

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/15/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495199	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 12/06/2018
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NAME OF PROVIDER OR SUPPLIER GREENSVILLE HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 214 WEAVER AVE EMPORIA, VA 23847
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(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
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{E 000}	Initial Comments	{E 000}		
{F 000}	INITIAL COMMENTS	{F 000}		
{F 657}	<p>An unannounced Medicare/Medicaid first revisit survey was conducted from 12-4-18, through 12-6-18, for the standard survey, conducted 10-10-18 through 10-12-18. Corrections are required for compliance with 42 CFR Part 483 Federal Long Term Care requirements. No complaints were investigated during the survey.</p> <p>The census in this 65 certified bed facility was 58 at the time of the survey. The survey sample consisted of 9 residents.</p> <p>Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p>	{F 657}		12/13/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/13/2018
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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.

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{F 657}	<p>Continued From page 1</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, clinical record review, and staff interview, the facility staff failed to revise the care plan for 1 resident (Resident #107) of the 9 residents in the survey sample.</p> <p>Resident #107's care plan was not revised to include multiple ordered feeding devices and nutrition support interventions.</p> <p>The findings included:</p> <p>Resident #107 was admitted to the facility on 12-3-12. Diagnoses included; Hypertension, seizures, bipolar depression, swallowing disorder, and weight loss.</p> <p>The most recent Minimum Data Set assessment was quarterly assessment with an assessment reference date of 10-15-18. The resident was coded with a Brief Interview of Mental Status score of 12 indicating mild to no cognitive impairment. She was coded as requiring extensive to total assistance of one to two staff members for all activities of daily living, and was incontinent of bowel and bladder.</p> <p>On 12-5-18, during the lunch meal, Resident #107 was observed to be fed by staff a special pureed diet.</p>	{F 657}	<p>This plan of correction constitutes the facilities written allegation of compliance for the deficiencies cited. However, submission of this plan of correction is not an admission that deficiencies exist or that one was cited correctly. The plan of correction is submitted to meet requirements established by federal and state law.</p> <p>1.) The Nutritional care plan for resident #107 was revised with:</p> <ol style="list-style-type: none"> 1. Large portion pureed diet. 2. Scoop dish. 3. Discontinued curved and weighted spoon. 4. Ice cream to lunch and dinner trays. 5. No sip cup. 6. Snack and beverage at 2pm. <p>2.) All residents are at risk for the same practice. All residents with special diets for weight loss prevention will be audited for person-centered nutritional care plan. All residents identified will have care plan updated with current physician order.</p> <p>3.) Education provided to the interdisciplinary team by certified resident care coordinator on 12/12/18 with direct</p>	

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{F 657}	<p>Continued From page 2</p> <p>Resident #107's physician orders were reviewed. The following 6 orders were included:</p> <ol style="list-style-type: none"> 1. Large portions pureed diet. 2. Scoop dish. 3. Discontinue curved & weighted spoon. 4. Add ice cream to lunch and dinner trays. 5. No tip cup. 6. Snack and beverage at 2:00 p.m. daily. <p>On 10-5-18, the Resident's care plan was reviewed. The above 6 ordered interventions for weight loss prevention were not included on the care plan for weight loss prevention.</p> <p>On 10-5-18 after the care plan review, the Director of Nursing (DON) was interviewed and asked why these interventions had not been added to the care plan. She stated "we are really focused on these care plans now for the Plan of correction, but I think this one was just missed."</p> <p>On 10-5-18 at the end of day meeting, the Administrator and Director of Nursing were notified of the lack of care plan revision for Resident #107. They stated it would be corrected immediately.</p>	{F 657}	<p>responsibility of development of the nutritional plan of care within 7 days of a comprehensive assessment and after each assessment, including both comprehensive and quarterly with resident centered care approaches. Changes to resident's treatment plan will be reviewed during the clinical meeting and care plans updated by the IDT to reflect the changes. MDS staff member or license nurse will audit weekly timely care plan revision of plan care per the Rai guidelines no less than 3 months.</p> <p>4.) The MDS Coordinator will present the audit findings to the QAPI Committee monthly for their review and recommendation if deemed necessary. The findings will be reported to the committee until the committee is satisfied sustainable compliance has been achieved.</p>		