

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

PRINTED: 02/13/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/20/2020
NAME OF PROVIDER OR SUPPLIER WALTER REED CONVALESCENT AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7602 MEREDITH DRIVE GLOUCESTER, VA 23061		
(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 000	INITIAL COMMENTS An unannounced Medicare/Medicaid abbreviated standard survey was conducted on 02/20/2020. The facility was in substantial compliance with 42 CFR Part 483 Federal Long Term Care requirements. Three complaints were investigated during the survey. The census in this 181 certified bed facility was 141 at the time of the survey. The survey sample consisted of 3 resident reviews.	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15) §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in §483.15(c)(1)(ii). (ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the	F 580			3/3/20

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

TITLE

(X6) DATE

Electronically Signed

03/03/2020

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 580	<p>Continued From page 1</p> <p>physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on staff interview, clinical record review, facility documentation review, and in the course of a complaint investigation, the facility staff failed to notify 1 of 3 sampled residents (Resident #1) physician of a change of condition in a timely manner.</p> <p>The Findings included:</p> <p>For Resident#1, the facility staff failed to notify the physician of a fall in a timely manner.</p> <p>Resident #1 was an 86 year old. Resident #1 was her own responsible party. Resident #1's</p>	F 580	<p>Past noncompliance: no plan of correction required.</p>		

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F 580	<p>Continued From page 2</p> <p>diagnoses included Coronary Artery Disease, and Parkinson's Disease.</p> <p>The Annual Minimum Data Set, with an Assessment Date of 5/14/19 was reviewed. Resident #1 had a Brief Interview of Mental Status Score of 13, indicating that independence in daily decision making ability. Resident #1 was coded as requiring a wheelchair for mobility.</p> <p>On 2/20/20 a review was conducted of Resident #1's clinical record, revealing a Fall Risk Care Plan that was in place prior to her fall. An excerpt read, "Has a potential to fall-High Risk-History of falls, Incontinence, Parkinson's Disease. Z cushion with dycem in place. Assist to turn and reposition at frequent intervals. Frequently remind to request staff assistance when needed. Notify the MD of any change in status. Monitor the effectiveness of medications. Monitor and encourage good nutritional intake..."</p> <p>According to the investigation, on 9/16/19, Resident #1, stated that while she was alone in her room, she dropped a tissue on the floor. She did not ask staff for assistance. She bent over and tried to pick up the tissue and slid out of her wheelchair. One and a half years prior to the fall, on 3/16/18, Resident had a fall, without injury. An excerpt from her statement on 3/16/18 read, "I was trying to get a pillow off of the chair."</p> <p>The fall on 9/16/19 occurred during the evening shift change. The nurse's note stated that Resident #1 was assessed, vitals obtained, range of motion preformed, and resident denied pain. The nurse documented the assessment as a late entry on 9/17/19, the next day. The physician was not informed until 9/17/19. He ordered a x-ray,</p>	F 580			

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F 580	<p>Continued From page 3</p> <p>and confirmed that her leg was fractured. Resident #1 was then sent out to the hospital, where she was treated and discharged. Resident #1 did not return to the facility.</p> <p>The nurse (Employee C) was disciplined in writing by the facility for not notifying the physician in a timely manner.</p> <p>On 2/20/20 at 1:00 P.M. the Director of Nursing (Employee B) was interviewed. She stated that the nurse was disciplined for not notifying the physician immediately after the fall. The DON submitted a plan and stated that the deficiency was a past non-compliance issue. She stated that as of 11/4/19 the facility had educated their staff and was in compliance. There were no other physician notification issues since 11/4/19 identified during the survey.</p> <p>No further information was received.</p>	F 580			