STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495131	A. BUILDING ___ B. WING ___	10/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NHC HEALTHCARE,BRISTOL	245 NORTH STREET BRISTOL, VA 24201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 157	Continued From page 1 change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on staff interview, clinical record review, and in the course of a complaint investigation, it was determined that the facility staff failed to notify the physician and/or responsible party (RP) of a change in resident condition for 4 of 30 residents (Residents #20, #13, #23, and #1). Findings include: 1. The facility staff failed to notify Resident #20's RP that an allegation of sexual abuse against involving Resident #20 had been received. Resident #20 was initially admitted to the facility on 10/28/05. Diagnoses included, but were not limited to, muscular wasting and disuse atrophy, diabetes, hypothyroidism, and high blood pressure. The administrator was interviewed on 10/7/09 at 3:15 pm. The administrator was asked if a resident's RP would be notified if an allegation of abuse against that resident was received. She stated, "Yes. Of course we would notify them."	F 157		

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F 157	Continued From page 2 The administrator was asked if she had ever been made aware of an allegation of sexual abuse in which the victim would have been Resident #20. The administrator stated, "I don't know how much I can say about this. I was notified by (investigator ' s name) with DHP (Virginia Department of Health Professions) that (Resident #20) may have been sexually abused by Mr. (name of staff member)." The administrator was asked when she was notified of the allegation. She stated, "I'm not real sure, but the latest it could have been was in August (2009). That's the last time I talked with (name of DHP investigator)." The administrator checked her records. She reported, "The last time I met with (DHP investigator) was 8/19/09. That would have been the latest date I could have been notified." At 11:30 am on 10/8/09 a survey team meeting was held with facility administration. The administrator was asked when Resident #20 was discharged from the facility. After reviewing Resident #20's nurses' notes, she stated, "She was sent to the hospital on 8/29/09." The administrator was asked if she had been aware of the allegation of sexual abuse against Resident #20 while she was still residing at the facility. She stated, "Yes." The administrator was asked if she had notified Resident #20's RP that the resident may have been a victim of sexual abuse. She stated, "No, I didn't. I figured they were already aware of it since it was being investigated."	F 157		

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F 157	Continued From page 3 No further information was provided by the facility. This is a complaint deficiency. 2. For Resident #13 the facility staff failed to inform her POA (legal representative) and physician of bruising of unknown origin. Resident #13's original admission date was 8/15/03 and was readmitted to the facility on 6/19/06. Her diagnoses include but were not limited to: Aphasia, progressive neurological disease, dementia, Urinary Track Infection (UTI), high blood pressure and arthritis. Resident #13's clinical record was reviewed in the morning of 10/6/09. The review included the most current Minimum Data Set (MDS) assessment, a significant change in status assessment, with an assessment reference date of 7/28/09. Review of the MDS evidenced the following: In section B2 for memory, she was coded as having short-term problems (seems to recall after minutes). She did not have long term memory problems. Under section C4, she was rarely understood verbally, and section C5, indicated that her speech was unclear. In section G, the resident was coded as needing extensive assistance of one or two staff members for bed mobility, dressing eating and personal hygiene. Further review of the clinical record revealed the following nursed note: 4/19/09 at 4:00pm, "2 small purple areas the size of a dime on the inner upper (L) leg." The nurse who wrote the note is no longer at the facility. There was no evidence in the clinical record of the POA, or physician notification. A follow up note was not found in the record.	F 157		