023-1/31/2023, showed	
	Review of the facility's ADL-Bathing Resident #37 had not received a sl	g and Skin Care Alert documentation on nower.	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 she it made her .feel dirty . Resident #37 further stated the facility did not have enough staff to provide showers .people quit . Resident #40 was admitted to the facility on [DATE], discharged from the facility on 11/19/2022, at readmitted [DATE] with diagnoses including Type 2 Diabetes, Chronic Obstructive Pulmonary Discoperession.			
	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 showed Resident #40 had received	g and Skin Care Alert documentation of I 1 shower.	ated 11/1/2022-11/19/2022,	
	Review of the facility's ADL-Bathing showed Resident #40 had received	g and Skin Care Alert documentation of I 4 showers.	ated 12/1/2022-12/31/2022,	
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #40 had received 2 showers.			
	Revie of the facility's ADL-Bathing and Skin Care Alert documentation showed Resident #40 had received 1 shower.			
	During an interview on 2/6/2023 at 5:15 AM, Resident #40 stated .when I didn't get a shower .lt made me angry .			
	I .	acility on [DATE] and readmitted [DAT orbid Obesity, Depression, and Conge		
	Review of the facility's shower doci received 4 showers.	umentation dated 11/1/2022-11/30/202	2, showed Resident #41 had	
	(continued on next page)			
	1			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN OF CORRECTION	445174	A. Building	02/09/2023
	440174	B. Wing	32/33/2323
NAME OF PROVIDER OR 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.		
	moderate cognitive impairment. Th	ta Set (MDS) assessment dated [DATE e resident required extensive 1 staff as ependent on 1 staff assistance for bath	ssistance with dressing and
	Review of the facility's ADL-Bathing showed Resident #1 had received	g and Skin Care Alert documentation da 3 showers.	ated 11/4/2022-11/30/2022,
	Review of the facility's ADL-Bathing showed Resident #1 had received	g and Skin Care Alert documentation da 2 showers.	ated 12/1/2022-12/31/2022,
	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 documentation document.	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 bathing		
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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	FD	STREET ADDRESS, CITY, STATE, ZI	P CODE	
Orchard View Post-Acute and Rehabilitation Center		2035 Stonebrook Place	F CODE	
	Cronard view reservoide and remaining conten			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0725	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #2 had received 1 shower.			
Level of Harm - Actual harm Residents Affected - Some		ment dated [DATE], showed Resident and the activity of bathing I		
	Review of the facility's ADL-Bathing showed Resident #2 had received	g and Skin Care Alert documentation da 2 showers.	ated 12/1/2022-12/31/2022,	
	Review of the facility's ADL-Bathing Resident #2 had received 4 shower	g and Skin Care Alert documentation dars.	ated 1/1/2023-1/31/2023, showed	
	Review of the facility's ADL-Bathing Resident #2 had received a shower	g and Skin Care Alert documentation dar on 2/4/2023.	ated 2/1/2023-2/5/2023 showed	
	Review of a nursing note dated 2/2/2023, showed the resident was offered a shower on this date and refused.			
	During an interview on 2/6/2023 at 4:20 AM, Resident #2 stated he received showers when the staff were not busy. Sometimes .they do not have enough staff to supervise me in the shower .			
	Resident #5 was admitted to the facility on [DATE], was discharged on [DATE] and was readmitted on [DATE] with diagnoses including Dislocation of other Internal Joint Prosthesis, Repeated Falls, Lack of Coordination, Essential Hypertension, and Dementia with Severe Psychotic Disturbance.			
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/30/2022, showed Resident #5 had received 1 shower.			
		ment dated [DATE], showed Resident a extensive assistance of 2 staff member on 1 staff assistance for bathing.		
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 12/1/2022-12/21/2022, and 12/22/2022-12/31/2022, showed Resident #5 had received 2 showers.			
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023, showed Resident #5 had received 2 showers.			
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023, showed Resident #5 had received 1 shower on 2/4/2023.			
	Resident #12 was admitted to the facility on [DATE] and readmitted on [DATE] with diagnoses included Muscle Weakness, Chronic Pain Syndrome, Moderate Protein-Calorie Malnutrition, Schizoaffective Recurrent Depressive Disorders, Generalized Anxiety Disorder, and Dementia.			
Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 11/1/2022-11/3 showed Resident #12 had not received a shower.				
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			NO. 0936-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/09/2023
NAME OF PROVIDER OR SUPPLIER Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place Kingsport, TN 37660	P CODE
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0725 Level of Harm - Actual harm Residents Affected - Some	Review of a quarterly MDS assess impairment, required extensive 1 s on 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 show Review of the facility's ADL-Bathing Resident #15 was admitted to the flemiplegia, and Hemiparesis. Review of a quarterly MDS assess impairment, required extensive 2 shygiene, 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 show Review of the facility's ADL-Bathing Resident #15 had received 1 show Review of the facility's ADL-Bathing Resident #15 had not received a sl Resident #16 was admitted to the f Schizophrenia, Cerebral Infarction, Review of a quarterly MDS assess assistance for dressing, limited 1 s assistance for dressing, limited 1 s assistance for bathing. Review of the facility's ADL-Bathing showed Resident #16 had received Review of the facility's ADL-Bathing showed Resident #16 had received	ment dated [DATE], showed Resident and assistance for dressing, personal has and Skin Care Alert documentation deer. If and Skin Care Alert documentation dear and Skin Care Alert documentati	#12 had moderate cognitive ygiene and was totally dependent atted 12/1/2022-12/31/2022, atted 1/1/2023-2/5/2023, showed atted 2/1/2023-2/5/2023, showed atted 2/1/2023-2/5/2023, showed atted 2/1/2023-2/5/2023, showed atted 11/1/2022-11/30/2022, atted 11/1/2022-11/30/2022, atted 12/1/2023-2/5/2023, showed atted 2/1/2023-2/5/2023, showed atted 2/1/2023-2/5/2023, showed atted 2/1/2023-2/5/2023, showed atted 1/1/2023-1/31/2023, sh
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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	NAME OF PROVIDED OR CURRULED		P CODE		
Orchard View Post-Acute and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZI 2035 Stonebrook Place	FCODE		
		Kingsport, TN 37660			
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)				
F 0725	Review of the facility's ADL-Bathing Resident #16 had received 4 show	g and Skin Care Alert documentation da	ated 1/1/2023-1/31/2023, showed		
Level of Harm - Actual harm Residents Affected - Some		g and Skin Care Alert documentation d	ated 2/1/2023-2/5/2023, showed		
Residents Affected - Some		er. acility on [DATE] with diagnoses includ rrhosis of the Liver, and Generalized A			
	Review of a quarterly MDS assessment dated [DATE], showed Resident #17 required limited 1 staff assistance for dressing, extensive 1 staff assistance with personal hygiene, and was totally depender staff assistance for bathing.				
	Review of the facility's ADL-Bathing showed Resident #17 had received	g and Skin Care Alert documentation da I 2 showers.	ated 11/1/2022-11/30/2022,		
	Review of the facility's ADL-Bathing showed Resident #17 had received	g and Skin Care Alert documentation da I 3 showers.	ated 12/1/2022-12/31/2022,		
	Review of the facility's ADL-Bathing Resident #17 had not received sho	g and Skin Care Alert documentation da wers.	ated 1/1/2023-1/23/2023, showed		
	Resident #18 was admitted to the facility on [DATE], discharged on [DATE], and readmitted on [DATE] with diagnoses including Cerebral Infarction, Anxiety Disorder, Chronic Obstructive Pulmonary Disease, and Gastrostomy Status.				
	Review of the facility's ADL-Bathing showed Resident #18 had not rece	g and Skin Care Alert documentation da ived a shower.	ated 11/12/2022-11/30/2022,		
	Review of a quarterly MDS assessment dated [DATE], showed Resident #18 had moderate cognitive impairment, required extensive 1 staff assistance for dressing and personal hygiene, and was totally dependent on staff for bathing.				
	Review of the facility's ADL-Bathing showed Resident #18 had not rece	g and Skin Care Alert documentation da ived a shower.	ated 12/1/2022-12/31/2022,		
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 1/1/2023-1/31/2023 Resident #18 had received 1 shower.				
	Review of the facility's ADL-Bathing and Skin Care Alert documentation dated 2/1/2023-2/5/2023, showed Resident #18 had not received a shower.				
	Resident #19 was admitted to the facility on [DATE] with diagnoses including Hemiplegia				

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 0867 Level of Harm - Actual harm Residents Affected - Some	corrective plans of action. 38810 Based on the review of the facility patake action aimed at performance in performance to ensure improvement failed to identify care needs had not cleanliness for 33 dependent reside #2, #5, #12, #15, #16, #17, #18, #1 residents reviewed for care needs. #10, #13, #14, #20, #22, #26, #28, The findings include: Review of the facility policy, titled Corevised 2/2020, showed .This facilities focused on .care and quality of lifting and correcting quality deficiencies .underlying causes of systemic qual Monitoring or evaluating the effective During an interview on 1/10/2023 at multiple residents complain they have know [Resident #25 and Resident #25 and Resident #26's daughter and the residents] were getting showered . Resident #26's daughter and the resident #26's daughter #26's dau	p an ongoing quality assessment and assurance group to review quality deficiencies and develop ctive plans of action. d on the review of the facility policy, review of facility documentation, and interview, the facility failed to action aimed at performance improvement, to measure the success of the intervention, and track rmance to ensure improvements after identifying insufficient staffing needs in the facility. The facility to identify care needs had not been provided including showers and baths, incontinence care, and liness for 33 dependent residents (#9, #10, #13, #14, #20, #22, #26, #28, #31, #36, #37, #40, #41, #15, #12, #15, #16, #17, #18, #19, #21, #23, #24, #25, #27, #30, #32, #33, #34, #38, and #39) of 64 ents reviewed for care needs. The facility's failure resulted in psychosocial harm to 14 residents (#9, #13, #14, #20, #22, #26, #28, #31, #36, #37, #40, and #41). indings include: we of the facility policy, titled Quality Assurance and Performance Improvement (QAPI) Program, and 2/2020, showed. This facility shall develop, implement, and maintain an ongoing. QAPI Program, and 2/2020, showed. This facility is provided in prioritizing quality deficiencies. Systematically analyzing chrying causes of systemic quality deficiencies. Developing and implementing corrective action. Items of the process for identifying and providence of the process for identifying causes of systemic quality deficiencies. Developing and implementing corrective action. Items of the process for identifying and providence of the process for identifying and implementing corrective action. Items of the process for identifying and implementing corrective action. Items of the process for identifying and implementing corrective action. Items of the process for identifying and implementing corrective action. Items of the process for identifying and implementing corrective action. Items of the facility of the shower. The process of systemic quality deficiencies are prevised and provided and the process of systemic quality deficienc	

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